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<th>Current and future ethical challenges facing the veterinary profession in Ireland</th>
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<td>Authors(s)</td>
<td>Magalhães-Sant'Ana, Manuel; More, Simon John; Morton, David; Osborne, Meta; Hanlon, Alison</td>
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Current and Future Ethical Challenges Facing the Veterinary Profession in Ireland
Current and Future Ethical Challenges Facing the Veterinary Profession in Ireland

Manuel Magalhães-Sant’Ana, Simon More, David Morton, Meta Osborne & Alison J Hanlon
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Ethic
Chapter 1

Introduction

Veterinary ethics is a key determinant of integrity, trust and reputation of the veterinary profession (Veterinary Council of Ireland, 2014a,b). Despite its importance to the veterinary profession, there has been no comprehensive research to record the diversity of ethical challenges in the different branches of the profession.

The overall aims of this research were to identify current and future ethical challenges facing the veterinary profession in Ireland and, by working with veterinary professionals, to consider solutions that could support decision-making, policy and regulation by the Veterinary Council of Ireland (VCI) and other regulatory authorities.

Objectives

1. Review the current structures in veterinary ethics (e.g. policy and regulation, ethical frameworks and principles, veterinary values) in Ireland, and other selected European countries.
2. Explore stakeholder perception of current and future ethical challenges facing the veterinary profession in Ireland.
3. Research issues in veterinary ethics identified by stakeholders using a case-study approach.
4. Develop a practical toolbox to support decision-making, policy and regulation in veterinary ethics.

The research was funded by the Veterinary Council of Ireland Educational Trust and the UCD Foundation, which supported a two year post-doctoral Newman Fellowship. The research team comprised:

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Meta Osborne MVB, CertESM, MRCVS

The report consists of seven chapters. Chapter 2 explores European Codes of Professional Conduct for the veterinary profession, based on five study cases, namely Ireland, UK, Denmark, Portugal and the Federation of Veterinarians of Europe. Chapter 3 presents an overview of a Policy Delphi consultation process, which was used to explore ethical challenges experienced by veterinary professionals in Ireland. The consultation process identified a number of key ethical challenges, three of which formed the basis for a research workshop. Three case studies depicting each of the three ethical challenges are presented in chapters 4, 5 and 6. The final chapter looks towards the future, providing recommendations for the VCI and other regulatory authorities responsible for safeguarding standards of veterinary practice.
DELINE

REGULATIONS

RULES

LAW

PROCEED
Chapter 2

Professional Codes of Practice

CONTEXT

Codes of Professional Conduct (CPCs) are a regulatory instrument used by the veterinary profession to guide on high standards of practice. As a central instrument to self-regulation, it is important that CPCs are fit for purpose, providing necessary guidance to the profession. Evaluating the formulation and content of CPCs provides an evidence-base for the Veterinary Council of Ireland (VCI) and other regulatory authorities to review and develop future guidelines.

METHODOLOGY

Content and thematic analyses were conducted on five European CPCs: Federation of Veterinarians of Europe (FVE-EVCC), Denmark (DDD-EK), Ireland (VCI-CPC), Portugal (OMV-CD) and the UK (RCVS-CPC). These were selected to represent geographical and organisational diversity in terms of guidance and regulation of the veterinary profession in Europe.

KEY FINDINGS

Eight overarching themes were identified in the thematic analysis: definitions and framing concepts, duties towards clients, duties towards other professionals, duties towards competent authorities, duties towards society, professionalism and practice-related issues (Fig. 1).

The approaches varied between and within CPCs, from emphasising positive actions, e.g. ‘It is considered good ethics to...’ (DDD-EK), to preventing malpractice by focusing on professional obligations and legal responsibilities. Some codes consider animal welfare as the primary concern of the veterinary profession (RCVS-CPC, VCI-CPC), while others placed a greater weight on professional relationships (DDD-EK, OMV-CD). Differences found may be indicative of different cultures within the regulation of the veterinary profession in Europe, cultural differences on the status of animals in society and regulatory bodies’ proactivity in adapting to professional needs and to societal changes regarding the status of animals.
RECOMMENDATIONS

• Positively worded Codes of Conduct can promote autonomous moral judgements and empower veterinarians to act on animals and society in a positive way.
• Negatively worded Codes of Conduct lay emphasis on professional obligations and liability, and can help prevent malpractice.
• The VCI and national regulatory bodies should formulate their CPCs in accordance to the messages they may want to convey to their members.
• Promote a European-wide discussion on the aims and contents of veterinary codes of conduct.

