Last fall, the WSVMA Executive Board approved forming a task force in response to rumors of an effort to ban declawing in the state of Washington through the ballot initiative process. The initial purpose of the task force was to research member attitudes about declawing, determine how often the procedure is performed, and what post-surgical outcomes their patients are experiencing. Once members’ views were known, the WSVMA would be armed with information should a ballot initiative come to Washington.

The Declaw Task Force, consisting of William Dernell, DVM, Erin Hicks, DVM, Gary Marshall, DVM, Timarie Simmons, DVM, Craig Smith, DVM, and Jocelyn Woodd, DVM, met via numerous conference calls during the winter of 2013-14. Instead of developing a position statement, which was discussed early on, it was decided to assemble a set of resources for interested practitioners to access about the procedure, including research summaries and a fact sheet. A survey of veterinarians would also be conducted as a means to include as many voices in the conversation as possible.
The resource team quickly learned that there has been very little research published specifically concerning feline declaw surgery, either from a scientific or ethical point of view. Even so, that team has assembled some very informative and useful documents that any practitioner (regardless of their viewpoint on the procedure) will find illuminating. This includes a comprehensive review of all published literature, detailed summaries of all reviewed articles, and a Fact Sheet. The information will be available at the WSVMA website, and we highly recommend that everyone spend some time with it.

The survey was designed for simplicity (with opportunities for respondents to provide individual comments) and was available online during February 2014. There were a total of 467 responses to the survey, and a PDF document that outlines all of the responses to each of the 12 questions (and some basic statistics) will be available online at the WSVMA website.

A few questions provide interesting data. For instance, cross-referencing graduation year with whether or not respondents perform feline declaws generated the graph in Figure 1. Figure 2 is a representation of the responses to the question which asked, “If you perform declaws, which procedure do you utilize?”

One hundred sixty-seven responses were generated to the question asking for reasons why respondents do not perform declaws. Although impossible to ascertain the precise reasoning behind each response, Figure 3 is a general representation of those responses.

Of the 467 completed surveys, 289 doctors wrote a final comment. These remarks were spread pretty evenly among the 64% of doctors that currently perform declaw surgery and the 58% of those that do not. Unsurprisingly, this portion of the survey was the most informative; many veterinarians were very forthright and vocal about their feelings and observations of feline declaws. These opinions were well written, thoughtful, and went a long way in providing the kind of discussion elements that simply cannot be found within the confines of a small committee.
In connection with the charts above, these doctors commented on why they perform (or do not perform) the procedure:

“We make every attempt to educate yet dissuade clients from declawing. I do not like to perform the procedure but would rather do it (right) for our patients/clients than have them go elsewhere because I practice good surgical technique and use proper pain medications post-op.”

“Before becoming a vet I thought I would not declaw. My opinion changed when I understood the problem of homeless feral cats. I would rather declaw a cat than have it become homeless. I do have very frank discussions with owners that request it and often they opt to not do it once they realize that it is an amputation of the toes. I do not refuse to do the procedure if they still want it but I make sure they have all info available.”

“I have never done declaws because I don’t believe it’s in the best interest of the cat. I did not prohibit my associate from doing so, until she decided she was not willing to risk complications.”

“I do not believe they are necessary. I am opposed to the procedure. I do not perform ear cropping or tail docking surgeries either.”

The themes voiced in the following two comments were identified by numerous colleagues:

“I think that declawing is a doctor-patient issue and not a professional association position determination. There are many reasons to declaw a cat and that is to be discussed and decided by the doctor in each case. To make a formal position statement jeopardizes that decision and may put veterinarians in a situation that puts them at risk. Keep surgery and practice decisions in the doctor and patients hands. There are safe procedures and post-op medications available for all surgery cases. Do we force our clients to put the cat outside when alternatives don’t work and thus really endanger the cat or do a safe procedure which will enable the cat to be inside?”

“...should be left up to the discretion of the doctor even if I strongly stand against this surgery.”

Another concept that was repeatedly identified revolved around the potential for legislative involvement in our profession:

“Outlawing the procedure is probably a step too far. But educating clinic staff, front office, LVTs, assistants – would lead to more informed clients and hopefully fewer of these procedures.”

“Declawing should never be offered as a routine procedure, but reserved for those instances when other methods of avoiding household damage due to scratching have been excluded for other reasons. My opinion is that the OPTION to have indoor cats declawed should NOT be taken away from practitioners by any legislative process. This is a medical, not ethical, decision.”

“I think there are certain circumstances where this is a reasonable procedure to consider but I do not support routine declawing. I would like the decision to be up to the veterinarian, rather than a legislated one and that providing client education and alternatives is an important aspect of this procedure.”

Plenty of doctors commented on various aspects of the actual performance of the procedure, either methodology, ethnicity, potential for complications, pain management, or simply being willing to listen to a client’s genuine concerns:

“I think we need to discuss all options (pros and cons) with clients with the idea of helping them avoid declawing their cat when possible but if it doesn’t work or they can’t or don’t want to pursue nonsurgical options then we, as a profession, should not judge or guilt them regarding their choice. The procedure, when done properly, has from no to limited discomfort (particularly with today’s pain control options) and rarely has complications. The alternative in many situations is clients then are compelled to let their cat outdoors which has much more significant health risks (dogs/cats/disease) as documented by the significantly shortened lifespans of cats with outdoor exposure. Many in our profession seem to respond to this issue from a emotional bias based on worst case scenarios that occur incredibly infrequently.”

“Those against declawing who are stating that chronic pain and lameness are common issues, should direct their attention to the doctors involved, not the procedure. Done correctly the problem rate I have experienced is less than 1% and the client does not have to protect the animal any more than is common sense. The cats can still climb trees and fences to avoid dogs etc. Stopping declawing will lead to many cats being banned to the outdoors, given away or just abandoned, not in the best interest of the patient.”

