President’s Message

I had an opportunity to revisit the definition of the veterinary-client-patient relationship (VCPR) when I wrote a letter to the editor of the Boston Herald in reference to the arrival of Shotvet.com, a mobile veterinary clinic providing vaccinations in various Walgreens parking lots. According to the AVMA, the VCPR is the basis for the interaction between veterinarians, their clients, and their patients, and is critical to the health of the pet. All of the following are required:

1. The veterinarian has assumed responsibility for making clinical judgments regarding the health of the patient and the client has agreed to follow the veterinarian’s instructions.

2. The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of a timely examination of the patient by the veterinarian or for large animals, medically appropriate and timely visits by the veterinarian to the operation where the patient is managed.

3. The veterinarian is readily available for follow-up evaluation or has arranged for the following: veterinary emergency coverage, and continuing care and coverage.

4. The veterinarian provides oversight of treatment, compliance, and outcome.

5. Patient records are maintained.

In some states, it is a law that a valid VCPR must be in place for a veterinarian to legally provide treatment, prescribe medications or administer vaccines, and must have examined the pet within the last year in order to establish the VCPR.

Featured Story

On a lovely October evening, the MVMA celebrated the achievements of its 2013 Merit Award and DSA recipients at a dinner overlooking Old Silver Beach on Cape Cod.

The Merit Award recognizes those who have made contributions in the area of human-animal companion bond, public relations, humane endeavors, animal welfare, or veterinary technology. The DSA is the most prestigious award MVMA confers on a member and honors those who have made an outstanding contribution to the service of humankind and who are known for accomplishments to the profession and association.

Read more about this year’s winners on page 9...
President’s Message Continued

A valid VCPR cannot be established online, via email, or over the telephone.

How well are you communicating the value of the VCPR to your clients? According to the Partners for Healthy Pets 2014 White Paper “Reversing the Decline in Veterinary Care Utilization: Progress Made, Challenges Remain,” utilization of companion animal veterinary services by pet owners has undergone a decade-long decline beginning in the 2000s. Particularly ominous was the fact that the decline in veterinary visits was occurring despite a 10 year period of growth in the U.S. dog and cat population by more than a third. Two surveys indicated that “companion animal medicine is moving away from a transaction based practice model focusing on vaccinations and acute care to creating awareness within the veterinary community of the importance of individualized preventive healthcare and its delivery in the form of a care pathway based on regular exams throughout the lifetime of the pet.” Consequently, we as veterinarians are obliged to educate pet owners of the benefits and value of preventive healthcare and the veterinary profession as its best provider so that our profession can survive.

As stated in a 2013 Werner Equine Practice Management article, “how we perform our services, communicate and deliver value to our patients and clients, how we use new tools and technologies, and how we manage our practices must evolve if we are to remain successful.” Their goal “when interacting with clients is to emphasize the value of their professional services; i.e. to guide them throughout the handling of a case and provide them with the knowledge and insight they need to make informed decisions about their pet’s health care.” They have learned that it is simply not enough to perform an exam, but to share what they learn with the owner in an informative, understandable, and timely manner using a variety of methods and tools. This enhances the perception of the value of their services to the client and as the client’s expectations of their services rise, attitudes shift from “what will it cost me” to “how can these services keep my pet healthy” and therefore reduce the cost of care in the future.

The good news, as reported by Partners for Healthy Pets, is that thriving practices recognize that “preventive healthcare increases pet longevity and quality of life, strengthens relationships between pets and their owners, and encourages client loyalty to the practice. Regular healthcare visits make economic sense for pet owners by avoiding preventable disease and enabling early detection of disease when it does occur, thereby improving case outcomes and minimizing the need for chronic care.”

There are resources available to help your practice succeed at effectively communicating the benefits and value of wellness programs and preventive medicine to your clients. Online tools were developed by Partners for Healthy Pets as an actionable resource. Other examples include improving your website, practice newsletters, brochures/handouts, technical staff and front office training, patient report cards and case summaries, invoices with detailed service descriptions and post-visit recalls. Perform the service, deliver the value, and above all, explain it to the client.

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The MassVet News is the voice of the Association, which informs members of committee progress, upcoming events, pertinent legislation, summaries of educational conferences, and other issues of the day. The opinions expressed in articles and editorials of the MassVet News are those of the authors and not necessarily those of the MVMA.

The deadline for receipt of all materials is the 5th of the month for the following month’s publication. Display advertising is available at the Executive Director’s discretion. Advertisements in the MassVet News do not indicate MVMA’s approval or endorsement of any product, service, position, or provider. Contact staff@massvet.org for advertising information.
Q3 Stray Animal Fund Update

Total Amount: $4,621.23
Total Requests: 14
Number of Towns: 8
Number of Animals: 14

Story:
I received a phone call from PD regarding a cat that was found on Riverside Drive. Phone call to reporting party stated that cat showed up yesterday - very friendly orange cat - noted leg was through collar and cat was very thin. Collar was removed - with obvious fur and skin loss.

