

North Carolina Veterinary Medical Board

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Congratulations to the NCSU-CVM Class of 2021



THE VETERINARIAN'S OATH

Being admitted to the profession of veterinary medicine, I solemnly swear to use my scientific knowledge and skills for the benefit of society through the **protection of animal health and welfare**, the **prevention and relief of animal suffering**, the **conservation of animal resources**, the **promotion of public health**, and the **advancement of medical knowledge**.

I will practice my profession conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics.

I accept as a lifelong obligation the continual improvement of my professional knowledge and competence.



Class of 2021

The future of curbside

Tony McReynolds – AAHA NEWStat 4/14/2021

Even in a postpandemic world, will we ever kick curbside to the curb?

“The majority of folks I’ve spoken to are eager to eliminate curbside as soon as they can,” said veterinary consultant Josh Vaisman, CCFP, MAPP CP (PgD).

Vaisman, cofounder and lead consultant at Flourish Veterinary Consulting in Boulder, Colorado, told *NEWStat* that most hospitals are clamoring for in-hospital visits to resume—and so are pet owners. And while some hospitals he’s talked to like the curbside model, he said they seem to be in the minority.

Citing various challenges—including inclement weather and unhappy clients—Vaisman said, “It seems that curbside, for most hospitals, will be a thing of the past as soon as possible.”

But not for *all* hospitals.

Vaisman points out that while many may think of curbside as a new phenomenon borne of necessity during the pandemic, it’s actually been around for a while: “For many hospitals, a version of curbside has always existed” in the form of clients dropping off patients for the day for various reasons.

Pam Nichols, DVM, owner of AAHA-accredited Animal Care Daybreak in South Jordan, Utah, and president on the AAHA Board of Directors, built her first practice on drop-off-only service. “I was a single mom and I told my clients that I would happily fit them in but they just had to trust me and I would do my level best to get them seen in a reasonable amount of time,” she said. “That was 20 years ago.”

Nichols told *NEWStat* that the only reason she didn’t offer curbside when she opened her new hospital in December of 2019 was resistance from her staff veterinarians, who didn’t think they could develop relationships with clients on a drop-off basis.

But there was a *big* paradigm shift when the pandemic broke.

Nichols said her staff negotiated that shift nimbly: “My doctors all now love the drop-off model,” she said. So do her clients: “They trust us [and] they don’t need to watch us hold their pet. They can [run] errands; they can do anything they want or need to do.”

Nichols emphasizes that, with curbside, as with all care, “You still have to create the relationship.”

She concedes that can be easier said than done, but believes it’s very much a learned skill: “It’s fascinating to watch my team learn how to navigate relationships when they don’t have a ton of face-to-face time,” Nichols said. “I find myself giving lots of coaching about [how to demonstrate] compassion and empathy and caring in a very short amount of time. It’s all about creating a relationship with limited time in a way that [makes] clients feel safe and cared for [when] leaving their pet with [us].”

Regardless, Nichols thinks curbside is here to stay. David Hawkins, owner and practice manager at AAHA-accredited Dogwood Pet Hospital in Gresham, Oregon, isn’t so sure.

Hawkins said his clients are increasingly reluctant to drop off their pets. “First, it means two trips—one to drop off, and one to pick up.” And a lot of clients don’t have that kind of time.

As someone who’s been working in veterinary hospitals for 30 years, Hawkins has seen a few changes in the way clients juggle veterinary appointments with the demands of their jobs, and calls the concept of flextime a gamechanger: “That was unheard of in the 1970s and 1980s,” he said. If you’d asked for time off work to take your dog to the veterinarian in those days, “Your boss would have laughed in your face.”

Hawkins says the pets-as-family factor plays a big part in client reluctance to continue with curbside appointments—clients want to be in the room and face to face with their pet’s veterinarian. “It isn’t that the client distrusts us, so much as they’re slow to trust *anyone* with their pets.”

