

# Reflections

## A dog's life

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I am sure now, once and for all, that I am not the only one who has done it. On an Internet chat group for rural physicians, the topic of providing medical care for animals when veterinary services were unavailable came up. I have provided care for animals but have never had the chance to share the "cases" with medical colleagues. As I eagerly clicked on the various responses, a wealth of memories came back.

My first such "patient" was a terrier cross hit by a car. It was brought to the little hospital where I had been in practice for all of about 6 months. "Could you do an x-ray, Dr Ann?" the father asked, as his daughter held the pet wrapped in a towel and, less successfully, held back the tears.

Confused, I looked to the nurse who was working with me that day. As was so often the case when I had not the foggiest, Sue offered helpful direction: "Sure, some of our doctors have seen animals here. And the fellows from the lab don't mind doing an x-ray if you really think it's broken." What about paying for the use of hospital facilities? "Don't be foolish," she chided, and off I went to do my best at helping the animal.

We have not much to guide us in treating animals from our medical training. The odd bit of comparative physiology or anatomy (dogs do not respond to diazepam as a sedative because they lack the central nervous system receptor



humans have, for example) is offered as an occasional and interesting aside, certainly not as part of a practical compendium for helping rural doctors.

Then there is the question of liability. Although not in the seven- and eight-digit settlement range, dissatisfied pet owners have been known to successfully sue veterinarians. My own brother's dog had to have a leg amputated after a cast was applied too tightly (by a veterinarian, mind you, not a country doctor). My brother did not sue, by the way. But it certainly made me aware of how things can go wrong. I have no doubt the Canadian Medical Protective Association would take no part in my defence should an animal case go awry.

As in all aspects of rural practice, I came to know my limitations. I could prescribe amoxicillin (in the owner's name) to prevent bacterial complications of Parvovirus infection when an epidemic went through the town's dog population (most were unvaccinated).

But if the dog was going to succumb to the virus, the owner knew, and I came to know, there was nothing further that could be done. A telephone inquiry about a bitch in obstructed labour for 2 days was referred immediately to emergency veterinarian services 200 km away and, in terms of expense, orders of magnitude out of reach for many people from that town.

*Canadian Family Physician* invites you to contribute to *Reflections*. We are looking for personal stories or experiences that illustrate unique or intriguing aspects of life as seen by family physicians. The stories should be personal, have human interest, and be written from the heart. They are not meant to be analytical. Writing style should be direct and in the first person, and articles should be no more than 1000 words long. Consider sharing your story with your colleagues.

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## Letters ♦ Correspondance

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Two particular instances stand out in my mind. A large setter-type dog was brought in by three men one New Year's Eve when I was on call. "E's always into somethin'," the owner declared, and sure enough, there was a fish hook deep in the dog's nose. Not a wee fly, either, but a good-sized jigger that might have done justice to a 10-pound cod. Luckily there was all that brawn present. I delegated the men to restrain the dog while I did the usual fish-hook release maneuver: push it the rest of the way through, cut the end off with pliers, pull the now-blunted hook back and out. It must have been horribly painful for the dog. Now that I know how to sedate a dog from my on-line colleagues, I would likely use a more humane approach.

One of the last requests for animal services I can recall was a woman who approached me shyly and asked if I saw animals. I was doing a shift in the emergency room at a larger hospital, and felt considerably

less comfortable inviting an animal patient in with so many from the nursing and administrative hierarchies about. Still, I enquired what was wrong with the animal, and as she explained, an additional agenda quickly became clear. The dog had taken ill, was refusing to eat, and was vomiting frequently. The dog had belonged to a 19-year-old man who had just the past weekend killed himself. The family was devastated, and no one could deal with the possibility of the dog's dying at this point. I sent the woman, the sister of the deceased young man, to bring the dog in. I would do what I could, outside of the hospital if necessary, and take whatever criticism might come.

She never did return, whether because the dog drastically worsened or improved, I do not know. But I think of that encounter from time to time, and am reminded that Good Samaritan laws, though created for humans, are probably a good idea for other species too. ♦