I contacted the vet who stated they were “booked for the next two days.” I stated the “non-emergency” could wait for the next available scheduled appointment. Over next two days cat was quarantined at my home in order to monitor.

Vet appointment showed no ear mites, fleas or infection. Where wound was clean I opted for less invasive treatment of preventative antibiotics vs. surgery. No microchip found. All attempts to locate owner failed. Will continue to give antibiotics and monitor wound for several days. If owner does not contact us we will return to the vet for rabies vaccine and try to find a forever home for who we now call “Willie.”

-Lisa Tetreault, Berkley ACO
Dear Colleagues,

September was a month of connecting with alumni and colleagues, starting with Reunion and Comeback on the Grafton campus early in the month and culminating with the New England Veterinary Medical Association (NEVMA) meeting in Portland, Maine.

The Class of 1984 had much to celebrate while enjoying their 30th reunion with other alums, including honors for their classmate, Dr. Mark Pokras, who was inducted by the Tufts University Veterinary Alumni Association (TUVAA) into the Faculty Hall of Fame. The TUVAA also made a historic transition in leadership, and long-serving president, Bill Rosenblad, Class of 1995, was celebrated with the Outstanding Alumni Award, on the same day that Daniel Hebert, Class of 2001, was officially elected as the next TUVAA President. We are grateful for the commitment of our alums and colleagues to the school and for the many ways they give back to our current students.

As part of their annual September conference, NEVMA convenes the Northeast Veterinary Leadership Meeting. This group seems to get larger and more energized each year. This year their program included guest speaker, Dr. Michael Dicks, Director of Veterinary Economics for the AVMA. Dr. Dicks has been having an impact across our profession by helping to drive evidence-based discussion of important topics including over-capacity in the profession, demand for services and debt to income ratios of graduates.

At the leadership meeting, Dr. Dicks noted that veterinary services and related industries comprise $57 billion in the $17 trillion US economy. The demand for veterinary services is increasing with the average

Continues on page 5
Continued from page 4

veterinary practice being a $700,000 enterprise. At the same time, the debt-to-income ratio, especially for recent graduates, remains challenging and has had a discouraging effect on some potential veterinary school applicants.

Data from the Association of American Veterinary Medical Colleges (AAVMC) shows that qualifications of would-be veterinary students have not diminished and that the national ratio of applicants to seats hovers around 2 to 1 as it has for many years. This ratio varies from school to school with considerably more competitive circumstances being the case at many schools, including Tufts. There is consensus across the profession that potential veterinary applicants should be aware of and understand the opportunities and challenges of becoming a veterinarian. This includes having a clear-eyed view of the financial elements and understanding the breadth of available clinical and non-clinical career paths.

An exciting feature of this year’s leadership meeting was the commitment of NEVMA to continue to help develop leadership among recent veterinary graduates. As evidence of this commitment NEVMA will sponsor an “emerging leader” to attend the annual AVMA convention. The MVMA is gearing up as home town hosts for the 2015 convention in Boston and we are all eager to support their efforts.

Discussion of veterinary accreditation continued at NEVMA and elsewhere as the deadline for written comments to the Department of Education came and went in September. The majority of US schools, many veterinary medical associations and others wrote in support of the AVMA Council on Education as the accrediting body for the profession in the US and Canada. The AVMA COE also accredits international schools that seek this credential and can meet all the same standards as US schools. As part of the federal credentialing process for the COE, the Department of Education will hold a hearing on December 11, 2014 in Washington DC to provide an opportunity for the profession and others to express their views.

I appreciate the opportunity to engage with veterinary colleagues across New England and nationally. Thank you for your support of our students and of veterinary medical education; your commitment is critical to maintaining quality standards in the profession. Please call on Cummings School if we may be of assistance to you.
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Application of Genomics and Molecular Methods to Understanding the Pathophysiology of GDV in Dogs

Gastric dilatation and volvulus (GDV), or bloat, is a common condition in large and giant breed dogs with an unacceptably high morbidity and mortality rate. Due to the importance of GDV in many dog breeds, several large previous studies have investigated risk factors for the development of GDV. It is known that there is no single cause for GDV, rather its occurrence is multifactorial, with both genetic and environmental factors contributing. Generally considered risk factors include first degree relatives that have had GDV, higher thoracic depth to width ratio, lean body condition, advancing age, eating quickly, fearful, nervous or aggressive temperament; and several diet-related factors, including being fed only dry food and/or a single large meal each day. These risk factors suggest that GDV results from both genetic and environmental factors.

It is known that GDV is not a single gene disorder, fitting a simple pattern of Mendelian inheritance. However given that GDV "runs in families" of dogs, it is very likely to be a complex, multifactorial (or polygenic) disorder; that is, it is likely associated with the effects of multiple genes in combination with environmental factors and 'lifestyle'. Despite the well-known fact that predisposition to GDV is heritable, even within at risk breeds, and the increasing prevalence of disease despite breeding recommendations, no genetic studies of GDV has been conducted to date. It is clear that further investigation is needed into the etiopathogenesis of GDV so as that more clear guidelines can be provided to breeders and the disease can be prevented in much greater numbers of dogs.