FURTHER READING

Chapter 3
Policy Delphi Consultation Process

CONTEXT
Veterinary practitioners experience ethical challenges on a regular basis, having to balance their duties and responsibilities to clients, peers, society and animals under their care. The Veterinary Council of Ireland Code of Professional Conduct (VCI-CPC) provides guidance to veterinary practitioners, to help navigate conflicting responsibilities to the stakeholder community.

To be fit for purpose, CPCs and standards should reflect the needs of the profession and their stakeholders. Developing a systematic approach to support the revision and renewal of CPCs has not been previously studied in veterinary medicine. With this in mind, a two-step strategy was explored, to capture current perceptions of ethical challenges facing the veterinary profession in Ireland.

METHODOLOGY
The first step involved the development of vignettes, depicting ethical conflicts arising in different sectors of the profession, developed by hosting a focus group of junior veterinary academics and conducting interviews with a cohort of veterinary academics. The vignettes formed the basis of a three-round Policy Delphi consultation process with senior veterinary professionals in Ireland (Fig.2). Forty veterinary professionals, selected to reflect the diversity of roles within the profession, were invited to participate and 39 completed all three rounds.

POLICY DELPHI STUDY USING ETHICAL VIGNETTES

<table>
<thead>
<tr>
<th>Round 1</th>
<th>Round 2</th>
<th>Round 3</th>
<th>Focus Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What</strong> are the issues? Identify key ethical challenges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Why</strong> are these issues relevant? Characterise key ethical challenges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How</strong> to deal with the challenges? Suggest pathways to address them</td>
<td></td>
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</table>

**Figure 2. The research pathway to explore ethical challenges facing the veterinary profession in Ireland**

In Round One, participants were presented with twenty vignettes and asked to rank the conduct of the veterinary professional in terms of ethical acceptability regarding those affected by the scenario, reputational damage to the broader veterinary profession and perceived standards of practice. Participants were also invited to suggest additional ethical issues. The following are examples of the vignettes used in round one of the consultation process.

*Alan receives an anxious phone call from a farmer in Co. Monaghan (not a regular client) to check on a pedigree cow. A colleague from another practice has seen it two days ago and treated it for indigestion. Alan diagnoses torsion and performs surgery only to realize that the necrotic abomasum had caused peritonitis. The animal is put down; the owner is furious with the earlier misdiagnosis and is threatening to sue the previous vet. Alan was in college with the other vet and so makes his excuses and leaves.*

*In a small animal clinic in Co. Laois, a cat has unexpectedly died during surgery. Aidan, the vet surgeon, instructs the nurse to close the case on his behalf. ‘Tell the owners that the cat died of anaesthetic complications. And tell them that I am busy with another surgery.’*

*John runs a mixed practice in Co. Mayo. He is, however, on call most of the time and often leaves a recently graduated vet on his own to run the practice, make consultations and perform surgeries. ‘It’s good experience for him. He’s fresh out of college and should know what he’s doing!’*
Round Two sought to characterise a number of ethical conflicts identified in round one from participants’ responses and comments. These were divided into three key areas (Table 1). Consensus on reputational damage and tools to support the profession were explored.

