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How to Define Your Success as a Clinician

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Abstract

This chapter considers finding a suitable criterion by which to assess success in clinical veterinary practice and why this is important. It discusses the limitations of satisfying varied practitioner interests including those of referring veterinarians, performing advanced treatments or procedures, financial compensation, conforming to employer expectations, pleasing animal owners, and achieving desired patient outcomes as benchmarks for success. Case studies are used to illustrate these examples. The Principle of Patient Advocacy is defined and introduced as the ideal means by which to determine clinician success.

Keywords: *success, moral stress, referring veterinarian, compensation, employer, advanced care, clients, owners, patient advocacy*

As this book is devoted to veterinary decision-making, perhaps one of the most meaningful decisions is how to define one's success as a clinician. During my career, numerous interns and students have asked me, "How do you know whether you are a good veterinarian or had a successful day?" I had no answer to this profound question when it was first posed, but significant introspection since then has allowed me to gain clarity, which I hope to provide in this chapter.

Why is the answer to this question so vital? Because whatever criterion one uses to measure success will inevitably guide one's practice philosophy and behaviors that may endure over the course of an over 30-year career in the profession. Another reason grappling with this question is so important relates to the mental health of veterinarians. There has been increasing research interest in examining the occurrence of stress within the veterinary profession. Many factors have been cited to cause stress, including ethical dilemmas, client financial limitations affecting patient care, work overload, client complaints, and dealing with death and errors [1].

Two recent investigations discovered that 50% [2] and 31% [3] of veterinarians had high burnout scores. A study of small animal veterinarians found that 49% reported a moderate to substantial level of burnout [4]. In another report, when North American veterinarians were asked "How often have you felt distressed or anxious about your work?", 52% responded "often" or "always" [5]. It's apparent that work-related stress is a significant challenge for the veterinary profession. The effects of work-related stress on mental health are well documented and include

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emotional exhaustion, anxiety, and depression [6, 7]. Numerous studies have documented higher rates of suicidal ideation and suicide in the veterinary profession compared with those in the general population and other healthcare professionals [8–11].

If one applies a standard of success that becomes unfulfilling, too difficult, or impossible to attain, it's likely that moral (dis)stress may be experienced. Moral distress has been defined as "The experience of psychological distress that results from engaging in, or failing to prevent, decisions or behaviors that transgress ... personally held moral or ethical beliefs" [12]. Moral stress is therefore recognized as a consequence of experienced conflicts involving work-related obligations or expectations that do not coincide with one's values [13, 14]. Studies in veterinary medicine have suggested or documented that moral distress is inversely associated with wellbeing and correlates with career dissatisfaction and attrition [15, 16].

To consider the question of how to assess your success, let's systematically examine the numerous interests veterinary clinicians are expected to serve and the viability and limitations of satisfying each of these as a benchmark to evaluate clinical success.

Referring Veterinarian

To meet the demand that medical care for animals rival that of humans, the number of referral and emergency veterinary practices in the United States has increased dramatically in the last three decades [17]. Of the estimated 119 000 US veterinarians [18], 11% are board-certified specialists [19]. These veterinarians have the same diverse obligations as those of the referring veterinarian (RDVM), but in addition must satisfy the perceived or real demands of the RDVM.

Just as general practitioners (GPs) are economically dependent on the animal owner for their livelihood, the veterinary specialist is dependent on present and future referrals from their colleagues. As most pet owners are not aware of the existence of specialists [20], the GP is considered the gatekeeper to the referral process. While GPs are careful not to offend pet owners, specialists feel the same way toward RDVMs due to concern over losing referrals and their associated income.

As a result of these forces, the veterinary specialist may feel conflicted in satisfying their varied duties (Case Studies 1.1 and 1.2).