We have been fortunate to have received funding from the AKC Canine Health Foundation to further investigate how these risk factors cause GDV through the application of genomic and molecular methods. We will do this by analyzing samples from purebred dogs with GDV and comparing them to dogs of similar age and breed that have not developed GDV. Part of our study will involve a genome wide association study (GWAS) to identify differences in the genetic makeup of dogs with GDV, and see which genes are turned on and off in GDV (epigenomics). We also want to see if dogs with GDV have different types or amounts of proteins, hormones and other molecules in their blood and tissues (transcriptomics, proteomics and metabolomics). In addition, we will evaluate the microbiome in dogs with GDV to determine if there are differences in the bacterial populations that in habit the stomach and intestines of dogs with GDV since this may also contribute to disease risk. We hypothesize that only when we put all of this information together (genomic, epigenomic, transcriptomic, proteomic, metabolomic, and of the microbiome) will we truly understand what causes GDV. The ultimate aim of understanding what causes GDV is to allow us to best intervene to prevent the disease from occurring.

We are looking for assistance with obtaining EDTA blood (for DNA extraction) from two groups of dogs. Dogs that have experienced acute GDV, and dogs that are chronic bloaters. Although the focus of our study is purebred dogs, we are also keen to enroll mixed breed dogs.

If you have dogs in your practice that have had GDV requiring surgery in the past or are chronic bloaters, whose owners may be interested in contributing blood for DNA, please contact us by email: Claire.sharp@Tufts.edu or phone: (508)-839-7934.

We can either arrange for your owners/dogs to come to Tufts for blood collection, or send you a shipping kit, so that you can collect blood and send it to us at no cost to you.

Similarly, please don’t hesitate to contact us if you have any questions about our study.
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The MVMA Celebrates Veterinarians! by Honoring.....

**DSA Award:**

**Cheryl Blaze, BVSc, PhD, MBA, DACVAA, DVA, MRCVS**

“Cheryl Blaze embodies the best of what we all hope to model as veterinary professionals.” Dr. Deb Kochevar

Dr. Cheryl Blaze earned a BVSc from the University of Queensland and went on to Duke University for her PhD and San Diego State University for her MBA. Dr. Blaze is an assistant professor of anesthesia at the Cummings School of Veterinary Medicine at Tufts University. She sees patients from the school’s Foster Hospital for Small Animals, as well as occasional cases from the Wildlife Clinic or area zoos. Along with her clinical responsibilities, she lectures to students, leads laboratory learning, and conducts research on anesthesia-related topics.

In addition to her position at Tufts, Dr. Blaze is a member of the Board of Directors for the MVMA and has overseen the mentorship program for many years. She is a leader when it comes to communication within the veterinary profession, offering one-on-one tutoring sessions for residents, interns, and faculty. She has served as the Chair of the Animal Welfare Committee at Tufts and spearheaded patient care initiatives in the school’s teaching hospital. In addition to this award, Dr. Blaze has been honored with the Norden Distinguished Teaching Award from Tufts.

**Merit Award:**

**Christopher Donner, III, VMD**

Dr. Donner has quietly devoted his life to the human-animal bond and remains active in the field animal welfare even in retirement. He graduated from the University of Pennsylvania in 1969 and has been an MVMA member ever since. In 1986, Dr. Donner founded The Sampson Fund for Veterinary Care, an organization that promotes the idea of community-based support for providing needed veterinary care to those in financial hardship. The Fund raises money and works with local veterinarians to assure that financial assistance is available to keep companion animals with their families. Since its inception, the fund has grown to provide emergency care at 12 member hospitals on the Cape and Islands. For more information on Dr. Donner and The Sampson Fund for Veterinary Care, visit www.sampsonfund.org.

**Merit Award:**

**Carlene White**

“Bright,” “motivated,” “humorous,” “hardworking” ... these are just a few of the words used to describe Carlene. She has a degree in mathematics but works 365 days a year with her nonprofit organization, The Service Dog Project. Carlene founded the group in 2003 with the idea of pairing Great Danes with people suffering from various neurologic disorders and for veterans of the Iraq war who had amputations. To date, over 57 dogs have been matched with people in need. To learn more about The Service Dog Project, visit www.servicedogproject.org.
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WHAT’S NEW:

CE Seminar: Recognizing & Treating Cardiac Disease Today
- Sunday, November 16, 2014, 8:00a-3:00p
- 5 CE Credits (Pending R.A.C.E. approval), Hilton-Dedham Hotel
- Please visit angell.org/ce for registration and agenda

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If you are a general practice veterinarian, then chances are you are already an expert in palliative care. You may not identify yourself as such or even know a formal definition for palliative care, but veterinarians have long been practitioners in this realm. In human healthcare, palliative care medicine is an interdisciplinary specialty that provides care via many different models of delivery. The American Academy of Hospice and Palliative Medicine defines the goal of palliative care as, “to prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies. Palliative care is both a philosophy of care and an organized, highly structured system for delivering care.” A useful clinical definition of palliative care from the Oxford Textbook of Palliative Medicine is, “the study and management of patients with active, progressive, far advanced disease for whom the prognosis is limited and the focus of care is the quality of life.”