<table>
<thead>
<tr>
<th>Certification</th>
<th>Professional Conduct and Working Relationships</th>
<th>Animal Health and Welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate food safety standards</td>
<td>Responsible use of social media</td>
<td>Performing convenience euthanasia</td>
</tr>
<tr>
<td>Responsible disease eradication programmes</td>
<td>Working relationships between veterinary practitioners and nurses</td>
<td>The provision of 24 hour and emergency veterinary care</td>
</tr>
<tr>
<td>Responsible casualty slaughter certification</td>
<td>Guidance on referrals and second opinions</td>
<td>Prudent prescribing and administration of veterinary medicines</td>
</tr>
<tr>
<td>Responsible animal export certification</td>
<td>Guidance on Continuing Veterinary Education</td>
<td>The role of veterinary professionals in unregulated animal fairs, races and shows</td>
</tr>
<tr>
<td>Responsible animal insurance schemes</td>
<td>Responsible clinical research and teaching involving animals</td>
<td>Responsible advanced treatments in small animal medicine</td>
</tr>
</tbody>
</table>

**Table 1. Categorisation of the ethical challenges regarded as damaging to the reputation of the veterinary profession**

In Round Three participants selected workable solutions including the organisations with primary responsibility and mechanisms to effect change for six key ethical challenges identified in the previous rounds.

**KEY FINDINGS**

**Round One**

- Participants’ ranking of each vignette was similar regarding the ethical acceptability of the conduct of the veterinary professional, reputational damage to the broader veterinary profession and compliance with standards of practice.
- The ethical conduct of veterinary professionals in two thirds of the vignettes was considered to be damaging or very damaging to the reputation of the profession (Fig.3).
- Sixty per cent of participants provided suggestions on areas of concern not covered by the vignettes e.g. certification for casualty animals, TB screening, insurance coverage and referrals.
Round Two

- Regarding certification, participants identified 3 priority areas for policy development and/or professional guidance: food safety standards, casualty slaughter certification and animal exports certification (Fig. 4). Most participants prioritised public health concerns over animal welfare.
• Referrals and second opinions were assigned the highest ranking by 60% of participants in Professional Conduct and Working Relations (Fig.5). Relationships between veterinarians and nurses concerned the nurse being asked to support poor professional practice by a higher ranked member of staff, and assigning nurses with duties or tasks for which they are not competent.

• More than 70% of participants ranked prescriptions and administration of veterinary medicines and 24h emergency care as priorities in Animal Health and Welfare (Fig.6). The responsible use of antibiotics was identified as the most important issue facing the veterinary profession.

Figure 5. Participants prioritisation of the ethical challenges relating to Professional Conduct and Working Relations, identified in Round 1 of the Policy Delphi

Figure 6. Participants prioritisation of the ethical challenges relating to Animal Health and Welfare, identified in Round 1 of the Policy Delphi
Round Three

- Several organisations should contribute to addressing the six ethical challenges, and a collective approach is required (Fig.7).
- A combination of approaches was favoured with Professional Guidelines being the most frequently selected (Fig.8).
- Ethical challenges pertaining to the food chain (‘food safety standards’, ‘casualty slaughter certification’ and ‘prescription and administration of veterinary medicines’) require enforcement measures such as legislation/regulation and compliance inspections (Fig.8).
- Ethical challenges pertaining to clinical services (‘referrals and second opinions’, ‘vet/nurses working relationships’, and ‘24h emergency care’) require Professional Guidelines, conferences, and Continuing Veterinary Education (CVE) training (Fig.8).

**Figure 7.** The organisations with responsibility to address the six ethical challenges in Round 3 Policy Delphi, as identified by participants.

HPRA - Health Products Regulatory Authority; VOA - Veterinary Officers Association; FSAI - Food Safety Authority of Ireland; IVNA - Irish Veterinary Nurses Association; UCD Vet - UCD School of Veterinary Medicine; DAFM - Department of Agriculture Food and the Marine; VCI - Veterinary Council of Ireland; VI - Veterinary Ireland

**Figure 8.** Solutions indicated by participants to address the six ethical challenges presented in Round 3 Policy Delphi.
RECOMMENDATIONS
• The concerns highlighted by participants reflect topical issues such as prescription and administration of antibiotics and certification of animals for the food chain.
• Current rules and regulations are insufficient to ensure best veterinary practices and a collective approach is needed to harness workable solutions for the identified ethical challenges.
• The solutions identified included greater enforcement of regulations to protect the food chain and improved professional guidance to improve clinical services.

