

Eating the young is not always a long-term survival strategy

By Peter Morresey, BVSc, MVM, MACVSc, DACT, DACVIM, CVA



Dr. Peter Morresey

I watched this great nature documentary a few years ago where a particular tree flowered and fruited every 17 years. The local rat population boomed in response. When the fruit was gone, the rats invaded the local town and ate what they could before the locals rose up and drove them back out to the surrounding countryside. Then, faced with a lack of resources, the female rats dutifully ate their offspring in the nest restoring balance to the ecosystem.

This is prompted by a recent posting on Facebook regarding the effects of itinerant specialists entering a region, performing the high-dollar work (lameness evaluations), then leaving emergency coverage and less lucrative tasks to veterinarians early in their career trying to establish themselves but instead becoming discouraged by the actions of others. There are two sides to this, and we've all been on at least one by action or circumstance. You can't dictate how someone makes their living, but you can feel for those affected and look at a bigger picture.

A classic situation occurred at my second locum position in New Zealand. I had arrived at the mixed practice to cover for a clinician before he left town on vacation. He had graduated one year before me and aspired to a career as an equine veterinarian. He was focused on his goal and is now deservedly the CEO of a large equine practice. On Friday night, just as he was preparing to leave town, a regular equine client called on emergency distressed over a post-castration complication. The kicker was the castration was not performed by the practice. Rather, Dr. S (to maintain anonymity), the traveling equine "specialist," had on his northern circuit around the mountain castrated the horse on Tuesday before completing the "tour de castration" and was now back home on Friday night three hours away, no doubt with his feet up resting.

Not wanting to leave the new graduate (me) in a bad spot, the clinician changed his plans and we drove together to the client's farm. There we were presented with a large seroma at the castration site on each side. This can happen to anybody. If you haven't had a complication, you haven't done enough. I am sure Dr. S would have agreed. Turns out this was a horse my colleague was scheduled to service; however, the client stated, "Well, I heard Dr. S was coming to town so I got him to do it."

To my colleague's credit, he was meticulous and professional in his approach to the horse, rendering the care

needed with skill and compassion. The conversation with the client, however, was very direct and his dismay was clearly stated as follows: "We are not Dr. S's (expletive) after-hours service." Can't say I could see any fault with that sentiment. You have to own your own stuff.

Here is the lesson: If you are to provide a service, you need to back up that service, or create an environment where back up can and will be professionally and graciously provided. That starts with you establishing relationships that are mutually beneficial prior to the need for them.

I remember too well being personally on the wrong side of this issue. A chronically managed case doing well (severe heel bulb laceration) was without notice suddenly in the care of another practitioner, with my management opportunistically called into question by this more senior clinician. It is no accident my refusal to illegally prescribe an anabolic to a competing horse (detailed in the ethics feature in the September 2021 issue of *EVE*) allowed an opportunity for another veterinarian to fulfill a need, and this opportunity was taken along with the longstanding client.

While I never met him, Dr. B was the "joint guru" around one place I worked. He would come to the barn and the adulation began. He could look at a joint and know it needed to be injected, and he was quick to say "get this joint X-rayed" because he didn't have a radiography machine. So my resident had to follow behind taking radiographs and making diagnoses. By swooping in and eschewing a rational diagnostic approach, Dr. B was passively devaluing the input of the resident, taking a systematic approach and reducing them to a minor supporting role.

Maybe we could look at the equine veterinary profession in its current state as rhyming with the ecosystem in the opening paragraph. There's plenty of fruit at the moment. Why eat the young now? Also, it is not as if we have a surplus of young to consume to ensure the survival of the more established members of the community. It is clear fewer graduates are entering equine practice, and many are not staying very long. So why act in a way that may cause them to become discouraged?

So what are YOU going to do to create a more sustainable equine veterinary ecosystem? Perhaps we should all take a little time to look past our billing sheet into a wider world where we have a duty to pay forward the opportunities we were given to those coming behind us who model their behavior on what we do. Perhaps if corporate gets weary, you may be needing that young veterinarian to buy your practice. Karma has a long memory.