As you probably recognize in these definitions, veterinarians provide a lot of palliative care. For many of our patients, palliative care is often given in lieu of curative therapy. The reasons are, of course, varied, but include financial limits to provide definitive treatment, ethical dilemmas with definitive treatment, family factors, and limited options for curative therapy. In some ways, what veterinarians do is a bit of a hybrid between palliative and hospice care for humans. In contrast to palliative medicine, hospice care for people in the United States has been largely defined by Medicare and the health insurance industry. Generally, insurers will not cover hospice care unless a patient has been certified to have a life expectancy of less than six months and treatment of the primary disease process is halted. In short, palliative care is focused on symptom management and quality of life improvement whether or not treatment of the primary disease is given and regardless of the diagnosis.

In the Chronic Pain Clinic at Angell Animal Medical Center, we provide palliative care to a large number of our patients. As is true for human patients, our approach to palliative care encompasses quality of life improvement for both the patient and the family attached to that animal.

Our focus is the alleviation of discomfort and distressing symptoms including:

- Pain
- Poor appetite
- Poor functional mobility (i.e. inability to climb stairs or rise)
- Nausea
- Diarrhea or constipation
- Poor energy level
- Fecal or urinary incontinence
- Sleep disturbance
- Anxiety behaviors
- Dementia behaviors

Pet owners are understandably focused on distressing symptom management. Some feel that not enough attention is paid to this aspect of care compared to diagnosis and definitive treatment. Because this is so important to our clients and obviously an animal welfare concern, veterinarians may find that scheduling visits to specifically address these concerns are really appreciated by clients.

If your clinical practice does not generally group symptom management in this way, try it with motivated clients who are already doing some home nursing care.

Continues on page 12
Some tips to incorporate a palliative care approach with your patients:

- Systematically list the signs of discomfort and distress present in the patient. This list is most likely to be generated via a thorough history taking. Use the list of signs above for a template, if needed.

- Recognize that these signs may be more distressing and less tolerated by an older or sicker patient than a relatively healthy one. Therefore, consider treating distressing signs sooner in them.

- Ask caregivers which signs and behaviors are causing the most distress to them AND to the patient. Then focus on those issues first. It’s valid and ethical for veterinarians to try and address problems on both sides because if the caregiver cannot provide care, your patient will suffer more.

- Push your usual clinical boundaries a bit and try some new (or new to you) therapies that you heard about. These are good patients on which to try them since their quality of life is compromised more if you don’t try to relieve their signs.

- Do not be afraid to try layering of therapies for single problems. Besides the obvious relevance for multi-modal pain control, layering of therapy can help you reduce other signs of discomfort. For example, you may need multiple strategies and therapies to combat poor appetite. We just don’t usually take this approach with the typically otherwise healthy patient. These are not those patients!

- Likewise, don’t be afraid to try pain relief strategies that may seem riskier in this patient population. Palliative care is all about risk vs. benefits. Have a frank conversation with your client about this and make a mutual decision about what risks are reasonable given the “big picture.”

A second major focus of palliative care is the education and training of caregivers to these patients. Many clients are overwhelmed with how physically and emotionally difficult it is to provide home care to chronically ill animals. Veterinarians can help clients manage nursing care better through education and validate the toll that care giving takes on a person. As is sometimes the case with pet loss grief, some of our clients do not have supportive friends and family who understand the burden they have taken on. Acting as an advocate to both our patients and their owners is another way that we can provide a very high level of care.

Some tips to improve home care giving of palliative care patients:

- Collect samples, catalogs and websites that sell assistive devices to help move pets with limited mobility.

- Teach owners how to manage incontinence and what the consequences of incontinence and poor mobility are on skin integrity.

- Enlist a rehabilitation therapist or learn basic techniques of rehabilitation to teach your clients. For example, passive range of motion exercises and simple massage techniques are very helpful.

- Educate owners on dementia behaviors and pain assessment.

- Give owners concrete tips on how to maximize nutritional status and maintain hydration in their pets who are disabled.

Palliative care can greatly improve the quality of life for geriatric and sick animals, besides helping their families cope. We encourage you to reach out to your clients who are struggling with this kind of care for their animals. They will most likely welcome any help and emotional support you can give them.

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Dogs with Lymphoma and Mast Cell Tumors Needed for Clinical Trial!

The Cummings School of Veterinary Medicine is currently recruiting dogs with multicentric lymphoma and grade 2 or higher mast cell tumors for a clinical trial to determine whether a specially formulated diet may reduce gastrointestinal side effects associated with chemotherapy and improve quality of life of dogs undergoing chemotherapy.

**Inclusion Criteria:**

- All dogs should be naïve to treatment for the current cancer (including use of prednisone)
- Pet owners intending to pursue chemotherapy with the Tufts oncology service
- Pet owner willing to feed prescribed diet and limit treats to specific types and amounts

The study will cover the costs of all study-related blood work and visits as well as free high quality pet food for the 2 month study duration, and $300 credit upon successful completion of the study. The study does not include the costs of cancer staging (including those required to determine study eligibility), or any costs associated with surgery or chemotherapy, or additional blood work not required for the study.