Another big problem with curbside? His team members aren’t big fans.

“My team loves and hates curbside service,” he said, echoing the sentiments expressed at many hospitals. “It’s less efficient and we spend more time coordinating with each other and the clients.” (Even more so when inclement weather and unhappy clients are in the mix.)

And Hawkins makes another interesting point, one that comes up less often when veterinary team members discuss the pros and cons of curbside: “We’re a group of introverts,” he said. “We’re happier not having to make small talk with clients.”

That said, Hawkins doesn’t think most of his clients will want to opt for curbside postpandemic: “They want inside, and if they can’t come in, they want to wait just outside.”

Some hospitals are already preparing for that possibility—especially hospitals planning to renovate, according to architect Heather Lewis, AIA, NCARB. Lewis is a partner at [Animal Arts](#), a Boulder, Colorado–based architecture firm that specializes in designing veterinary hospitals and animal shelters. She said the pandemic taught us to think with a flexible mindset: “Not all operational changes we had to make in veterinary practices during the past year were bad, and curbside is no exception.”

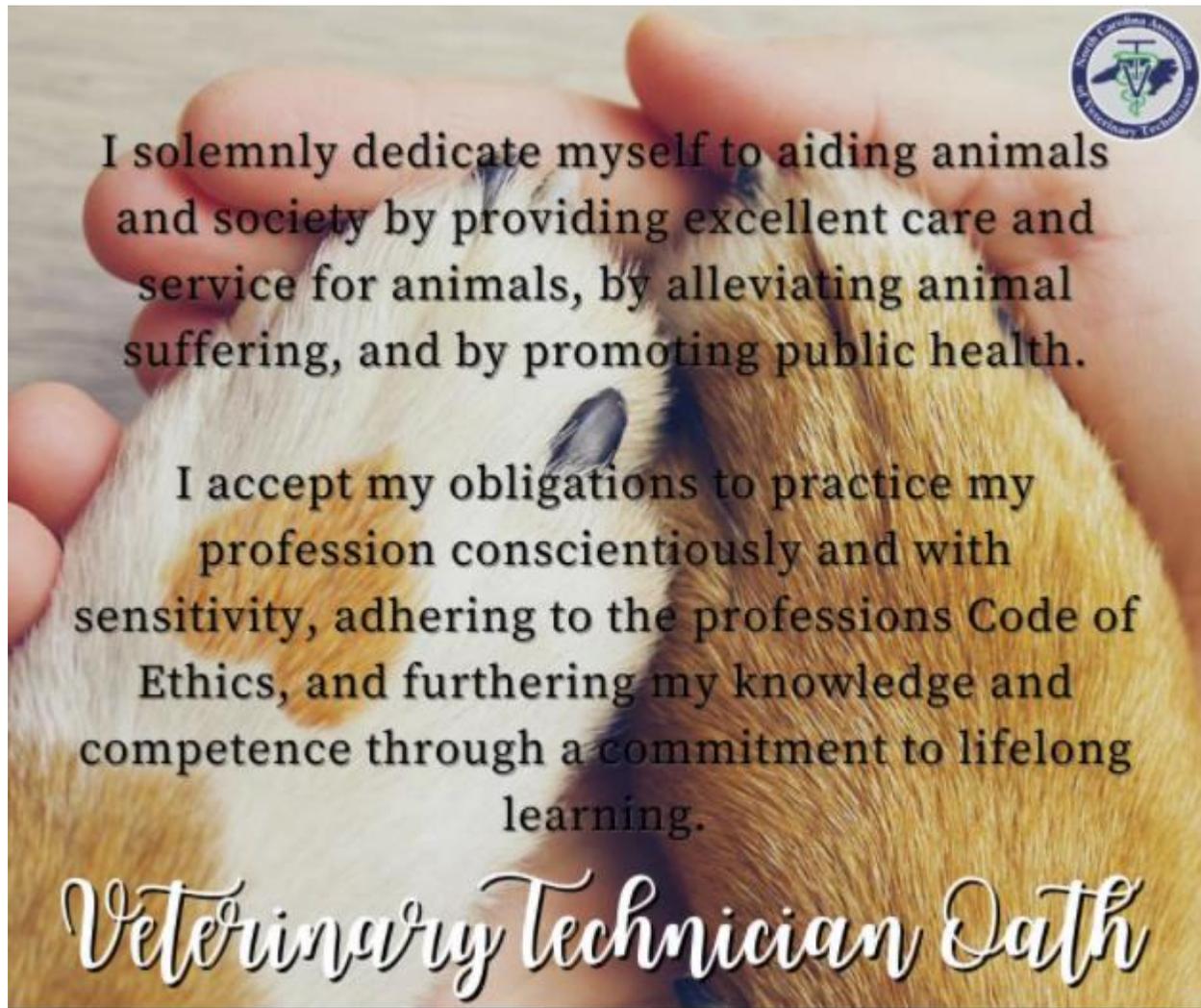
Keeping curbside as an option is an example of that flexible thinking. “Sometimes curbside is helpful,” Lewis notes, such as drop-offs for surgical and dental procedures to prevent clogging up a lobby first thing in the morning.

