

## Why you should get to know your local veterinarian

Sue L. Pollock, MD, FRCPC,  
Craig Stephen, DVM, PhD

**O**ur health is inextricably linked to our environment through the air we breathe, the food we eat, and the water we drink. Animals are an integral part of this environment, and our lives are increasingly intertwined with theirs. The recent H1N1 pandemic (swine flu) and an outbreak of *E. coli* 0157:H7 associated with farm animals in BC have highlighted the importance of this close relationship.

Almost everyone has some daily interaction with animals, whether through food animals and animal products, wildlife, or household pets. In particular, pet ownership, including exotic animals such as reptiles and birds, is increasingly widespread in Canadian households. It is estimated that more than 50% of Canadian households have at least one cat or dog in their home,<sup>1</sup> which speaks to the importance of pets within the family structure.

There are benefits and risks associated with pet ownership. Examples of benefits include companionship, improvement in mood (e.g., through animal-assisted therapy), increased physical activity,<sup>2</sup> and protection of

owners from harm. The risks are primarily related to pet-associated infections.<sup>3</sup> These risks may be elevated when children, pregnant women, and immunocompromised individuals live in the home. Other health concerns include allergens and trauma.

**Our patient may be willing to increase his or her medications to control asthma, but not be willing to find a new home for the dog.**

For the primary care physician, it is important to remember that pets are part of the family. An assessment of the risk-benefit ratio of keeping pets is important in the overall care of the patient. Communicating this risk to your patient can be challenging. Recommending outright that susceptible patients get rid of their pets may not be the solution, especially if they cherish their companion animal. The patient may not agree with your recommendation and insist on keeping the pet. Consider whether the risk is short-term or long-term to guide your advice. If short-term (e.g., pregnant woman susceptible to toxoplasmosis from cat feces), the solution may be to designate another member of the household the task of waste disposal. If long-term (e.g., allergy to dog dander triggering severe asthma attacks), negotiate with your patient an acceptable threshold for taking action. For example, your patient may be willing to increase his or her medications to control asthma, but not be willing to find a new home for the dog.

A thorough history is an essential diagnostic tool. Consider document-

ing in your patients' charts whether they are pet owners, and periodically ask about the health of their pets. If a patient has an unusual clinical presentation and is a pet owner, a phone call to a veterinary colleague could prove invaluable. Veterinary resources within BC include local and provincial veterinarians and the BC Veterinary Medical Association web site: [www.bcvma.org](http://www.bcvma.org). The veterinarian might provide information on the potential zoonotic diseases associated with that animal species and on the prevalence and distribution of the disease. For example, if you care for an immunocompromised child, the veterinarian could advise on pet species your patient should avoid (e.g., reptiles due to the high risk of salmonellosis).<sup>4</sup> Such interdisciplinary collaboration intended to better understand the disease within the animal health context may also expedite your patient's diagnosis and treatment. The veterinarian may be able to provide recommendations on how to minimize the risk of disease transmission, which you can then relay to your patient. Examples of recommendations that would benefit both your patient and his or her pet may include vaccinating the pet against rabies or treating a suspected *Campylobacter* infection in the animal.

Close interaction of humans with companion animals is here to stay, and there are many good reasons to promote this relationship. For the physician caring for the health of a family, it is imperative to remember that pets are family too. In addition to recommending that your patients take precautions such as hand washing after contact with pets and proper disposal of their waste, communication with a veterinarian can aid in disease prevention, diagnosis, and treatment.

*Continued on page 18*

Dr Pollock is a field epidemiologist with the Canadian Field Epidemiology Program, Public Health Agency of Canada. She is currently placed at the National Collaborating Centre for Environmental Health within the BCCDC Environmental Health Services Division and at the Centre for Coastal Health. Dr Stephen is a veterinarian epidemiologist and director of the Centre for Coastal Health. He is an associate professor in the Department of Ecosystem and Public Health, Faculty of Veterinary Medicine, the University of Calgary.