**Contact Information:**

To make an appointment with the oncology department please call the oncology liaison, Kelly Reed at 508-887-4682.

For questions regarding the clinical trial please email the clinical trials technician, Diane Welsh at diane.welsh@tufts.edu. More info: http://sites.tufts.edu/vetclinicaltrials/specialty/oncology/
This is the first chapter in what is hoped to be a regular column in the Massachusetts Veterinary Medical Association's newsletter. The discussions will focus on the Massachusetts General Laws (MGL) that govern the practice of veterinary medicine in our state, and how those laws are interpreted and implemented by the Massachusetts Board of Registration in Veterinary Medicine. Opinions expressed in this column are those of the author and do not represent policy or opinions of the Massachusetts Veterinary Medical Association. Any errors or omissions are mine, and mine alone. Please send comments and corrections to wmvmamac.com.

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The distinction between the MGL and the decisions of the Board of Registration is very important, just as the distinction between the MGL and the Massachusetts judicial system is important. No legislation can describe a system of laws that unambiguously covers the infinite variety of cases in which those laws might be applied. Law must be interpreted and applied to individual, real-world cases. This is the role of the judicial system for criminal law, and this function falls to the state Department of Consumer Affairs for regulatory law.

This system is necessary. If such a system did not exist, the result would be anarchy within the practice of veterinary medicine. On the other hand, such a system could weigh heavily against the veterinary profession, if the well-being of the consumer (the veterinarian's client) is given unyielding priority over the well-being of the veterinary practitioner.

A simple case in point involves the pricing of veterinary services. Obviously, the consumer is benefited by keeping the cost of veterinary services as low as possible. The veterinary practitioner is benefited by keeping the cost of veterinary services as high as possible. Since the Massachusetts Board of Registration in Veterinary Medicine is assigned the task of protecting the consumer, not the veterinarian, then one could argue that they should mandate price ceilings for veterinary services. Unfortunately, this would ignore the great variation in the quality of services offered, deny the consumer a choice of the veterinary services that they wish to access, and violate the spirit of capitalism on which our society rests.

If the Board of Registration does not mandate price ceilings but does pursue regulatory action against any practitioner whose actions are not complicit with the "standard of care" embodied in the practices of the most expensive clinics in the state (assuming, questionably, that these clinics practice the highest quality of medicine), they have then managed to push the cost of veterinary care outside the reach of the average consumer. Again, probably not the outcome that they intended.

So we see that the MGL needs to be interpreted in real-world situations, collateral effects need to be considered, and a formal system of adjudication with the possibility of appeal of any decisions to a higher body must exist to guarantee our mutual rights and freedoms as consumers and practitioners, all of whom are citizens and taxpayers of the Commonwealth and deserve equal protection under its laws. This should be the purpose of the Massachusetts Board of Registration in Veterinary Medicine.

In this spirit, I hope to shed some light on the policies of the Massachusetts Board of Registration in Veterinary Medicine, to benefit our members and the readers of this newsletter - the licensed Veterinarians of Massachusetts. By doing so, I hope to make it possible for all licensed practitioners to adhere to the current Standard of Care in our state, and to stimulate

Continues on page 15
discussion on the best policies to secure the highest quality of veterinary medicine for our clients and patients at a reasonable price.

The Structure of the Board of Registration in Veterinary Medicine

At the 2014 Spring MVMA Conference, the Massachusetts Board of Registration in Veterinary Medicine gave a 2-hour presentation on the structure and function of the Board, the Massachusetts General Laws governing veterinary medicine in Massachusetts, as well as the Board’s interpretation of these laws as applied to the ongoing practices of the Massachusetts veterinary community. The presentation was very comprehensive and illuminating, and most of what follows in this and the next installment is drawn directly from that presentation. My thanks to the authors. This month we will focus on the structure and function of the Board of Registration.

The Governor of Massachusetts maintains executive control over the Office of Consumer Affairs. The Office of Consumer Affairs maintains direct control over the Division of Professional Licensure. The Division of Professional Licensure maintains direct control over the 32 boards of Professional Licensure in the Commonwealth of Massachusetts, including the Board of Registration in Veterinary Medicine.

The Board’s sole mandate is consumer protection, accomplished through interpretation and enforcement of published standards, as published in MGL c 13 § 26 and MGL c 112 §§ 54 - 60. These laws can be accessed online at: https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter13/Section26

MGL c 13 § 26 includes provisions for:
- Creation of the Board
- Appointment of Board members
- Qualifications of Board members
- Requirements for a quorum at Board meetings
  (see malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter13/Section26)

MGL c 112 §§ 54 - 60 includes the following provisions:
- Definition of the practice of Veterinary Medicine
- Guidelines for issuance of licenses
- Legal provision to conduct investigations and apply sanctions
  (see malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section54)

The Board consists of 5 members: 4 licensed Veterinarians and one non-veterinarian citizen. All Board members are volunteers, and each of them is appointed by the Governor of Massachusetts. The names of the current Board members can be found on the Home Page of the Board of Registration.