Case Study 1.1 A Dog with Chronic Vomiting Referred for Endoscopy

You are an internist in a referral practice. Bella, a nine-month-old dog, is referred for endoscopy for evaluation of chronic vomiting. Novel diet trials have not been performed and appetite is normal. Lab work and radiographs are within normal limits. Physical examination reveals Bella to be in good body condition with no abnormalities. Based on Bella's young age and the evaluation, you advise a novel diet trial for food allergy/intolerance, with endoscopy and biopsies to follow if vomiting does not improve within a few weeks.

The client seems confused and explains that endoscopy was advised by her veterinarian. You inform the client that approximately 50% of cases like Bella's will respond to diet change, supporting the recommendation to delay the cost and anesthetic risk of endoscopy and the need for medications that may have undesirable side effects. The RDVM calls you later in the day to express his displeasure with the agreed course of action, stating, "You showed me up to the

client because I wanted an endoscopy. Now I'll refer her to someone else who will do the endoscopy."

In this case, there is conflict between what the specialist perceives to be in the best interest of the patient and the expressed desire of the GP. Ideally, this problem can be sufficiently resolved via a professional conversation. If not, should the specialist comply with the request for the endoscopy? This procedure is benign, commonly performed, and will enhance the income of the specialist, but may be unnecessary for the patient.

Case Study 1.2 A Dog with Abdominal Distension

Sydney, an 11-year-old male German shepherd, is seen by a local GP on Wednesday for lethargy and poor appetite of 1–2 days' duration. The medical record confirms abdominal distention. Sydney is sent home while a mobile ultrasound is scheduled. On Friday, ultrasound reveals a splenic mass. Sydney is sent home for the weekend and arrives at your referral practice Monday morning in a moribund, life-threatening condition, with a packed cell volume (PCV) of 17%. Sydney undergoes emergency splenectomy for abdominal bleeding and dies postoperatively from oliguria and coagulopathy. Should you inform the client or the GP of your concern that surgery should have been advised before 5 days had passed after initial presentation? Should you report this colleague to the state board?

While in many cases the interests of the GP, specialist, client, and patient are aligned, conflicts can occur. Unfortunately, attempts by the specialist to constructively discuss with the RDVM what could have been done better sometimes result in a punitive loss of future referrals. If satisfying the RDVM is viewed as a measure of success, then the specialist may either modify their standards of practice to conform with GP expectations, or may not attempt to provide constructive feedback to GPs to improve their standards of practice. Both choices are detrimental to promoting animal welfare. Conversely, a GP should also feel they can discuss concerns about shared patient care with the specialist. While striving to satisfy RDVMs may seem appropriate as an indicator of success, these examples suggest that in some cases doing so can be self-serving and disregard obligations to the client, the patient, and the profession.

Veterinarian

Veterinary clinicians have an interest in career satisfaction. Professional self-esteem may be linked to learning and performing novel or advanced procedures or treatments [21]. The increased demand of animal owners for advanced care and the rise in availability of emerging technologies and advanced imaging create a recipe for futile or non-beneficial interventions. As noted by Durnberger and Grimm [22]: "Undoubtedly, veterinarians have a positive duty to help animals – but at what point do they run the risk of violating the negative duty not to harm animals?" In considering this issue of when well-intended interventions cause unwarranted harm, studies show that veterinarians are sometimes requested to provide treatment that they consider futile [5, 23].

Emotionally driven factors are often associated with decisions to pursue advanced care (Case Study 1.3). Taylor [24] has noted that "a question being increasingly asked is whether there are many clinicians who currently view euthanasia as a failure rather than a considered, considerate

Case Study 1.3 My Pug with Collapsing Bronchi

Winston was a 13-year-old pug with progressive exercise intolerance and episodes of cyanosis and syncope associated with wheezing. My perception was that his quality of life was worsening. Imaging evaluations confirmed collapsing bronchi as the cause, likely secondary to chronic inspiratory dyspnea from brachycephalic obstructive airway syndrome. While the surgeons at my practice were adept at inserting tracheal stents as a salvage procedure for dogs with collapsing trachea with good short-term outcomes, bronchial stenting at that time was considered experimental. My love for Winston, fear of losing him, and the hope of finding some means of resolution clouded my medical judgment. I called the closest university teaching hospital and was informed no one there performed bronchial stenting. I called the company that produces tracheal stents and discovered it had recently began producing bronchial stents, but very few colleagues were trained in placing them. Out of desperation, I purchased several different-sized stents and requested my other internist and surgeon assist me in trying this for Winston. I arranged real-time remote access to an expert in this procedure, and with his guidance we worked for hours to properly implant the stents via bronchoscopy.

