

Raised Bill No. SB 918 AN ACT CONCERNING THE DUTIES OF
VETERINARIANS WHEN PRESCRIBING PRESCRIPTION MEDICATIONS

Testimony of Dennis Steiger

February 25, 2013

Honorable Members of the Environment Committee:

Thank you for the opportunity to testify in support of Raised Bill No. SB918. I feel it is critical that veterinarians provide the same standard of care to our pets as doctors and pharmacists provide humans when prescribing and dispensing medication. Current CT statutes governing the veterinary practice do not provide this protection.

My wife and I had the unfortunate experience of losing our golden retriever, Sydney. Shortly afterwards it came to our attention that the Rimadyl prescribed by Dr Stuart was a likely contributor. We learned that Rimadyl has the potential for serious adverse reactions, that the dog owners should be warned to watch for symptoms, and that the dog should be carefully monitored. Dr Stuart did none of this.

We filed a petition (No. 2005-0420-047-011) with the CT Dept of Public Health regarding our concerns. We received a response that Dr Stuart did not violate any of the statutes governing veterinary practice. We made a second request clarifying our concerns specifically regarding the standard of care concerns and received the same response. This response indicated a serious gap in the existing statutes that needs to be corrected.

This was first raised as in 2008 as SB580 by Senator Roraback. On March 12, 2008 I testified (Attachment 1) before the Public Health Committee and submitted signed petitions in support. SB580 passed the committee, passed the Senate, but didn't make it on the House calendar. The following year it was raised again as SB6396 but did not get out of committee. The CVMA testified (Attachment 2) against it. The basis of their argument was that existing guidelines already cover the objectives of the bill, including consequences, and passing the bill would just be redundant.. The bill was rejected.

I do not believe this to be correct since on at least two occasions I was told by the CT Dept of Public Health that the petition we filed could not be acted on since there are not any statutes governing the standard of care required of veterinarians. Additionally when I testified before the Public Health Committee they questioned me about the existence of a standard of care for veterinarians. When I stated the Dept of Public Health did not know of any, I was told they would check. Since the bill passed committee, I believed they also found none to exist.

I urge you to pass this bill. The CVMA did not oppose the concept only arguing it was not necessary. Obviously if the requirements do exist, they must be somewhat gray. Passing this bill will only serve to clarify or create the needed requirements.

Additionally I believe veterinarians should be held to a somewhat higher standard since they serve a dual role of Doctor and Pharmacist. A veterinarian diagnoses, prescribes, and sells the medication to the pet owner. They are not required to provide any warning or information. I have been given the explanation that since veterinarians purchase the medications in bulk it is not practical to give warning sheets to each patient. I cannot accept this. With the technology of copiers and computers available in all offices today and that many drug manufacturers provide tear off pads, there is no excuse. Pharmacies for humans also purchase in bulk and do not seem to have a problem providing information with each prescription and even with refills.

In addition this bill is revenue neutral and should not be a concern to pass, even in this difficult year.

Thank you for your time and consideration in this matter.

Attachment 1

Raised Bill No. 580 AN ACT CONCERNING THE DUTIES OF VETERINARIANS WHEN PRESCRIBING PRESCRIPTION MEDICATIONS

Testimony of Dennis Steiger
March 12,2008

Honorable Members of the Public Health Committee:

Thank you for the opportunity to testify in support of Raised Bill No. 580. I feel it is critical that veterinarians provide the same standard of care to our pets as doctors and pharmacists provide humans when prescribing and dispensing medication. Current CT statues governing the veterinary practice do not provide this protection.

My wife and I had the unfortunate experience of losing our golden retriever, Sydney. Shortly afterwards it came to our attention that the Rimadyl prescribed by Dr Stuart was a likely contributor. We learned that Rimadyl has the potential for serious adverse reactions, that the dog owners should be warned to watch for symptoms, and that the dog should be carefully monitored. Dr Stuart did none of this.