The Board staff is shared with other Boards of Professional Licensure, and consists of an Executive and an Associate Executive Director, an Administrative Assistant, the Board Counsel, and several Investigators and Prosecutors. The staff acts in an advisory role to the Board and executes Board decisions.

Board meetings are held monthly at either the Division of Professional Licensure headquarters at 1000 Washington Street, Suite 710, Boston, or at Tufts University School of Veterinary Medicine in Grafton. Meeting dates and agendas are published on the Board’s website.

Only part of each meeting is open to the public, with most of their deliberations conducted behind closed doors. Much like the jury in a court trial, the Board retires to a Closed Session for the purpose of an Investigative Conference or an Executive Session to discuss the merits of a case and make their decisions. This is allowed under Massachusetts G.L. c. 30A § 21, the Massachusetts’ “Open Meeting” requirements notwithstanding. Board decisions are a matter of Public Record, and can be accessed under the Massachusetts Freedom of Information regulations.

***********************************************************************************

Our next installment will begin to cover the laws embodied in MGL c 13 § 26 and MGL c 112 §§ 54 - 60, and Board’s regulations and policies as published in CMR 256.
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To the Veterinarians of Massachusetts:

The Homeless Animal Prevention and Care Fund (Mass Animal Fund) has been established “to be used by the Department of Agricultural Resources to offset costs associated with the vaccination, spaying, and neutering of homeless dogs and cats; to offset costs associated with the vaccination, spaying, and neutering of dogs and cats owned by low-income residents; and to assist with the training of animal control officers.” Funds are raised via a voluntary check-off on the Massachusetts income tax return and an online donation option.

In order to maximize the impact of the available funds used for spay and neuter services, the Massachusetts Department of Agricultural Resources, Division of Animal Health, is seeking to develop a list of veterinarians willing to provide spay and neuter services for a low flat-rate fee to dogs and cats owned by low-income Massachusetts residents and homeless dogs and cats housed in municipal animal control facilities. Low-income clients will be made eligible for vouchers by referral from their town’s animal control officer.

Studies demonstrate that finances are not the only barrier to seeking spay/neuter services for pets. Low-income residents may lack reliable transportation or the ability to make repeated visits to a veterinary hospital. For this reason, the Mass Animal Fund advisory committee requests that participating veterinarians be willing to:

- Provide “one stop shopping” spay/neuter services—that is, admit an animal for initial exam, vaccinations, and surgery all on the same day;
- Provide all services for the flat-fee reimbursement from the Mass Animal Fund—that is, to provide pre-surgical exam, FVRCP or DHPP and rabies vaccination, surgery (including anesthesia and pain management medications) for the flat fees, which are as follows:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Service Description</th>
<th>Flat Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier I</td>
<td>Small dog (&lt;50 lbs.) neuter/ cat neuter</td>
<td>$75</td>
</tr>
<tr>
<td>Tier II</td>
<td>Small dog (&lt;50 lbs.) spay/cat spay/big dog (&gt;50 lbs.) neuter</td>
<td>$150</td>
</tr>
<tr>
<td>Tier III</td>
<td>Big dog (&gt;50 lbs.) spay</td>
<td>$300</td>
</tr>
</tbody>
</table>

- Collect no fee from the client in this transaction; the veterinarian will submit the client’s voucher to the state for payment.

Since the Spay/Neuter Voucher Program was rolled out on July 1, 2014, 17 veterinary practices around the Commonwealth have signed on as participating providers. As of October 31, 842 vouchers have been disseminated with a compliance rate of 100%—all vouchers have been redeemed within 60 days of dissemination. In the first quarter, the program saw a 152% increase in voucher requests between July and August and a 163% increase between August and September. To realize the full potential of this program, the Fund needs the help of additional veterinarians.

The Mass Animal Fund is grateful for the contributions of the veterinarians willing to help stem the tide of unwanted animals being born, and for helping to make spaying and neutering accessible to owners from all socioeconomic backgrounds. Regardless of their choice to participate, it is hoped that all veterinary practices will assist in advocating for clients to contribute to the tax check-off.

More information can be found at www.massanimalfund.com/provider. Email Lauren Gilfeather at lauren.gilfeather@state.ma.us if you have questions, are ready to participate, or would like to help spread the word about this new donation option!
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Jeanne Ficociello, VMD, MS, DACVIM
Susan Morrison, DVM, DACVIM
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Bruce Walker, DVM

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Bradley L. Moses, DVM, DACVIM (Cardiology)

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What is Stress and Stressors for the Veterinary Professional?
Stress is a fact of life today, and it is a problem within the field of veterinary medicine that can cause mental and physical problems and disrupt this rewarding career.