Winston spent the next few days in the hospital receiving sedatives and antitussives to mitigate risks such as stent migration or fracture. When I brought Winston home, it was clear that his condition was worse, and he could barely move without having to honk and wheeze. I let him go the day after Christmas. In hindsight, the risk–benefit ratio for this procedure was quite poor, and in addition to my own sense of guilt and moral stress for putting him through this, I likely also contributed to the same negative emotions for my staff involved in this procedure.

option for a struggling animal." Moral stress is one of the potential consequences of participating in procedures or treatments that one feels are prolonging a poor quality of life or are worsening welfare [21].

Defining one's success by the number or nature of advanced treatments or procedures performed is clearly not a desirable standard.

Financial Compensation

In human medicine, the idea that fee-for-service payment models incentivize recommending highly compensated procedures has been considered [25]. A systematic review of 18 studies concluded that 83% discovered an association between oncologists' care and compensation consistent with influence by financial incentives [26]. A recent review of financial performance incentives in US health systems found that while most primary care and specialist compensation methods included incentives based on performance, they averaged less than 10% of compensation [27].

Veterinarians in practice are commonly compensated based on a proportion of their revenues [28]. Although such systems are purportedly intended to reward those seeing many patients and to discourage discounting and pro bono work, these also create an incentive for the veterinarian to advise costly testing, procedures, hospitalization, and surgery. Consequently, an implicit conflict of interest exists that may influence veterinary recommendations (Case Studies 1.4 and 1.5), contributing to unnecessary, inappropriate, or delayed interventions [29]. After my practice purchased a computed tomography (CT) scanner, I would be dishonest not to recognize the influence of the potential economic benefits to me and my practice for advising this procedure.

Case Study 1.4 Request to Postpone Emergency Surgery

Herbie, a 10-year-old large-breed dog, is referred to you at a 24-hour referral practice at 7 p.m. for evaluation of weakness and anemia. An ultrasound study reveals a splenic mass and hemoabdomen. Herbie's PCV is 20%. You call the RDVM to provide an update and to inform them that emergency splenectomy will be advised. The RDVM requests that surgery not be offered, and that Herbie be medically stabilized on intravenous (IV) fluids overnight and transferred back, so that the surgery can be performed at their practice the following morning. You are concerned that delaying surgery may result in death or the need to provide a blood transfusion to facilitate Herbie's survival for the next 14 hours.

What should you do? Acquiesce to the request? Ignore the request? Decline the request? Inform the client of the conflict? Is there a valid medical rationale for this request, or is financial remuneration influencing it?

Case Study 1.5 Workup for Young Cat with an Abscess

A two-year-old cat presents for lethargy. Physical examination confirms fever and a fluctuant swelling on the lateral thorax. The attending veterinarian advises a complete database of testing to include a complete blood count (CBC), chemistry, urinalysis, feline leukemia virus/feline immunodeficiency virus (FeLV/FIV) test, and radiographs prior to surgery to lance the presumed abscess. You are the practice owner reviewing this medical record as part of your usual evaluation of associate performance. Is this diagnostic recommendation excessive and unnecessary or in keeping with quality medicine? The tests enhance practice revenues and are not risky or painful. Should you confront the attending doctor about this or let it go?

This conflict of interest is perceived by clients, as 30% of pet owners agreed that veterinarians advise additional services to make money [30]. This issue has also been raised regarding veterinary clinicians profiting from dispensing medications, in contrast to the medical profession, which abrogates this concern by relegating the prescribing and selling of medications to outside pharmacies [31, 32].