The Rimadyl was prescribed by Dr Stuart based on a superficial exam claiming to be able to "feel a lot of arthritis". When my wife asked about potential side effects she was told to only watch for diarrhea and bring her back for a blood test in several weeks. When we brought Sydney back for the blood test additional Rimadyl was prescribed and dispensed prior to receiving the results. When Dr Stuart called several days later with the blood test results she reported they were OK. Sydney's liver values were elevated, likely a result of her age, to continue with Rimadyl and come back in 3mos for another blood test.

Several weeks later we contacted Dr Stuart about Sydney's condition. She had trouble standing, was not eating, and could not drink water without vomiting. Dr Stuart said not to worry dogs can go several weeks without eating, and the vomiting is likely a result of drinking too much too fast. She switched her medication to Etogesic that she said was more indicated for spinal issues that Sydney had. She had my wife come in to pick it up without asking to see Sydney. When my wife picked up the Etogesic she was also given Robaxin a muscle relaxer and was told to start the new medication that evening and see how she does in 48hrs. Sadly, Sydney did live another 48hrs.

Shortly after Sydney's death I was alerted to the dangers of Rimadyl and advised to inform Pfizer of the death. It was in this process I learned that; elevated liver values are key indicator of intolerance, that a baseline blood test should be done, that follow up blood test should be done frequently during the initial phase. When I supplied results of a blood test done 2 years earlier to Dr Lavin at Pfizer I learned Sydney's liver values were elevated then and she should not have been considered a candidate for Rimadyl treatment. He also suggested that I look at the information sheet available on the Internet in Pfizer's web site. When I read the following portion of the information sheet I got sick. Had I known

this we would have taken Sydney off Rimadyl immediately since she exhibited many of the symptoms.

INFORMATION FOR DOG OWNERS: Rimadyl, like other drugs of its class, is not free from adverse reactions. Owners should be advised of the potential for adverse reactions and be informed of the clinical signs associated with drug intolerance. Adverse reactions may include decreased appetite, vomiting, diarrhea, dark or tarry stools, increased water consumption, increased urination, pale gums due to anemia, yellowing of gums, skin or white of the eye due to jaundice, lethargy, incoordination, seizure, or behavioral changes.

Serious adverse reactions associated with this drug class can occur without warning and in rare situations result in death (see Adverse Reactions). Owners should be advised to discontinue Rimadyl therapy and contact their veterinarian immediately if signs of intolerance are observed.

The vast majority of patients with drug-related adverse reactions have recovered when the signs are recognized, the drug is withdrawn, and veterinary care, if appropriate, is initiated. Owners should be advised of the importance of periodic follow up for all dogs during administration of any NSAID.

All dogs should undergo a thorough history and physical examination before initiation of NSAID therapy. Appropriate laboratory tests to establish hematological and serum biochemical baseline data prior to, and periodically during, administration of any NSAID should be considered.

We filed a petition (No. 2005-0420-047-011) with the CT Dept of Public Health regarding our concerns. We received a response that Dr Stuart did not violate any of the statutes governing veterinary practice. We made a second request clarifying our concerns and received the same response. That is why I am here today, to request what I consider a serious gap in the existing statutes be corrected.

When my doctor prescribes medication for me I am advised of possible risks, told what symptoms to watch for, and receive fully detailed information from the pharmacy. When we went to Dr Stuart, Sydney was examined and we were given medication to administer. Dr Stuart did not provide information about possible adverse reactions or what to watch for even when asked. The fact that veterinarians are allowed to prescribe and sell prescription medications without being required to provide appropriate information regarding the risks is a serious gap in Connecticut statutes. I have been given the explanation that since veterinarians purchase the medications in bulk it is not practical to give warning sheets to each patient. I cannot accept this with the technology of copiers and computers available today in all offices I've been in and that pharmacies for humans also purchase in bulk and do not seem to have a problem providing information with each prescription and even with refills. Also, I was told by Pfizer that tear off pads of the insert sheets are available for the veterinarians to give out.

