

CASE 3

Vicki Marks is a rural Michigan veterinarian who practices among the ever more pricey and prevalent vacation homes nestled along Lake Huron. These days she comes home from her animal hospital troubled—more so than ever before for a professional who must routinely treat disease and injury with euthanasia. Increasingly, her clients are seeking care to prolong the life of deeply loved, yet critically ill or injured pets, with little concern for money and, in some cases, the potential suffering of their wards. Dr. Marks' training taught her to recognize pain in animals that their owners often are unable to discern. Unexpressed pain is especially common with dogs, as they are pack animals and avoid displaying overt signs of pain so not to disturb the pack or weaken their position in it. Some pets conceal suffering when they sense the distress of their owners.

Even when she feels reasonably certain that she can adequately treat pain and discomfort, Marks is reluctant, even loath, to take extraordinary measures to prolong the life of a pet. A few years back, she treated a failing Siamese cat with two rounds of chemotherapy, providing a few extra months of companionship for its owner, even though chemotherapy in animals is indicated for easing symptoms rather than prolonging life. “When I look back on it, I can't believe I agreed to do it. It was crazy. Six-months and \$6,000 later, even my client, Ms. Park, confided she really should have let him go sooner. Did I take advantage of my client? I'm sure that's what some outside observers might conclude.” At \$2.9 billion, the pharmaceutical market for small animals exceeded that for farm animals for the first time in 2005. Venality aside, veterinarians like Marks find it difficult to square their complicity in a bloated pet pharmaceuticals market with their anguish over the millions of lost and unwanted animals they euthanize each year.

Suzanne Njaal, a South African veterinarian, sees the issue of prolonged care in larger terms that run to the heart of her profession. When she began her practice three decades ago, veterinarians concentrated on keeping farm animals healthy to protect the human food supply. Instead of treatment, doctors quickly sacrificed very sick animals to save the herd. Pets typically remained outside, sheltered in out buildings and rarely provided with medical care beyond the most basic. Today, she points out, veterinary practice is overwhelmingly the preserve of small animal practitioners, with almost three-quarters of general practice veterinary incomes in the developed world stemming from the treatment of domestic animals. Consequently, the profession places its main economic and social emphasis on this sector, and research and teaching are similarly redirected. “This shift has led us away from what we profess our concerns to be—the needs of patients, and the safety of the public,” protests Njaal. “Our priorities need to change.”

Marks, too, is pessimistic. “I realize clients willing to shell out extraordinary sums for extraordinary measures sounds ideal from a business perspective, but I worry about what is becoming of the ethics of my profession, and I wring my hands over what to do. I signed on to serve animals and society, not just wealthy pet owners.”

Concerned practitioners face a difficult task in changing the attitudes of clients when it comes to end of life care for pets. New professional orientation of veterinarians and the expanding market for pharmaceuticals reflects societal upheaval. In an affluent society where traditional social institutions are frayed and mobility severs family ties, pet owners are comforted by the unquestioning love of their animals, and the intense bond between them and their pets. A 2002 survey for the American Veterinary Medical Association found that 47% of people viewed their pets as family members.

Today, Vicki Marks took a difficult step. A distraught young gentleman of obvious means brought his cat, Bob, to her clinic. Bob was suffering from advanced kidney failure. Bob's owner had done his homework and asked about the viability of dialysis and other options. Dr. Marks refused to consider these treatments. In the end, after doing her best to be compassionate, she sent him away.