Lewis said that many Animal Arts clients are providing curbside options for limited services that don’t require that clients enter the building, such as medication pickups. “The key to doing this is to ensure that it’s reasonably simple.”

The simplest option? Designate a few parking spots for curbside, and make sure there’s a direct and easy path to the building. To that end, Lewis said some of their clients are converting their dedicated curbside spots into covered parking, “so clients can more comfortably wait in the car.” Additional outdoor seating is another popular option.

But as far as new construction goes, Lewis said, “If curbside doesn’t work for you, don’t do it.” However, she advised keeping in mind those occasions when it helps to have clients stay out of the building. In those cases, incorporating curbside as a longer-term option in any remodel plans might be a smart move.

Plus, you never know when the paradigm might shift again.



I solemnly dedicate myself to aiding animals and society by providing excellent care and service for animals, by alleviating animal suffering, and by promoting public health.

I accept my obligations to practice my profession conscientiously and with sensitivity, adhering to the professions Code of Ethics, and furthering my knowledge and competence through a commitment to lifelong learning.

Veterinary Technician Oath

Controlled Substances Reporting System (CSRS) Utilization Project

The NCVMB is working with the NC Department of Health and Human Services (DHHS) Controlled Substances Reporting System (CSRS) Utilization Project to aid veterinarians in ensuring that they are in compliance with the STOP Act. The Board is working with DHHS to develop reports for the veterinary community that will assist in continuing efforts and adherence to strategies to address the state's opioid crisis. The CSRS Utilization Team is working to identify gaps in understanding and technology needed bridge the differences between human and animal care for this purpose, thus making the database more effective for all members of the medical profession.

Veterinarians and staff members who find the CSRS confusing will be able to receive training that counts toward the fulfilling the annual opioids CE requirement, and they will be able to receive one to one technical assistance along with the opportunity to find self-help materials for their office. For any immediate questions or concerns you can notify the CSRS Utilization team at CSRS.Utilization@dhhs.nc.gov.

Widespread Shortage In Go-To Euthanasia Drug Creates Challenges For Veterinarians

By: [Melissa Wright](#)

May 25, 2021 *The Chronicle of the Horse*

An industry-wide shortage of the main drug used for euthanasia is forcing veterinarians to conserve supplies and consider using alternate methods to humanely end animal lives. Pentobarbital, the active ingredient in the most commonly used euthanasia drugs for horses and small animals, has been in short supply since the beginning of the year. It was added to the U.S. Food and Drug Administration's list of animal drug shortages this month. The shortage was not reported widely at first; veterinarians around the country began to notice the issue as they tried to replace dwindling supplies, only to learn the drugs were backordered and largely unavailable. "None of us knew. I went to order a bottle; it was out of stock," said Jill McNicol, DVM, of Cool Springs Equine LLC in Leetonia, Ohio. She soon learned from her drug distributor representative that they, too, were scrambling to fill orders.