## Learning at your convenience

**A**ccess to clinical information is often best used when the physician is at the point of care. But what about the kind of learning that requires quiet contemplation?

Continuing medical education at the point of convenience, when the learner has the time to focus and concentrate, is clearly ideal. This can be achieved by listening to audio files on portable CD or MP3 players, or even on smartphones. Audio-Digest Foundation, an affiliate of the California Medical Association, has been offering recordings of lectures of CME meetings from across the USA for more than 50 years. The lectures cover a wide range of specialties including anesthesiology, emergency medicine, family practice, gastroenterology, general surgery, internal medicine, obstetrics and gynecology, ophthalmology, orthopaedics, otolaryngology, pediatrics, and psychiatry. The

College Library subscribes to these lectures in CD format and makes them available for loan. Furthermore, since 2006, the files have been available in MP3 format. Through the Library's account at Audio-Digest, College members may download hundreds of files and listen to them on their computers or mobile devices for free. Instructions for access are on the library's web site at the Audiovisual & PDA page, [www.cpsbc.ca/library/pda-video-audio](http://www.cpsbc.ca/library/pda-video-audio). A limited number of these files have been made publically available by Audio-Digest on the iTunes web site, but access using the College's web site offers a much larger selection by virtue of the Library's subscription.

—Karen MacDonell

—Robert Melrose

—Judy Neill

College Librarians

### **bcmd2b** *Continued from page 11*

injected with a saline solution so that the surgeon can see where micro holes exist and close them with a small stapling device. This prevents the graft from leaking. Unfortunately, I had understood *Bitte Ziehen* (please pull). Like a good surgical clerk I followed instructions and started tugging on the vein that the technician had so carefully removed.

"What are you doing?" the surgeon screamed. "This is cardiac surgery!" I was not sure what was happening as I had done everything that was asked of me. I stopped pulling the blood vessel. Thankfully it was not harmed in the ordeal and the patient successfully received a new graft. Surprisingly, though, the telephone in my pocket did not ring on Friday. **BBM**

### **cdc** *Continued from page 15*

#### References

1. Ipsos Reid. Paws and claws: A syndicated study on canadian pet ownership 2001. [www.ctv.ca/generic/WebSpecials/pdf/Paws\\_and\\_Claws.pdf](http://www.ctv.ca/generic/WebSpecials/pdf/Paws_and_Claws.pdf) (accessed 14 December 2009).
2. Barker SB, Wolen AR. The benefits of human-companion animal interaction: A review. *Veterinary Med Educ* 2008; 35:487-495.
3. Rabinowitz PM, Gordon Z, Odofin L. Pet-related infections. *Am Fam Phys* 2007;76:1314-1322.
4. Hemsworth S, Pizer B. Pet ownership in immunocompromised children—a review of the literature and survey of existing guidelines. *Eur J Oncol Nurs* 2006;10:117-127.

*Continued from page 17*

must be promptly notified of a trial date and whether they may be required to attend at trial for cross-examination. Objections to any expert opinion must be raised no less than 21 days before trial or they will not be permitted at trial.

An expert is not permitted to give evidence at trial unless a report has been prepared and served in accordance with the rules. If a party wishes to cross-examine an expert, they must give notice to the party tendering the report within 21 days after the report is served. If an expert has been requested for cross-examination, the report will not be admitted unless the expert is present at trial. If an expert is not called for the purpose of cross-examination, the scope of the evidence he or she can give is limited to clarifying terminology in the report or otherwise making the report more understandable.

In anticipation of the new rules coming into force, medical experts will likely soon be asked to change the format of the reports to reflect the new rules, particularly for any matter which has a trial date after 1 July 2010.

Medical experts will continue to play an important role in personal injury litigation in the province. The new rules should serve to clarify the role of experts in civil litigation and provide greater certainty for both parties and the experts who are retained.

—Tanya Heuchert, BA, LLB  
Counsel, ICBC Claims Legal Services

*If you have any suggestions for future articles, please contact [DrLaura.Jensen@icbc.com](mailto:DrLaura.Jensen@icbc.com).*