Stress can be defined as the state produced when the body responds to any demand for adaption or adjustment. Stress can be good and bad depending on the stressor associated with the stress. Stress can have both negative and positive effects on a person. There are three main stressors that we experience on a daily basis, they are: external, environmental, and internal and we can experience all of them or single one at any given time. Each stressor that we experience can act differently in each individual person. The stressor can energize a person to achieve challenges and achievements that normally the individual may shy away from, but on the other hand, the stressor can make the individual feel overwhelmed and exhausted. There are three factors that determined whether the stressor is negative or positive, they are: choice, control, and consequences. Therefore, each of the stressful situations provides an opportunity of choice, a feeling of control, and an anticipation of the consequences, which again these can be good or bad, depending on the situation. Since stress is unavoidable, complete understanding of these concepts can help an individual transform adverse stressors into tolerable stressors.

What are the physical and mental effects of the stress on the individual?
Stress, whether good or bad, effects a person’s mental and physical functioning. A complete understanding of how and where stress originates within the body, its pathway throughout the body, and the mental and physical toll it can take on the individual, will help the individual manage his/her own stress and maintain good health. Fight or flight is one concept in daily life and understanding this important will understand your reaction to the stressor plaguing you at the time. Humans are equipped with this concept to help them handle threatening situations, basically to either flee or fight when someone or something is threatening them, either externally and internally. The list of an individual’s

Continues on page 22
internal stressors is unique to each individual, depending on the individual's background, temperament, and aspirations and the stress response is nonspecific and is mobilized when one is faced with any of these threats, either being perceived or real.

Ways of dealing with stress, either good or bad, in which an individual within the veterinary field will do to deal with all of it.

There is many good and bad ways for dealing with stress in your life. Some good ways of dealing with stress is exercise, good nutrition, plenty of sleep. A negative way, which is too common in the veterinary professional, is the use of illegal or legal substances. Substance Abuse and stress is a bad influence of dealing with different types of stress. Since the nervous system, brain, and emotions are dependent on the normal action of the neurotransmitters, some individuals suffering from stress may turn to drugs and alcohol almost as a form of self-medication. Obviously, the risk factors of substance abuse is great for the individual and this type of behavior is also a great risk to that the individual’s family, friends, and the patients that are being treated by that individual.

Identifying the stressors in the veterinary professional.
A veterinary professional’s stressor load is unique to the veterinary world, which do include general, basic stressors in anyone world, but also those unique to the veterinary world. These include life event stressors, environmental stressors, personal stressors, client stressors, and career stressors. We will identify each stressor and have examples for each individual will be able to help identify their individual stressor and help the individual cope with those stressors in a positive way. There are many years, one important aspect is the use of support systems, such as friends, family, coworkers, etc.

Burnout
Burnout is a state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations. Veterinary medicine has a high burnout rate, especially among the veterinary technician and support staff. There are many physical symptoms of burnout, they include illnesses such as ulcers, gastroenteritis, cardiac issues, and heartburn. Behavioral symptoms of burnout include withdrawal, overeating, increase in alcohol or drugs intake, constant fatigue, agitation, nervousness, anger or aggression, and even increased spending habits.

The four major stages of burnout that each individual goes through are:
1. Physical, Mental, and Emotional Exhaustion;
2. Shame and Doubt;
3. Cynicism and Callousness; and

It is important to recognize the signs and symptoms of burnout early to get the support needed before getting to the point of such burnout that the individual leaves the profession. It is important to watch for signs among co-workers and as a team try to minimize external stressors.

Administration of Pimobendan to Cats with Chronic Kidney Disease (CKD)

Description:
A common concurrent condition often appreciated in feline CKD patients is cardiac disease. High rate fluid therapy to treat azotemia puts these patients at risk for congestive heart failure (CHF). Anecdotally at Tufts, an improvement in azotemia, appetite and attitude has been noted in cats treated for cardiac disease with pimobendan that also have kidney disease.

We would like to assess tolerability of pimobendan and possible benefits in patients with CKD, IRIS stage 3 or 4. Investigating these initial clinical observations with a larger study will help establish whether pimobendan could be a novel treatment for cats with kidney disease. Benefits could include decreased hospitalization time, improved appetite, improved kidney perfusion with reduced azotemia, and the ability to treat kidney disease while simultaneously protecting against CHF in patients with concurrent cardiac disease.

For more information regarding this study please visit: http://sites.tufts.edu/vetclinicaltrials/
October 16, 2014

Dear Colleagues:

I am writing as the course director of Problem Based Learning II to request your assistance in facilitating this course. This is a small group learning experience in which first year veterinary students work through mock cases as an introduction to the clinical reasoning process. The course also provides them with the opportunity to foster communication skills and self-guided use of primary resources. Facilitators serve as “guides” for the students to ensure the groups navigate down the correct clinical path and touch upon important learning issues.

Last year we had a great response from our alumni and area practitioners in helping facilitate the course. Student response to these facilitators was positive with many students appreciating the perspective private practitioners bring to a case. We hope to continue this trend and are looking for facilitators to help out for PBL in the spring of 2014. This is PBL II, for students in the second semester of their first year.