In response, organizations including the American Veterinary Medical Association, American Association of Equine Practitioners and the Companion Animal Euthanasia Training Academy are urging veterinarians to conserve supplies by adhering strictly to dosage guidelines and have shared guidance on alternative euthanasia methods. The AAEP is aware of the shortage and has published guidelines for preferred humane euthanasia methods that offer practitioners a number of alternatives, including gunshot, captive bolt or several other combinations of drugs, spokesperson Sally Baker said. "The AAEP joins the AVMA and other veterinary organizations in closely watching how the pentobarbital shortage may affect veterinary care," Baker said in an email. "We are not at this time receiving phone

calls from our members about this issue, and so right now practitioners appear to be managing the situation. The AAEP's euthanasia guidelines provide information to veterinarians about options other than pentobarbital for the humane euthanasia of horses.”

Horse owners should recognize that those alternative methods, while they may involve a different process from pentobarbital euthanasia, are humane in a veterinarian's trained hands. “I would encourage horse owners to bear with their veterinarian and be open to alternative methods that this shortage will inevitably necessitate,” said Bonnie Kibbie, VMD, cVMA, cIVCA, of Balanced Care Equine in Unionville, Pennsylvania. “The AAEP's guidelines for humane euthanasia and accepted methods are well-researched and design to minimize animal suffering. Things like gunshot or captive bolt sound scary, especially compared to a simple injection, but when done correctly are instantaneous and do not cause suffering or pain.”

While veterinarians hope the shortage will be resolved this summer, the FDA's Center for Veterinary Medicine said it is too soon to speculate on exactly when pentobarbital and pentobarbital combination drugs will be readily available again. “FDA's Center for Veterinary Medicine is aware of the issue and has reached out to sponsors/manufacturers of pentobarbital products to determine the extent of the shortage and possible avenues for resolution,” spokesperson Anne Norris said in an email. “Although we continue to evaluate the situation, it appears that various market factors are impacting the supply of finished product. All parties are working cooperatively with the FDA and the U.S. Drug Enforcement Agency to address the availability pentobarbital active pharmaceutical ingredient. This is an ongoing process, and until the agency learns more, it would be premature to speculate about when the shortage will be resolved.” Euthanasia solution is still being manufactured, she noted.

Until the supply chain is back to normal, however, veterinarians are taking extra steps to preserve their supplies. “To conserve euthanasia solution, a wise choice is to dial back how much is used,” CAETA founder Kathleen Cooney advised in a recent blog post addressing the shortage. “When euthanasia is warranted to end patient suffering, only using the recommended dose is called for. Many practitioners give a little extra to ensure death is complete but it's really not needed.” McNicol, who treats both small animals and horses, says she and her fellow veterinarians have been able to stretch supplies thus far by adhering strictly to AVMA guidelines, and they are getting new orders, albeit infrequently. Veterinarians are doing their best to ensure that the euthanasia process remains as smooth as possible for animals and their owners alike, she said. “From a veterinarian's perspective, we deal with [medication shortages] often; it's just usually not so impactful,” McNicol said. “The reason pentobarbital has been used so long is it's worked so well.”

Most of the alternative drug combinations that can be used in place of pentobarbital solution involve anesthetizing the animal first, which, particularly for small animals, changes the look, the time and potentially the cost of the process, all of which could be upsetting for the pet owner. “Be kind to your vet,” she said. “I've put down a lot of animals—a lot of horses, a lot of small animals over the years—and it's still tough. When it's harder on us, it's harder on the client; when it's harder on the client, it's harder on us.”



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