

Veterinary Medical Writing

SECTION EDITOR



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Editorial

Human medicine has recently seen a move away from the paternalistic patient-physician paradigm course to a collaborative one, where “shared decision-making” is a core principle. No longer a passive bystander, where their case management is dictated to them, patients are now encouraged to be proactive in their own clinical course, with the aim of improving

patient outcomes. But does this approach work for veterinary patients? Clearly, not the veterinary patient themselves, but can vets use a shared decision-making approach with animal owners and hope for the same clinical benefits? Here, Henry Smith, the co-chair of the EMWA’s Veterinary Special Interest Group (VetSIG), recounts a recent VetSIG meeting where these very questions were posed. Two veterinary

academics, Dr Catarina Svensson and Dr Louise Corah, were invited to speak and drew on their own research in this field to help provide some answers. Meanwhile, in this edition of “From the Horse’s Mouth”, we report on some bad news for animal welfare but some good news for sustainability in veterinary practice.

Louisa

A health decision shared can be a health problem solved: Time for veterinary medicine to embrace shared decision making?

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Shared medical decision making has been termed “the conversation that happens between a patient and their healthcare professional to reach a healthcare choice together”.¹ This phrase wonderfully describes a hot topic in human medicine, but what happens when that conversation is with an owner and that healthcare choice is for an animal? Is there an ideal communication model when the patient can be anything from a surrogate family member to a cash cow? Or when some of the healthcare choices may be off the table due to an owner’s individual financial, physical, or emotional circumstances? Last year, EMWA’s veterinary medical writers addressed these and other questions about shared decision making in veterinary practice. To help us find answers, we turned to Dr Catarina

Svensson of the Swedish University of Agricultural Sciences and Dr Louise Corah, of the University of Nottingham, who research client communication in their respective fields of large and small animal medicine.

Two researchers speak

Catarina and Louise kindly agreed to speak at one of our quarterly meetings, and were then gracious enough to sit through two rounds of follow-up questions. Catarina is a Professor of Bovine Herd Health Management, with a long career in both academe and the dairy industry, and has a special interest in calf health. Her extensive list of publications has been further lengthened in recent years with groundbreaking reports on motivational interviewing by large-animal veterinarians. Louise lectures on veterinary communication and professional skills, and previously worked as a small animal veterinary surgeon (both first opinion and referral) before completing a PhD thesis titled “Defining the good consultation: What it is and how could we measure it?”. Both Catarina and Louise have published and presented their research widely, but our discussion was mainly focussed

on two of their recent papers in the *Veterinary Record*: Catarina’s evaluation of motivation interviewing training for cattle veterinarians,² and Louise’s systematic review on measuring success for canine and feline consultations.³ Our two speakers have both taken very interesting – and different – paths into research on client communication.

Catarina spent years advising farmers on preventative health measures for their livestock, and became puzzled why some recommendations generally were followed and some were not. The latter often involved issues in her special area of calf health;⁴ for example, her recommendations on colostrum feeding often seemed difficult to get across to farmers. Partly inspired by a great quote from Dutch researcher Jolanda Jansen, “... hard-to-reach farmers lack motivation, not information”,⁵ she came to see that motivating clients to make a change was the key to making things happen on the farm that could actually improve animal health. Searching for others with the same idea, she discovered psychologists and psychotherapists researching motivational interviewing to achieve behavioural change at the Karolinska Institutet in Stockholm. The next step was a research partnership on applying the motivational interviewing methodology for veterinarians in herd health practice.

For Louise, it was her clients – the pet owners she was discussing healthcare choices with – that set her onto the road to researching communi-

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cation and decision making. She realised that successfully engaging with clients was one of the most satisfying parts of her job. This satisfaction could come in unexpected circumstances; for example, from being the nice vet on a horrible day who makes the experience of euthanasia a slightly less awful one for the unfortunate pet's owners. Talking to older members of the profession, Louise was struck by the fact that the long-term vets who most enjoyed relating to clients were often the ones who seemed to be most resistant to burnout. So, it was a logical step to join a group of researchers at the University of Nottingham, which was pioneering research on improving client communication. Her PhD followed, and that led to a lecturing job at Nottingham, where she is responsible for the communication skills part of the syllabus.