FURTHER READING


Online Survey
Chapter 4

Case Study: Use of Antimicrobials On-Farm

CONTEXT

Antimicrobial Resistance (AMR) has emerged as a significant threat to public health (WEF, 2015). Although the epidemiology of antimicrobial resistance is still poorly understood (Woolhouse & Ward, 2013), it is known that antimicrobials used to prevent and treat infectious diseases in intensive livestock production systems can contribute to the spread of drug-resistant pathogens in both animals and humans (Boeckel et al., 2015). The prescription and administration of veterinary medicines was identified as a key concern by veterinary professionals in Ireland participating in the Policy Delphi consultation process on current and future ethical challenges facing the veterinary profession (Magalhães-Sant’Ana et al., 2016, Chapter 3), in particular, the overuse of antimicrobials on-farm.

METHODOLOGY

At a research workshop exploring veterinary ethical challenges in Ireland, eight stakeholders agreed to debate the on-farm use of antimicrobials. A qualitative focus group approach was used to gather opinions from veterinarians working in public organisations and private practice, the Veterinary Council, as well as a general practitioner in human medicine and a dairy farmer. Selection criteria included seniority, experience with the research topic and active role with a relevant veterinary organisation.

KEY FINDINGS

A thematic analysis revealed three overarching constraints and key opportunities to supporting prudent on-farm use of antimicrobials (Table 2):

<table>
<thead>
<tr>
<th>Overarching Constraints</th>
<th>Examples</th>
<th>Potential Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Knowledge and Values</td>
<td>a PVP “can sit in Cavan in his office and write prescriptions all day, every day (...) [which] means that (...) a clinician has not got full knowledge of what [remedies] have gone into that unit” (VAM-5)</td>
<td>One health education plan</td>
</tr>
<tr>
<td>Farm Centred Concerns</td>
<td>“we now know the farm the pig came, from (...) his DNA, but why can't you link that to how much antimicrobials are there? Trace it right back to the farm and we will penalise it when we find it” (VAM-8).</td>
<td>Improved herd health management practices</td>
</tr>
<tr>
<td>Deficiencies in Current Regulations</td>
<td>“If I said I'm going to visit [the farm] three times and [the farmer] says I will only pay you once, then someone else is happy to visit once and prescribe three times. (...) I suppose it's back to the challenge of defining responsible use and legislating for it, be that in State law or in professional code of conduct.” (VAM-6)</td>
<td>Legislative change to support ‘One Farm, One Vet’ and electronic prescriptions</td>
</tr>
</tbody>
</table>

Table 2. The overarching constraints and potential solutions suggested by focus group participants
RECOMMENDATIONS

• Promote a regulatory change in order to increase the number of yearly visits of veterinarians to farms, implement electronic prescribing and shorter validity of prescriptions.

• Endorse better herd health management practices, including increased vaccination, development of on-farm diagnostic testing, improved biosecurity measures and Quality Assurance Schemes.

• A ‘One Health’ education plan, including targeted veterinary CVE, farmer education, public awareness and government awareness.

• Include provisions on prudent and responsible use of veterinary antimicrobials within the VCI-CPC.

• Promote a forum to discuss the feasibility of a ‘One Farm, One Vet’ policy.

FURTHER READING

Chapter 5

Case Study: Veterinary Clinical Services

CONTEXT

The provision of veterinary clinical services is known to elicit a range of issues which require an ethical appraisal (Main, 2006; Rollin, 2006). The Policy Delphi consultation process identified referrals, second opinions and 24 hour emergency care as key ethical challenges to veterinary professionals in Ireland. In fact, the standard of 24 hour emergency care that is provided can vary between veterinary practices, and it is not always clear to the public what services are available. Furthermore, guidance is lacking on how best to address the practical conflicts arising when referring cases.

METHODOLOGY

At a research workshop exploring veterinary ethical challenges in Ireland, eight stakeholders agreed to participate in two consecutive focus group sessions, one on referrals and second opinions and the other on 24 hour emergency care. Selection criteria included seniority, experience with the research topic and active role with a relevant veterinary organisation. Stakeholders included referral veterinarians (from equine, farm animals and small animals), a referring mixed practice veterinary practitioner, a representative from the regulatory body, a member of the public and a senior member of an animal charity.