When I owned my practice, each month I provided associate doctors with a spreadsheet that included numbers of patients seen, average transaction fees, and revenue generated for all staff doctors. At the time, I would have asserted that my motivations included transparency and to inspire good medical care. In retrospect, I believe that this data promoted competition among doctors to raise their revenues, resulting in unnecessary medical procedures and a race to be the "highest performer." I suspect this also caused poor self-esteem for "lower-producing" staff. This approach also appears to be common within corporate veterinary practices to encourage competition [33].

For a portion of my career, I based my success on practice revenue and my gross income. In fact, I recall my accountant writing a personal note of congratulations when my income reached a certain milestone. As many practice owners frequently evaluate such metrics, it's easy to fall prey to this criterion as a benchmark for success. During my career, I have been told by numerous colleagues that the justifications for their medical recommendations included "I've got a house to pay for" and "I've got kids to send to college." It should be apparent that utilizing income as an arbiter of success is tempting, but also can become self-serving and can quickly empty one's soul in the process, leading you away from what inspired you to become a veterinarian and a caregiver.

Practice Owner/Employer

As I was a practice owner, I can attest that the profitability of the practice is a prominent concern of employers. This may arise from laudable desires, including ensuring the staff are paid well and receive adequate benefits and aspiring to have the latest equipment to facilitate excellent patient care. Conversely, if financial gain becomes the primary driver of behavior for practice owners, a preeminent concern with ensuring perceived client satisfaction may ensue, resulting in harm to animal welfare, violations of the duty to obtain informed consent, and moral stress concerns for staff (Case Studies 1.6 and 1.7)

These cases illustrate that an important expectation of many employers for their associates is to generate income for the practice and retain clients. The associate veterinarian may feel vulnerable and may also be influenced by economic pressures, such as jeopardizing their job security and status within the practice if their behavior does not conform with their employer's requests or demands. Performing convenience surgeries is a source of moral conflict, challenging the concept

Case Study 1.6 Employer Request Not to Disclose Patient Obesity

You have been working as a new graduate in a small animal general practice. You see Samantha Smith, a four-year-old female golden retriever, for acute-onset unilateral hindlimb lameness. On exam, Sam is markedly obese and is minimally weight-bearing on the affected limb. You cannot find any notation in her medical record that weight gain has been discussed with Mrs. Smith despite increasing body weights documented in the past two years. You suspect a ruptured cruciate ligament in the knee as the most likely cause. As this is your first diagnosis of this condition, you meet with your employer, Dr. A, and discuss your plan of action, which includes:

- Discuss with Mrs. Smith why Sam is lame, and the need for surgery to resolve the condition.
- Discuss with Mrs. Smith how Sam's obese state contributed to this condition and formulate options to facilitate weight loss to prevent the same injury to her other knee.
- Lab work as presurgical screen including thyroid test.
- Send Sam home on an analgesic and limited activity until surgery can be performed.
- Provide an estimate for the orthopedic repair.

When you present this plan, Dr. A shares with you that all of Mrs. Smith's dogs have been overweight over the years. She has tried to discuss this topic with Mrs. Smith in the past, but no ameliorative measures were taken. Dr. A approves of your plan except for disclosing Sam's obesity, which she strongly prefers you not discuss. She maintains that your efforts are likely to be ineffective at achieving weight loss, and notes numerous liabilities of your proposal, including:

- Mrs. Smith is one of the hospital's best clients and may be offended and take her pets to another practice. The practice may lose the income from the surgery and significant future income.
- Mrs. Smith is active in the golden retriever community, and the practice could lose other clients if she is unhappy or offended.
- It is possible the orthopedic injury is independent of Sam's obese state.

What should you do?

Case Study 1.7 Request for Declawing a Cat

You are a small animal veterinarian. Mrs. Jones, a long-term client, calls to tell you that her indoor, one-year-old cat Fluffy is scratching furniture, which concerns and upsets her. There is a dog in the house as well. Her family is pressuring her to either relinquish Fluffy to a shelter or have you arrange declawing. She requests your professional opinion to guide her decision. You consult with your employer, who suggests you schedule Fluffy for a declaw procedure.