What does all this mean for the animal?

Obviously, the patient in veterinary medicine can't "share" in the decision making in the way envisaged for human patients. Before reading anything about shared decision making, I had imagined philosophical debate about how to apply the human medical concept of patient autonomy to animals, but talking to Catarina and Louise made me realise things are more practical than that. Of course, as Catarina said, vets must become master interpreters of what animals are trying to tell us, through their signs and behaviour. As Louise commented, animal welfare is the "red line" for vets; upholding it is a

professional obligation of paramount importance. A veterinarian acts as the animal's advocate regardless of whether they implement shared decision making or not. Techniques such as shared decision making and motivational interviewing may make the veterinarian a more effective advocate for the animal, but the practical aim here is principally to improve communication with the client. Improved client communication may well improve things for the animal, as genuinely collaborative decision making is achieved but, as Louise pointed out, sometimes just maintaining animal welfare is the best outcome we can hope for.

Turning to the client

Our focus here then must be on the approach to the client. Interestingly, both Catarina and Louise, who had taken such different routes into the field, had many similar ideas (and often used similar terminology). Both started by stressing the need to recognize the autonomy of the client. A pet owner is not just a human who happens to be on the other end of a dog's lead. Dairy farmers are very much professionals with a full understanding of their livestock. As such, vets need to understand that clients are experts: experts on their animals, experts on their living and working environments, and experts on themselves (and the latter point is particularly important when clients will perform the treatment or preventative measure themselves, based on the vet's advice). In the decision-making conversation, veterinarians contribute

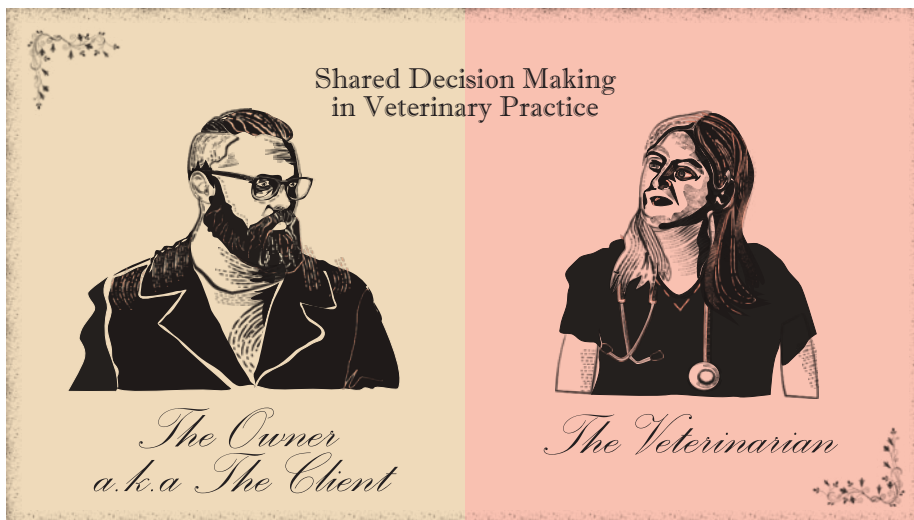
their medical expertise and owners contribute their expertise on the individual animal, and on themselves.

So, for shared decision making with clients, can we just slip the human medical model "off the peg" and wrap it around the veterinary scenario? After all, the veterinarian-client relationship has sometimes been described as a close equivalent of the paediatrician-parent relationship in human medicine. Inevitably, there is some crossover between the two types of medicine. Both Louise and Catarina refer to the Calgary Cambridge model for structuring medical interviews in their published work, and this (human) doctor-patient communication model – with a few adaptations for the veterinary profession – is a fundamental part of Louise's classes on communication skills (a whole 71 points' worth of a framework!), and has been recognised by the National Unit for the Advancement of Veterinary Communication Skills (NUVACS) in the UK.⁶ It may be true that veterinary medicine tends to follow human medicine (with a time lag sometimes approaching 20 years, Louise humorously suggested), but there is a bigger picture to appreciate here.

