

AAEP NEWS

Ethics: Remote consulting yields more questions than answers

By Allison E. Faber, DVM

As technology becomes a greater part of our daily practice lives, online consultation is now something to which veterinarians need to pay attention. We engage on Facebook, Twitter and Instagram (none of which I have enough time for), and of course respond to e-mails, and we need to be aware of the guidelines surrounding this type of communication with our clients. In this vein are the new types of consults offered online, which are seemingly widespread in the human medical field and bear some evaluation as to differences and similarities with veterinary practice.



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WebMD and similar websites that offer online consultation are very interesting. In my investigation of these practices, I probed the websites of and reached out to the American Medical Association, WebMD, MeMD and others; not once did I receive a return phone call or e-mail in my quest to understand how human medicine regulates the doctor-patient relationship in the case of remote consulting. Left to my own devices, I surmised that human doctors are allowed to charge for their services as long as they have an examination, and apparently a valid examination can be done via webcam. Based on this webcam exam, doctors are restricted in the drugs they can prescribe with no controlled substances being allowed. Requests for services are referred to a contract doctor in the patient's state, which would satisfy state requirements for medical practice being provided by someone licensed in that state.

As veterinarians, our AVMA guidelines for remote consultation read as follows:

The AVMA opposes remote consulting including, but not limited to, telephone or web-based media, offered directly to the public when the intent is to diagnose and/or treat a patient in the absence of a veterinarian-client-patient relationship (VCPR) as defined by the AVMA Model Veterinary Practice Act. Remote consulting directly with the patient owner can be beneficial and is acceptable when performed with an agreement and in collaboration with the attending veterinarian who has established and retains the VCPR.

According to the VIN News Service, there is an ongoing court case in Texas involving a veterinarian who has been consulting on his website, mostly free of charge. The Texas Board of Veterinary Medicine suspended his license for not having a valid VCPR. He took them to court

based on his First Amendment right to free speech. Apparently, the Texas Board of Veterinary Medicine is upholding having a valid VCPR when consulting about a specific patient. The district court actually upheld the veterinarian's position asserting his right to free speech, and the case is moving on to the U.S. court of appeals. This raises the issue of giving general advice versus advice on a specific animal about a specific problem, providing a diagnosis and prescribing. The ruling in this case will most likely set a precedent for remote consulting in the veterinary medical field.

Understandably, the "dashboard exam" that many food animal practitioners use is effective for their line of work, as an actual hands-on exam of a non-sedated animal in the case of livestock or zoo-animal medicine can be impossible or dangerous. So at what point do equine practitioners have to be concerned that a hands-on physical is the only way to obtain a good diagnosis? Can we actually provide good quality medicine without a physical examination? What constitutes a valid VCPR?

Apparently the human medical profession feels comfortable with a webcam exam. If I have someone in Wibaux, Mont., who is having a problem with a ranch horse and I am a vet licensed in Montana, can I have the owner do a video exam for me and then I prescribe medication? Much of our equine veterinary business revolves around lameness, reproduction and colic, none of which I believe lend themselves to a webcam examination.

Our colleagues author articles in popular journals (i.e., *Practical Horseman*, *EQUUS*, *Natural Horse*) about specific topics, diagnosis methods and treatments. How are the online consults different from our "ask the vet" sections in our practice websites, magazines and newspapers? It seems obvious to me that this is non-specific information versus diagnosis. Does charging a fee constitute practicing veterinary medicine?

These questions currently face our profession, and I feel it merits an open discussion during a membership meeting in the future to determine our collective opinion and establish more definitive guidelines regarding this practice.

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