Bear in mind that convenience surgeries or medically unnecessary surgeries are those performed to benefit humans rather than veterinary patients [34]. Onychectomy is associated with acute and chronic pain, and increased risk of unwanted behaviors including urinating and defecating outside the litter box, excessive grooming, biting, and aggression [35]. Elective onychectomy is opposed by the American Association of Feline Practitioners and the American Animal Hospital Association. These organizations encourage veterinarians to educate cat owners about normal feline behavior and provide alternatives to onychectomy [36, 37].

What should you do?

of the veterinarian as patient advocate [34]. It should be clear that an absolute dedication to satisfy one's employer is not an ideal standard by which to measure one's success.

Animal Owner/Client

Veterinarians must respect client autonomy regarding decisions related to veterinary care. While many clients seek and pursue the best care for their animals, exceptions to this ideal are common. A fundamental ethical problem in veterinary practice is whether veterinarians should give primary consideration to the animal or to the animal owner/client. Rollin makes the distinction between two models of veterinarians: the pediatrician model characterized by patient advocacy, and the model of the mechanic, beholden to client requests and demands regarding the disposition of their legal property [13]. Veterinarians may seek to promote client autonomy in lieu of patient interests. One might believe that the fundamental responsibility of a veterinarian is to obey client decisions even at the detriment of the medical interests of patients (short of breaching cruelty laws). Moreover, any interventions legally and ethically require informed consent from the client.

Morris's ethnographic study of small animal veterinarians concludes: "Because animals are legally considered property and veterinarians depend on clients for income, veterinary medicine is more client oriented than patient oriented" [15]. Many clinicians are praised by their supervisors for receiving positive letters, cards, or social media posts written by clients, and many practices solicit positive reviews from their clients. I have a box of client letters and cards in my office expressing appreciation for my efforts. I admit reading these during times when my self-esteem needed a boost.

Unfortunately, all owners do not meet their moral and legal duties to take care of their animals. Some clients may choose not to pursue treatment of a patient with a good prognosis or may elect euthanasia for reasons that may violate the ethos of the veterinarian. For example, the client might assert that the animal is simply too old, too costly, or the care is too burdensome. Other clients may request ongoing treatment when the prognosis is very poor. Conversely, attempting to save animals through expensive treatment may be perceived as profiteering and clients may characterize the clinician as incompetent or exploitative if the animal dies. They may try to make the veterinarian feel guilty for not offering free or subsidized treatment [38].

Clients may neglect or abuse their animal(s). They may threaten reprisals or loss of business for reporting suspected animal maltreatment, may request not using analgesics for a painful procedure to save money, or may choose to take their suffering animal home instead of pursuing humane euthanasia. Vets might also be criticized for seeming to "coerce" owners into or against euthanasia [38].

It should be apparent that always acquiescing to the requests of animal owners may result in outcomes that may be detrimental to animal welfare, violating the veterinary oath. Consequently, allegiance to client satisfaction is not an adequate arbiter to guide clinician success.

Patient

Outcomes

One of the main reasons I pursued a career in veterinary medicine was to help and heal sick animals. I'm not alone. In a report of veterinary students, helping animals was the most common reason identified for wanting to become a veterinarian [39]. In veterinary school we are taught about diseases, afflictions, and infections, and as clinicians we focus on ways to achieve the best possible patient outcomes as measured by remission rates, discharge from hospital, weight gain, clinical resolution of symptoms, and owner perceptions of improvement (see Chapter 24). While in some cases we can "cure" patients (gastric dilatation-volvulus, extraction of gastrointestinal foreign bodies), in other cases we can only achieve palliation of symptoms (lymphoma, hemolytic anemia).