The sessions will be held from 8:00-10:00 a.m. on the following Wednesdays:

**January 28; February 4, 11, 18, and 25; March 4, 11, and 25; and April 1, 8, 15, and 29.**

If you are only able to commit to half of the sessions, please also let us know as we may be able to find someone to share a group with you.

For those of you who are interested but have not facilitated PBL before, we can arrange a facilitator training session prior to your first PBL group. These are all volunteer positions, although travel reimbursement is available (50 miles max. per day @ $0.56/mile).

Additionally, through Sue Brogan’s office for Continuing Education, we have been able to arrange 5 hours of CE credit (max. allowable per year for PBL instruction) for those teaching a semester of PBL (24 contact hours).

Thank you again for considering this request, and I hope that some of you will choose to join us as we train the Tufts alumni of the future.

If you would like to participate, please e-mail Sabrina at sabrina.stidsen@tufts.edu as soon as possible.

I am also happy to answer questions. Feel free to e-mail me at michele.keyerleber@tufts.edu.

Thank you,
Michele Keyerleber, DVM, DACVR
(Radiation Oncology)
Course Director, Problem Based Learning II
Tufts University
Cummings School of Veterinary Medicine
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North Grafton, MA 01536
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OTHER

JOIN US IN ENDING ANIMAL HOMELESSNESS BY BECOMING A PARTICIPATING SPAY/NEUTER PROVIDER. The Massachusetts Animal Fund was created to help the state’s most vulnerable animals. For more information and for an application, please contact Lauren Gilfeather at lauren.gilfeather@state.ma.us or visit us at massanimalfund.com/massvet.

Animal Health Care Assoc., LTD, located on beautiful Martha’s Vineyard, is currently seeking to add a FULL-TIME VETERINARY TECHNICIAN to our year round team. We are a three doctor, full service veterinary hospital offering surgery, internal medicine, integrative medicine and acupuncture as well as boarding and grooming services. Interested individual should e-mail their resume with references to: terrylowe@live.com.

ANIMAL ADVOCATES: Are you passionate about getting as many homeless dogs and cats into new homes as possible? Do you want to learn more about spay/neuter efforts in your area? Want to understand how to more effectively lobby your elected officials for stronger animal protection laws? If you answered yes to any or all of these then please consider joining the Massachusetts Animal Coalition (MAC). Bridging gaps and bringing people together to help animals – this is the heart and soul of MAC’s mission. By lending your voice to ours you not only get to network with other animal advocates but you also receive discounts to attend MAC educational meetings and events AND you get a discount on Animal Sheltering magazine. So what are you waiting for? Join us today! Here’s how: http://massanimalcoalition.com/about/join-us

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UPCOMING EVENTS

Dec. 3-4: RIVMA Scientific Seminar. Earn up to 14 CE (pending approval). Topics include dentistry, dermatology, equine, hospice, endocrinology, and more. Hyatt Regency, Newport, RI.

Dec. 7: Timely Topics in Internal Medicine, 16th Annual Conference. Featuring Linda Ross, DVM, MS, DACVIM. 6 CE. Cummings School of Veterinary Medicine at Tufts University, North Grafton, MA.

Dec. 9: Clinical Cases in Neurology. Featuring Dr. Gena Silver and presented by IVG Hospitals, Inc. 2 CE. Massachusetts Veterinary Referral Hospital, Woburn, MA.

Dec. 11: Toxicity: Meds and Molds. Featuring Dr. Heather Chalfant and presented by BluePearl Veterinary Partners. 1 CE. BluePearl, Waltham, MA.

Dec. 11: Is it an Emergency? Featuring Amy Breton, CVT, VTS (ECC) and presented by BluePearl Veterinary Partners. 1 CE. BluePearl, Waltham, MA.

MVMA Calendar

December 10, 2014
MVMA Executive Board & Advisory Committee Meeting, MVMA Offices, Marlborough

February 4, 2015
Winter Continuing Education Conference: Doubletree Westborough Hotel, Westborough

May 13, 2015
Spring Continuing Education Conference: Best Western Royal Plaza Conference Center, Marlborough
We’re Anxious to Please!

Our Waltham hospital is growing to better partner with you.

Our Five-Point Commitment
We provide remarkable care and service to you and your client.
We operate strictly by referral.
We will call you and send you a written report for every referral.
We do NOT provide routine, general or prophylactic care.
We are happy to consult on cases with you whenever you call.

Our Services
Cardiology
Critical Care
Emergency Medicine
Internal Medicine
Radiology
Surgery

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- Attorney John Kerr provides legal services to veterinarians throughout Massachusetts relating to malpractice, license defense, employment, contracts, and general liability claims.
- Attorney Kerr has counseled & represented veterinarians both privately and through their insurance companies for over 18 years. Contact him with your legal questions for a complimentary 1/2-hour consultation.
- Attorney Kerr will make referrals to attorneys who practice in other areas of the law.
- Attorney Kerr is available to present on site CE certified programs for veterinarians and hospital staff on a range of topics. Please visit www.kerrlegalgroup.com and select the “Seminars” tab for a list of programs.