To this day my wife and I feel guilty for administering the medication we believe killed Sydney even though it was done with the best intentions at the advice of our vet. Please pass this bill to help prevent any other pets from dying unnecessarily.

Thank you for your time and consideration in this matter.

Attachment 2

**CONNECTICUT VETERINARY MEDICAL ASSOCIATION
TESTIMONY TO THE CGA ENVIRONMENT COMMITTEE REGARDING SB
6396 AN ACT CONCERNING VETERINARIANS AND DRUG PRESCRIPTIONS**

March 9, 2009

Messrs. Chairmen and Members of the Environment Committee:

We represent the Connecticut Veterinary Medical Association, which includes over 95% of Connecticut licensed veterinarians as its members.

We believe that HB 6396 is an unnecessary and redundant proposal that will do nothing to alter the relationship that exists between veterinary client, animal patient and veterinarian and that that relationship is as it should be. Existing guidelines and laws already provide a framework for the veterinarian's professional behavior, which includes guidance for, and consequences of, veterinarian - client communication.

The Veterinarian's Oath reminds us we must use our professional skills to benefit society and relieve animal suffering, conscientiously, with dignity, and in keeping with the American Veterinary Medical Association's Principles of Veterinary Medical Ethics. Our professional motto, *Primum Non Nocere*, "first do no harm", further highlights our responsibility to both our patients and clients.

The American Veterinary Medical Association's Principles of Veterinary Medical Ethics requires that we first consider the needs of the patient, that we abide by the Golden Rule, that we be honest and fair and obey the law. These Principles also require that we inform our client of the expected results, risks and costs of a proposed treatment regimen.

Finally, Connecticut law (CGS 20-202) requires that we maintain ourselves professionally competent and skillful in our work or we may face disciplinary action by the Board of Veterinary Medicine, which operates under the auspices of the Department of Public Health. The broad oversight by both the Board and the Department, takes into account all forms of treatment whether medical or surgical, and puts the onus of defending ones conduct and clinical judgment onto the licensed veterinarian. This responsibility to maintain an appropriate standard of care remains as a check on any casual or careless behavior that might occur and serves to reinforce the ordinary exercise of conscience in the licensee.

Inherent in each of these dictums is that clear and open communication with our client, the consumer of veterinary services is essential. Communication within the context of the client - animal - veterinarian relationship is the coin-of-the-realm of veterinary practice. Using it effectively enables us to assist our clients to make good choices with respect to their care of their animals, as well as maximizes our potential to assist them to do so. Conversely, using it poorly makes a skilled clinician mediocre. There is just no substitute for good client communication.

A failure to communicate then, especially as to the merit or hazard of a given course of action, is inherently understood to be a negative influence on the client - animal - veterinarian relationship and our ability to maintain it. Clients who feel inadequately informed are quick to notice and quicker still to move on to a veterinarian with better communication skills. Thus the maintenance of the client - animal patient - veterinarian relationship requires effective, complete and honest communication, and this is a powerful motivator to the professional veterinarian to ensure it occurs.

HB 6396, a seemingly well-intentioned proposal requiring "complete" risk communication with respect to prescribing medication is therefore redundant and unlikely to improve client - veterinarian communication or further motivate poor communicators to do better. The hazards and penalties for the licensee already exist and need not be further repeated.

Every practicing veterinarian knows they are expected to provide reasonable and appropriate information about the potential risks and benefits of any given course of treatment. This assessment of risk is, by its very nature, a product of the synthesis of textbook knowledge and practitioner experience and judgment. This element of judgment, while fraught with the vagaries of human error, cannot be removed from this equation, nor should it be, as much remains unclear in medicine. Experience and judgment then, are the other coins-of-the-realm in veterinary medical practice. Trust in a veterinarian by a veterinary client must be earned by the provider, but cannot be legislated. HB 6396 will not change this.

We urge you to reject HB 6396.

Thank you.

Sincerely,

Eva Ceranowicz DVM
Arnold L. Goldman DVM, MS
Co-Chairs, Government Affairs Committee
Connecticut Veterinary Medical Association