“I try not to declaw and warn my clients it sometimes increases biting behavior, but there are quite a few cats that have homes because I declawed them. There has to be a balance.”

“Analgesia is the biggest thing to address - the cheap clinics don’t use any or nearly enough. Lasers are overkill. It is a procedure that should be done infrequently, but when done should be correct and with appropriate analgesia.”

One aspect that some Task Force members found to be very encouraging was evidence that some veterinarians had made the effort to develop a relationship with their local colleagues, and they knew where to refer a patient so that the procedure would be performed by a trusted fellow doctor, rather than someone the primary provider was unfamiliar with. In this fashion, client relationships can be preserved and enhanced, rather than developing into a confrontation or a guilt-trip discussion of how best to care for one’s pet. In this modern day world of perceived competition, it was refreshing to read these:

“My colleagues do (using the laser) and I am very impressed with the pain control and minimal complications I have seen. I personally don’t like doing declaws because it trips on my own personal ethics and I - quite frankly - don’t do enough of them to do them well. I would rather have our declaws be done by the doctors who do them well and have an excellent outcome with them.”

“Not in keeping with my philosophy. I think there may occasionally be cases in which it is best (e.g. immunocompromised owner who might otherwise need to relinquish their pet). In such cases I would prefer that there be a few excellent surgeons who perform the most efficient & high quality procedure possible for this select need.”

A handful of comments mentioned that the respondents have observed changes over time in the client population as well:

“I do find that the number of declaw surgeries I perform has decreased tremendously since I graduated in 1980. I may perform 1 or 2 a year if that. People are more cognizant of other options and willing to try them.”

“Over the past several years I have noticed a significant decline in the number of requests for feline declaws. Clients that do inquire about declaws are generally pleased that there are other options. Education as well as continued communication and support for the client usually address and resolve the issues that prompted the initial inquiry about declawing.”
We believe that this survey indicates that the veterinary professionals in the state of Washington are overall a thoughtful and insightful group of individuals. There is clear evidence that our colleagues are indeed concerned about their patients, and are working very hard to serve their clients.

It is our belief that at some point in the near future, this topic will be thoroughly discussed in the local popular media, in one format or another. As everyone knows, there is a definite wave of strong opposition to this (and other procedures) in certain pockets of the general public.

We hope that the results of this survey and the resources provided for research and reading will stimulate more conversation and help all veterinarians in the state of Washington (and possibly across the nation) to prepare for conversations wherein others may purposefully attempt to make us uncomfortable, or even try to introduce unnecessary oversight into our work.

The big question remains: “Where do we go from here?” We believe that this subject is not going away.

Prepared and submitted by members of the Declaw Task Force
Contact the WSVMA for more information.

Graphs courtesy of Grace Marshall, 2015 candidate for BS in Public Health from Johns Hopkins University.

Please note that all quoted comments are un-edited except for minor copy edits.

FINAL THOUGHT

I wouldn’t mind if I never performed another declaw procedure. I’ve done two so far this year. I will probably do one or two more before 2014 is over.

Last year, I was asked to participate on the WSVMA Declaw Task Force, and felt obligated to serve. I certainly prefer to fly under the radar whenever possible, but hate to decline the opportunity to give back when the WSVMA calls. We all benefit so much from the work they do on our behalf.

Serving with this group has caused me to examine my own policies a bit more closely. Now that I find myself in my twenty-fifth year of clinical practice, I feel compelled to share some of my thoughts with our veterinary community. I in no way want to give the impression that my personal conclusions and views are a better way, or the only way. They are only meant to share what one colleague is struggling with, and maybe start a little dialogue about this important topic.

At my single doctor, feline-only clinic, we do not encourage this procedure, and my entire staff works hard to educate clients about options to prevent the need for having this done. Today we need to consider multiple variables when dancing around whether to perform this surgery or not. The reasons vary from case to case, and include public opinion, staff concerns, client retention, and most importantly patient safety, stress and pain control.

We do have one crucial standard that must be met before I will consent to schedule this surgery. The client has to convince me that everyone will be happier if this procedure is done, including the cat. Can clients beat this system? Sure. Some know that if they play the “my tiny children are getting scratched” card, it’s hard to say no with the potential for human injury liability lurking in the wings. But if they do that, and it’s not a true issue, then it’s on them, and they know where I stand. Do I call some clients out on this if I think they are embellishing? Yes, I do. Have I ever refused to operate? Certainly. But, here is where I would like to share a confession. If I feel a client is so set on getting this done, that they will find another clinic to do it (should I refuse), I will often consent to doing the surgery. And the reason I do this is really hard for me to put down in words, and I hope you don’t quit reading this after I share it. It is because I, along with the care and expertise of my staff, do a damn good job at it! I can’t believe I wrote that. If you know me, you know that this “surgeon’s bravado” is not a recognizable component of my personality. But in this situation, I believe with all my heart that it is true. And the only reason that I put this out there is because of a few vocal veterinarians, individuals in the general public, and subsequently some politicians, that are fervently set on legally banning this procedure.

I am so proud of our profession for how we historically craft preventive and therapeutic plans for our individual patients and our individual clients. I really do believe that we all have our patients’ best interests at heart. I would prefer if we had more control, instead of less, when it comes to how we decide to take care of clients that come to us freely, and the pets that they trust us with. I would prefer that we decide how we want care to be regulated, instead of it being decided by those who have never performed said procedures, or by those who have no veterinary medical experience across the nation to prepare for conversations wherein others may purposefully attempt to make us uncomfortable, or even try to introduce unnecessary oversight into our work.

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