If veterinary decision makers are taking their client communication models off any peg, then it is probably labelled "psychology" rather than "human medicine". Many of the motivational techniques Catarina evaluated were first developed to motivate recovering alcoholics and drug addicts to achieve behavioural change; indeed, the fellow authors of her papers on motivational interviewing include the eminent clinical psychologist and licensed psychotherapist Lars Forsberg, well known for his work on addiction and juvenile delinquency. Louise commented that her study of client psychology convinced her that the human might be the most fascinating animal she has encountered in her professional career.

Our discussion on veterinary shared decision making included an interesting insight into the human psyche, thanks to this quote from the psychologist Karl Rogers "People are most able to change when they feel free not to" (from his aptly titled book, *Becoming a Person*).⁸

What happens when all this psychology is put into action? Of course, we could only discuss theoretical cases, but Catarina and Louise provided us with some useful illustrations. Consider the case of a hypothetical diabetic cat with an arthritic owner; the vet and client may need to find other options if the owner can't administer the desired course of injections due to problems with her hands. In another scenario, consider what might happen when a vet instructs



a client to "... bring your cat back for some work on the teeth". There is a good chance that the recommended return visit will not happen. A better approach might be explaining the "why" and "how" for the dental procedure, and check whether the client has any concerns about the anaesthetic or any logistical problems with bringing the cat back in. As Louise mentioned, not every challenge is in the consulting room.

For a hypothetical scenario in herd health, rather than telling a farmer "You've just got to get your herd onto the rations I recommend if you want to get this incidence of displaced abomasum down", it would be better to say: "We seem to be up against a lot of displaced abomasum. I think the options are a, b, and c. What do you see the options as?". Catarina also mentioned a theoretical worst-case scenario, when a vet uncovers a violation of animal welfare law. In such situations, little is to be gained from saying "You are breaking the law! I demand that you desist now!". More could be achieved by saying "Did you know that this situation is actually against the law. Can I talk through the consequences of that with you now?". Catarina mentioned that if situations such as this developed in real life, and could not be fixed through conversations about potential consequences, the veterinarian might have to consider that the situation represented, in part, a failure in communication.

Does it actually work?

The success or otherwise of shared veterinary decision making is very hard to judge, and partly for a very gratifying reason. Both Catarina and Louise found that clients were highly satisfied with their veterinarians, irrespective of whether consultations involved a client-centred communi-

cation methodology or not. Louise could actually show empirically that veterinarians are a very trusted profession.⁷ Client satisfaction is thus not necessarily the ideal outcome in evaluations of shared decision making. Catarina's research targeted the concept of "change talk". She found that, after consultations with veterinarians at least moderately skilled in motivational interviewing, farmers were 1.5 times more likely to talk about making changes. Of course, talking about a change is not the same as making it; however, intent can sometimes correlate well with implementation. Catarina's preliminary findings are thus promising in terms of making improvements on the farm that could benefit animals. Louise highlighted the potential benefits of an effective shared decision in terms of adherence to treatment; clearly, an owner is more likely to stick with a treatment regimen they have been involved in selecting. Animals may not be formally sharing in decisions, as noted above, but they stand to benefit when communication methodologies are used effectively.

Should we shout the message from the rooftops?

In human medicine, shared decision making seems to have launched a whole wave of literature and other communicative materials (always a fascinating point for medical writers!). To cite just one example, a comprehensive array of patient-focused literature has been placed into the public domain by the Patient Empowerment Network, a non-profit-making organisation.⁹ Could veterinary shared decision making create a need for literature to prepare pet owners to

share in decisions, and for farmers to be participants in motivational interviews? Medical writers may be disappointed that this appears not to be the case.