KEY FINDINGS

Six overarching, interrelated, themes emerged from the thematic analysis, which reflect the drivers and constraints involved in veterinary referrals/second opinions and 24 hour care (Table 3).

<table>
<thead>
<tr>
<th>Themes</th>
<th>Ethical Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Guidance</td>
<td>Interpretation of definitions of referrals, second opinions and 24 hour care by the VCI-CPC, and interpretation of the provision of 24 hour emergency care required by the Premises Accreditation Scheme.</td>
</tr>
<tr>
<td>Clients’ Expectations</td>
<td>Clients are better informed and have higher expectations regarding the level of veterinary care. Veterinary professionals need to manage client expectations about e.g. provision of 24 hour care.</td>
</tr>
<tr>
<td>Veterinary Well Being</td>
<td>Effect of increased regulatory requirements, clinical demands and client expectations on veterinarians threaten work-life balance.</td>
</tr>
<tr>
<td>Financial Constraints</td>
<td>Assumptions by veterinarians about clients’ willingness to pay can impede referral and offering of a full range of treatment options.</td>
</tr>
<tr>
<td>Timeliness of Referral</td>
<td>Delayed referral can be detrimental to the prognosis and to animal health and welfare. Issues of competence and competition may delay referral.</td>
</tr>
<tr>
<td>Conflicts between Veterinary Practices</td>
<td>Poor communication between referring and referral vets such as sharing of information on patient history. Managing differences of opinion and appropriate post-treatment care of animals. Relationship between animal charities and local veterinary practices.</td>
</tr>
</tbody>
</table>

Table 3. The main concerns expressed by focus group participants regarding veterinary referrals, second opinions, emergency and 24h care
RECOMMENDATIONS

• Improved guidance in the VCI Code of Professional Conduct, in particular to provide standard definitions for key terms such as ‘referrals’, ‘second opinion’, ‘supersession’, ‘emergency cover’ and ‘24 hour care’.

• Revising the concept of 24 hour care services provided in the Premises Accreditation Scheme. This is essential to address clients’ expectations and reduce the reputational risk to veterinary professionals.

• Developing CVE modules on effective communication skills and applied ethics for veterinary professionals, to support improved dialogue with clients, to manage expectations.

• Transparent and full disclosure of patient records between referring and referral veterinarians.

• Helping clients to understand the value of veterinary services, so that the fees reflect the quality of care and treatment.

FURTHER READING

Chapter 6

Case Study: Certification of Casualty & Emergency Slaughter

CONTEXT

During an in-depth thematic and content analysis of five European Codes of Professional Conduct (including the Irish code), certification was identified as one of main societal duties of veterinarians (Magalhães-Sant'Ana et al., 2015 Chapter 2). Despite the profusion of rules and guidelines, veterinarians are still faced with significant conflicts of interest when issuing certificates for emergency and casualty slaughter.

METHODOLOGY

At a research workshop exploring veterinary ethical challenges in Ireland, thirteen stakeholders agreed to participate in two consecutive focus group sessions, on emergency and casualty slaughter. Purposive sampling of participants was used in order to reflect the range of roles. Selection criteria included seniority, experience with the research topic and active role with a relevant veterinary organisation. Stakeholders included a representative from the regulatory body, local authority veterinarians with research experience in emergency slaughter, an animal welfare research scientist, official veterinarians from the competent authority, and a member of a farming organisation.

KEY FINDINGS

Figure 9 illustrates the two overarching themes that were identified as key challenges to on-farm emergency and casualty slaughter.

There is a conflict between the responsibility of private veterinary practitioners (PVPs) to safeguard the welfare of acutely injured animals on-farm and the client’s commercial interest to recover the cost of animal production. Among PVPs, there are concerns about the potential loss of clients, and about the financial loss for the client if the animal is sent to the knackery as opposed to entering the food chain. As a consequence, some PVPs may feel under pressure to certify, for example an acutely injured animal as fit for transportation and fit for human consumption.