For a significant portion of my career, I viewed my job as "defeating the reaper"; i.e. warding off death in my patients. In fact, I sometimes would tell my patients that I wouldn't let them down and I'd protect them from death. While this posture of devotion to my patients' outcomes may seem admirable, it shouldn't take long to predict the liabilities. I recall sending a young dog to surgery for relief of an intestinal obstruction seen on radiographs, emphasizing to the owners the likelihood of a curable foreign body when, in fact, a mast cell tumor was identified. The same thing happened with a one-year-old cat that had a mass related to feline infectious peritonitis. I was devastated, feeling I had misled my clients, and had trouble coping with the reality that what appeared to be a promising outlook was now a bleak picture. I remember breaking down and crying when a cute shih tzu I'd gotten emotionally attached to with immune-mediated hemolytic anemia (IMHA) developed a thromboembolic event and died, or when a Labrador developed IMHA days after surgical removal of an ingested corn cob when a good prognosis had been provided.

In some cases, our attempts to diagnose or improve patient condition instead cause harm: I recall several patients in hepatic failure who died days after anesthesia for laparoscopic liver biopsies. These cases taught me painful but valuable lessons as I tried to assess which patients could survive and benefit from this procedure. I spent considerable time during my career trying to reconcile the indirect association between my efforts and patient outcomes, and navigating how to keep an emotional distance from patient survivals or deaths while still not losing my desire to help all patients I see.

The lesson to be learned here is that while caring about your patient's improvement and doing all you can toward this goal are commendable, there are many factors that influence patient outcomes that are beyond your control, including patient age and co-morbidities, patient body condition, extent and timing of client compliance with your recommendations, other individuals

involved in patient care, economics, etc. As patients may (and too often do) fail despite you doing everything correctly medically to achieve a positive result, attaching your success to patient outcomes is a recipe for emotional devastation and possibly career attrition. Let's find a better standard to connect your devotion to patients with perceived success.

Advocacy

Revisiting the fundamental question regarding to whom the veterinarian owes their allegiance, it is assumed by animal owners and by society that veterinarians are advocates for animals. Rollin [40] asserted that "It is ... a major part of veterinary medicine to defend the interests of animals." One of the main impediments to animal advocacy is that veterinarians are hired and paid by humans, not by animals. In this paradigm, the veterinarian is a medical counselor who forms a relationship with, and works on behalf of, the animal owner. Veterinarians need to contend with clients' desires and wishes. What is the responsibility of the veterinarian when they believe the decision the owner reaches is not in the animal's best interest? It can be difficult and uncomfortable for veterinarians to confront owners in these circumstances; some may not consider this as within their purview.

Numerous studies assessing the advocacy behaviors of veterinarians document that a client-centered orientation is more prevalent than a patient-focused orientation [5, 41–43]. Substantiating this conclusion and drawing distinctions between the ideals of students and practitioners, 92% of veterinary students indicated that veterinarians should prioritize patient interests when the interests of clients and patients conflict, whereas 84% of students reported that veterinarians most often prioritize client interests in these circumstances [39]. This data suggests that while those aspiring to be veterinarians see their role as patient advocate, realizing this role in practice is challenging.

Several ethicists have proposed a "best interest" or patient advocacy model for veterinary medicine [13, 44, 45]. Coghlan implores veterinarians to pursue "strong patient advocacy" (SPA), suggesting that this is a philosophy of practice:

> What distinguishes SPAs ... is the *preparedness* to engage in the full gamut of justifiable advocacy options required for preventing harm to patients. Strong patient advocacy involves a disposition and a moral stance orientated toward the goal of improved patient wellbeing and an embrace of the range of justifiable ethical means and resources veterinarians have at their disposal. [46]

Limitations of enacting patient advocacy include the following:

- Acquiring informed consent from the owner requires knowledge and is time consuming (see Chapter 3).
- Discussing all the available alternatives for the patient with the client, advising the option believed to provide the best chance for a positive result, and having the client regularly choose another option that the practitioner believes compromises patient outcome or prolongs poor quality of life can be emotionally draining and onerous (Case Study 1.8). Consequently, pursuing a "patient best interest" model may be a metaphorical weight that becomes too heavy to lift for veterinarians over time, contributing to moral stress.
- Attempts to effect changes in practices regarding patients, such as advocating for management of patient obesity via dietary modifications or for earlier recognition of patient illness (Case Study 1.9), may be perceived by clients as offensive or confrontational.