Louise mentioned that, although several practices do produce such literature for clients, this is far from standard, and there may be less of a need for it now than when shared decision making emerged in human medicine. The Google *Zero-Moment-of-Truth*, which describes how the consumer decision-making process has been changed by access to digital media, is as likely to apply to clients' vet visits as to their selection of washing machines and foreign holidays.¹⁰ Nowadays, people may expect to be included in shared decision making, and regard recognition of their autonomy as a default in any transaction. In Catarina's field, we should recognise that a message of "By the way, this consultation you are so generously paying for will be conducted according to this exciting new methodology from human psychology" may not always be received with unbridled enthusiasm by dairy farmers.

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Should our efforts be focussed on preparing the veterinary profession for this new age of more democratic communication? Both Louise and Catarina cautioned that time will be a severely limiting factor when trying to roll out attitudinal change to such a busy profession. Also, as Louise pointed out, there is something rather paternalistic about telling people "It's now time you abandoned paternalism". Even if we can find a non-paternalistic way to eradicate paternalism, now may not be the ideal time to embark on great changes in the veterinary profession, coming off the trials and tribulations of the COVID pandemic, which presented its own problems for vets and their clients and colleagues.

What's the way forward?

Even with the caveats mentioned above, clearly, discussions on shared veterinary decision making need to continue. It's time to take stock of where we are, and where we should be headed.

Recent generations of veterinary graduates have been trained on concepts like shared decision making and motivational interviewing, and may help to disseminate this new knowledge across the profession. Catarina commented that this is a good starting point, but it is just a starting point; motivational interviewing may require years of practice before it can be mastered, for example.

By contrast with their younger colleagues, the

majority of less recently graduated veterinarians probably received relatively little formal training on client communication methodologies, and paternalist communication may be a hard habit to kick once it has become ingrained. Louise took an assessment tool (the Option5 tool) from human medical scenarios,¹¹ to make a rough-and-ready assessment of how highly some vets scored as shared decision makers. The result – mean and median scores around 50% to 60% – probably tells us more about the difficulties of effectively “scoring” medical consultations than the true state of shared decision making in the veterinary profession. However, it does suggest that even some veterinarians with awareness of shared decision making may be closer to the paternalist end of the communication spectrum than they imagine. In other words, we need to do more work to get the message across, and go beyond the limited audiences that can be reached through research publications.

Medical writers can certainly help with this; indeed, I think we have made our own small contribution by holding this conversation in our EMWA special interest group. Medical writers’ core role is communication, and we are ideally placed to spread the message. As an aside, I came across one unconventional idea that might relate to medical writers’ message-spreading abilities from the conversations with Catarina and Louise. Both of them use actors in their training sessions and classes, to play the roles of clients opposite veterinarians and veterinary students. Medical writers are good communicators, so I thought: why shouldn’t we take on the role of “medical actors”? It is an intriguing idea, albeit slightly impractical. Catarina described how her professional actors dropped into their roles as dairy farmers with minimal notice, leaving cattle veterinarians amazed at the realism of their portrayals. Maybe days of sitting in the office correcting obscure academic papers has not equipped me to portray herders of subarctic cattle very convincingly, but I think medical writers should keep an open mind on how we can contribute to the debate.

Final thoughts from a medical writer

I was privileged to discuss shared decision making in such detail with Catarina and Louise, and other veterinary professionals in our special interest group. After these discussions, I tried to add a little context by investigating when and how shared decision making emerged in the

human field. As far as I can tell, the concept largely dates back to the work of the bioethicist Robert Veatch, who in 1972 asked “What physician-patient roles foster the most ethical relationship?”¹² His work comes across as a philosophical and theoretical response to the question, which fitted well with the spirit of the times then. Now, times have changed, and I believe that the veterinary version of shared decision making is emerging in a more practical way. Both our speakers came to this area in search of practical solutions to practical problems.

Our discussions were focussed on the practical: What can the arthritic lady practically do for a diabetic cat? How can farmers practically be encouraged to optimise colostrum feeding? How can overworked and overstretched veterinarians practically be trained on a radical, new concept? How can we all practically get the message on shared decision making out to a wider audience?