This conflict arises due to the gap between governance and provision to facilitate on-farm emergency and casualty slaughter, particularly by the Food Business Operator (FBO). Increased availability and acceptance of on-farm casualty/emergency slaughter by FBOs would mitigate the need to certify acutely injured animals fit for transport and slaughter and thereby safeguard animal welfare.

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Figure 9. Two overarching themes identified by participants as challenges to on-farm emergency and casualty slaughter

<table>
<thead>
<tr>
<th>Dilemmas &amp; Conflicts in the Commitment to Animal Welfare</th>
</tr>
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<tbody>
<tr>
<td>Prioritising animal welfare vs commercial concerns</td>
</tr>
<tr>
<td>Following best judgement vs laws / regulations</td>
</tr>
<tr>
<td>Fitness to Transport</td>
</tr>
<tr>
<td>• Ambiguity with interpretation of current regulatory context</td>
</tr>
<tr>
<td>• Mediating factors on decision to transport (distance to factory facilities; type / extent of injury)</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>Lack of availability of on-farm slaughter</td>
</tr>
<tr>
<td>Poor acceptance of casualty / emergency slaughter carcasses by abattoirs</td>
</tr>
<tr>
<td>• Pressure by retailer on Food Business Operator (abattoir)</td>
</tr>
<tr>
<td>• Pressure on Official Veterinarians to accept acutely injured animals for processing.</td>
</tr>
</tbody>
</table>
RECOMMENDATIONS
Three main strategies emerged from the focus group discussion to address current challenges with emergency and casualty slaughter.

- To support the nationwide availability and acceptance of on-farm emergency and casualty slaughter, there needs to be engagement, communication and consultation between all stakeholders (e.g. Veterinary Ireland, Department of Agriculture, Food & the Marine, Meat Industry Ireland, Irish Farmers Association, FBOs) to improve current guidelines and regulation.

- Training and guidelines for PVPs should become available on the regulatory context of on-farm emergency and casualty slaughter, and on the interpretation of fitness to transport.

- In the absence of nationwide availability and acceptance of on-farm casualty and emergency slaughter by FBOs, consideration should be given to methods to encourage producers to prioritise animal welfare when in conflict with the commercial value of the animal. For example, either subsidising the cost of disposal through the knackery service or implementing a financial penalty through cross compliance measures.

FURTHER READING
Chapter 7
Recommendations

CONTEXT

The Policy Delphi consultation process sought to identify current and future ethical challenges facing the veterinary profession in Ireland and to explore potential solutions to enable the profession to address these challenges. Participants represented the diversity of roles and responsibilities in the veterinary profession in Ireland.

The three round consultation provided an iterative process, to build on participant responses and ultimately identify key ethical challenges. The 20 vignettes presented in Round One were characterised into three themes in Round Two, and ranked according to priority by participants. Round Three explored workable solutions: measures to effect change and stakeholder(s) with the main responsibility.

Four high priority ethical challenges emerging from the Policy Delphi formed the basis for a research workshop, aimed at identifying the constraints and solutions. Representatives from stakeholder communities (veterinary and non-veterinary) were invited to participate in the workshop.

KEY FINDINGS

Policy Delphi

• In Round One of the Policy Delphi consultation process, there was broad consensus across the diversity of veterinary participants regarding the reputation risk associated with most of the 20 ethical challenges presented.

• Additional ethical challenges suggested by participants were incorporated into Round Two and two emerged as key risks: certification (e.g. emergency and casualty slaughter; export), and referrals.

• Referrals and second opinions were assigned the highest ranking by 60% of participants in Professional Conduct and Working Relations. Several issues arose, including nurses being asked to support poor professional practice by a higher ranked member of staff, and the assignment of duties or tasks to nurses for which they are not competent.

• More than 70% of participants ranked prescriptions and administration of veterinary medicines and 24h emergency care as priorities in Animal Health and Welfare. The responsible use of antibiotics was identified as the most important issue facing the veterinary profession.

• Certification for food safety standards, casualty and emergency slaughter and export were ranked as 1st or 2nd priority by 50% of participants.