Case Study 1.8 A Geriatric Dog with Metastatic Cancer

You see Molly, a 12-year-old large-breed dog, for anorexia and weight loss. Physical examination reveals cachexia and abdominal distension. Abdominal ultrasound confirms a splenic mass and numerous hepatic nodules consistent with metastases. You discuss the findings and bad news with the owner and express your condolences. You advise humane euthanasia as the best option for Molly, as she is suffering, there is no effective treatment given the extent of the cancer, and the efficacy of palliative treatment is doubtful. Molly's owner tells you: "This is a terrible time to receive this news. My daughter will be home from college in two weeks, so can you give me medication to help Molly, and we'll bring her back then?"

Should you accept this decision without further discussion? Should you dispense analgesics and/or appetite stimulants? Might dispensing medication prolong Molly's suffering and the interval before she is returned for euthanasia by masking symptoms the owner may recognize as concerning? Should you offer referral to an expert in hospice/palliative care? Should you describe in more detail what Molly is experiencing, advocating that a more appropriate timetable for consideration of euthanasia should be measured in hours or days rather than weeks? Is doing so patient advocacy or client coercion? Should you be concerned about potential repercussions such as a negative social media review?

Case Study 1.9 Client with Many Cats That Present for Advanced Weight Loss

Mrs. J is one of your best clients and is considered one of the top clients (by money spent) in your practice. She has about a dozen cats in an indoor setting. She sees you exclusively, pursues all diagnostics you suggest, always complies with your treatment recommendations, and consistently informs your employer how happy she is with your care. You've noticed that in the past few months her cats are being brought to you in a more advanced stage of illness than before. Whereas in the past her cats had lost 10% of their weight at presentation, now this has risen to 25–30% of weight lost. You are concerned that something has changed at home to cause a delayed recognition or action regarding symptoms of illness in the cats. You are also concerned that weight loss of this degree imposes a poorer prognosis for the cats.

Should you address your concern with Mrs. J? With her family? Might this jeopardize your standing or the practice's relationship with Mrs. J? Might this reflect a change in the household's financial capacity that the family may wish not to disclose? Should you instead encourage they purchase a cat scale and advise weighing all the cats regularly and bringing them in if 5% weight loss is noted (see Chapter 11)? Should you simply do the best you can for the cats that are presented?

- A veterinarian's capacity to pursue a "best interest" posture may reasonably be associated with their perception of autonomy within the culture and hierarchy of a particular practice.
- Excellent communication skills are required.

Hernandez et al. [47] assert that animal advocacy requires courage and speaking up:

> Advocating for animal welfare may not be comfortable and may, at times, require courage but is necessary ... to improve human regard for animals. [Failure to do so] ... can lead to an

inability or difficulty in speaking up about concerns with clients and ultimately, failure in their duty of care to animals, leading to poor animal welfare outcomes.

To revisit the question at the start of this chapter, "How do you know whether you are a good veterinarian or had a successful day?" My response is simple: "Did I advocate for each of my patients to the best of my ability?" Or to use Coghlan's term [46], was I a "strong patient advocate"? I will refer to this concept throughout the book as the Principle of Patient Advocacy. Enacting the Principle of Patient Advocacy should enhance patient outcomes, is free, and is within your control to utilize in your practice via effort, intention, and courage.

Veterinarians manifest ambivalence as they navigate ethical conflicts involving clients, patients, employers, and self-interest. Having a sense of clarity regarding one's professional identity can act as a moral compass, helping to assuage the contextual inconsistencies inherent in veterinary practice. You can apply the Principle of Patient Advocacy regardless of economic considerations or many of the other limitations discussed in this chapter. Now let's discuss opportunities and methods for how you can incorporate the Principle of Patient Advocacy in your practice.

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