There are challenges aplenty for the veterinary profession, and the medical writers (among others) who support them.

My final thought was that we may be able to make these challenges seem simpler. Could the words “shared decision making”, while being a useful umbrella term, add some rather daunting complexity? As Catarina pointed out, we are often dealing with situations where the vet is giving advice rather than taking decisions; as Louise pointed out many experienced, burnout-

resistant veterinarians have been practically implementing shared decision making for years without even realising there was such a theoretical concept. If we break down “shared decision making” to its most basic meaning, I think we could arrive at a much simpler definition. Is “shared decision making” just an elaborate way of saying “consultation”? After several hours of discussing this fascinating topic, I conclude that, as a medical writer, now is an exciting – and hopeful – time to be writing about veterinary medicine, and the efforts to enhance veterinary consultations for healthcare professionals, animals, and owners.

Disclosures and conflicts of interest

The author declares no conflicts of interest.

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From the Horse's Mouth

The quarterly pick of the news from the veterinary world

On May 25, 2023, the government of the United Kingdom abandoned plans to implement the Kept Animals Bill, a cornerstone piece of legislation that was intended to have wide-reaching implications for animal welfare, it was reported by the Royal Society for the Protection of Animals (RSPCA). To the dismay of animal welfare organisations and veterinary associations, the Bill has been scrapped after having been left in limbo by legislators for 550 days. The Kept Animals Bill had included legislation that protected a diverse number of species such as introducing restrictions on keeping primates as pets, banning the export of livestock, and banning the import of dogs with cropped ears. The provisions made in the bill had the potential to make a meaningful difference to the welfare of millions of animals in the UK. The government has instead indicated that it will pursue the policy commitments listed in the bill separately. However, no timeline has been provided for this. “We are facing the very real prospect of a dramatic downward spiral in animal welfare” Emma Slawinski, director of policy at the RSPCA, has been quoted as saying.

The latest edition of Vetlit, the online veterinary journal resource, features a study recently published in the *Journal of Small Animal Practice* by R E del Solar Bravo et al. titled “Antibiotic therapy in dogs and cats in general practise in the United Kingdom before referral”. This aim of this retrospective study was to characterise antibiotic prescribing behaviour by first opinion UK veterinarians and to compare this with contemporaneous UK antibiotic stewardship guidelines. The clinical records of 917 cat and dogs who were referred to the Internal Medicine and Oncology departments of two referral hospitals were reviewed. The study found that 486 (53.0%) of cases had been prescribed antibiotics for the condition they were eventually referred for. Bacterial culture and cytology support an

antibacterial prescription had been undertaken by the first opinion veterinarian in 8.8% and 1.8% of cases, respectively. Following diagnostic work-up at the referral centre, a bacterial aetiology was found or suspected in 17.9% of the cases that had received antibiotics. Overall, UK antibiotic stewardship guidelines were not followed in 344 of 486 (70.8%) cases who had received antibiotics. The authors concluded that infrequent performance of microbial culture and cytology may be a contribution to overprescription of antibiotics in this patient population and that barriers to performing these tests in practice need to be removed, along with education initiatives to improve compliance with antibiotic stewardship guidelines and reduce antibiotic prescription rates.

The Royal College of Veterinary Surgeons in the UK launched their sustainability guidance document to help practices meet the requirement of the recently introduced practice sustainability standards it was reported in the *Veterinary Times* on April 6, 2023. The sustainability standards, to be incorporated as part of the existing practice standards quality assurance, the core standards which all practices are obliged to meet as directed by the code of conduct, were implemented from June 1, 2023. Alongside a written sustainability practice policy and responsible use of ectoparasiticides, veterinary practices in the UK will be provided with “how-to” guidance on compiling written sustainability practice policy and responsible use of ectoparasiticides, as well as an annual waste management survey, encouraging clients to return unused medications for safe disposal, and methods to reduce use of anaesthetic gases. The intention is also that these measures foster a sustainable approach by all members of the veterinary profession as they carry out their day-to-day professional activities.