• In Round Three a dichotomy of workable solutions was identified:
  i. Ethical challenges pertaining to the food chain (‘food safety standards’, ‘casualty slaughter certification’ and ‘prescription and administration of veterinary medicines’) require enforcement measures such as legislation/regulation and compliance inspections.
  ii. Ethical challenges pertaining to clinical services (‘referrals and second opinions’, ‘vet/nurses working relationships’, and ‘24h emergency care’) require professional guidelines, conferences, and Continuing Veterinary Education (CVE).

• Participants opted for a collective approach involving several organisations to address ethical challenges.

Research Workshop

• Three overarching constraints were identified to support prudent on-farm use of antimicrobials, including lack of knowledge and values, farm-centred concerns and deficiencies in current regulations.

• Six overarching constraints were identified for veterinary referrals/second opinions and 24 hour care: interpretation of definitions in current guidance; managing clients’ expectations, veterinarian well-being, financial concerns, latency of referral, and conflicts between the referring and referral veterinary practices.

• Two overarching constraints were identified for certification for casualty and emergency slaughter: a) the gap between regulatory framework vs the lack of availability and acceptance by Food Business Operators of on-farm emergency and casualty slaughter and b) the conflict between the PVP’s responsibility to safeguard the welfare of an acutely injured animal on-farm and the client’s commercial interest to recover the cost of animal production.
KEY RECOMMENDATIONS

The following recommendations were made by participants in the research workshop, to address the overuse of antimicrobials, provision of 24h/emergency care, veterinary referrals and second opinions and certification for emergency and casualty slaughter:

• Regulatory changes should be undertaken to increase the number of yearly visits of veterinarians to farms, to implement electronic prescribing and to shorten the time that prescriptions are valid.
• Improved herd health management practices should be promoted, including increased vaccination, development of on-farm diagnostic testing, improved biosecurity measures and Quality Assurance Schemes.
• A ‘One Health’ education plan should be developed, including targeted Continuing Veterinary Education, farmer education, public awareness and government awareness.
• Provisions on prudent and responsible use of veterinary antimicrobials should be included within the VCI Code of Professional Conduct.
• A forum to discuss the feasibility of a ‘One Farm, One Vet’ policy should be promoted.
• The VCI Code of Professional Conduct should include improved guidance on key topics, in particular to provide standard definitions for veterinary practice such as advice, supersession, 24 hour emergency care.
• In the VCI Premises Accreditation Scheme, the concept of 24 hour care services provided should be revisited, to address clients’ expectations and reduce the reputational risk to veterinary professionals.
• Continuing Veterinary Education modules should be developed on effective communication skills and applied ethics for veterinary professionals, to support improved dialogue with clients and manage clients’ expectations.
• There should be transparent and full disclosure of patient records between referring and referral veterinarians.
• Resources should be developed and communicated to help clients to understand the value of veterinary services, so that the fees reflect the quality of care and treatment.
• Engagement, communication and consultation should occur between all stakeholders (e.g. Veterinary Ireland, Department of Agriculture, Food and the Marine, Meat Industry Ireland, Irish Farmers Association) to support the nationwide availability and acceptance of on-farm emergency and casualty slaughter. This is key to mitigating the certification of acutely injured bovines fit for transport.
• Training and guidelines for PVPs should be developed on the regulatory context of on-farm emergency and casualty slaughter and the interpretation of fitness to transport.
• In the absence of nationwide availability and acceptance of on-farm casualty and emergency slaughter, consideration should be given to support producers to prioritise animal welfare when in conflict with the commercial value of the animal. For example, either subsidising the cost of disposal through the knackery service or implementing a financial penalty through cross compliance measures.
A research workshop was hosted at University College Dublin in June 2015, to explore the key findings from the three-round Policy Delphi consultation process. Veterinary professionals and other stakeholders were invited to participate, based on their involvement and expertise, in three areas: (i) on-farm use of antimicrobials, (ii) clinical veterinary services (24h/emergency care, referrals and second opinions), (iii) certification for casualty and emergency slaughter.


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