

Principles of Veterinary Medical Ethics (PVME)

Introduction

Veterinarians are members of a scholarly profession who have earned academic degrees from universities or similar educational institutions. Veterinarians practice veterinary medicine in a variety of situations and circumstances. Exemplary professional conduct upholds the dignity of the veterinary profession and earns respect and trust from clients and the public. All veterinarians are expected to adhere to a set of foundational principles that guide a progressive code of ethical conduct collectively known as the Principles of Veterinary Medical Ethics (PVME).

Ethical decision making involves balancing competing interests in a specific situation. The PVME should be used in this context and interpreted in its entirety rather than selectively applying a single section.

The PVME comprises the Principles, the Code of Conduct, and Definitions.

The Principles

Three fundamental principles form the foundation of the Principles of Veterinary Medical Ethics: Stewardship, Integrity, and Respect. These are aspirational goals for the veterinary profession, which provide guidance and offer justification for the Code of Conduct.

Stewardship: Veterinarians have an ethical responsibility to alleviate suffering and protect the best interests of their patients in balance with the interests of their clients, the environment, and society as a whole.

Integrity: Veterinarians have an ethical responsibility to be honest and truthful in all interactions with clients, patients, and their community.

Respect: Veterinarians have an ethical responsibility to respect all patients, clients, and members of their community, including self and professional colleagues.

The Code of Conduct

The Code of Conduct is an expression of specific types of behaviors that are either expected or required of members of the veterinary profession.

The Code of Conduct comprises 3 sections:

- A. Provide Competent Medical Care
 1. Veterinarian-Client-Patient Relationship
 2. Consultation
 3. Referral
 4. Emergency Care

- 44 5. End-of-Life Considerations
- 45 6. Continuing Professional Education and Client and Public Education
- 46
- 47 B. Prioritize Patient Welfare in Balance with Client Needs and Public Safety
- 48 1. Contextual care
- 49 2. Evidence-based Medicine
- 50 3. Genetic Defects
- 51 4. Conflicts of Interest
- 52 5. One Health
- 53
- 54 C. Uphold Standards of Professionalism
- 55 1. Professional Image
- 56 2. Honesty and Integrity
- 57 3. Respect for Others
- 58 4. Autonomy
- 59 5. Supervision
- 60 6. Titles
- 61 7. Confidentiality and Record Keeping
- 62 8. Fee Setting
- 63 9. Impairment
- 64 10. Recognize and Respect the Law
- 65
- 66 **A. Provide Competent Veterinary Medical Care**
- 67 1. Veterinarian-Client-Patient Relationship
- 68 a) A veterinarian shall provide competent veterinary medical care under the terms of a
- 69 veterinarian-client-patient relationship (VCPR), with compassion and respect for
- 70 animal welfare and human health. A veterinarian should first consider the needs of
- 71 the patient to prevent and relieve disease, suffering, or disability while minimizing
- 72 pain, fear, anxiety, stress, and distress.
- 73 b) Both the veterinarian and the client must agree to the establishment of a VCPR. To
- 74 assist clients with their decision to accept or decline treatment, veterinarians should
- 75 share their clinical findings, recommended diagnostic tests and treatment,
- 76 prognosis, related risks, and estimated cost of services. When a veterinarian has
- 77 assumed responsibility for making medical judgments regarding the health of the
- 78 patient and the client has agreed to follow the veterinarian's instructions, a VCPR is
- 79 established.
- 80 c) A client may terminate the VCPR at any time.
- 81 d) Once the veterinarian and client have established a VCPR and the veterinarian has
- 82 begun patient care for an illness or injury, the veterinarian shall not neglect their
- 83 patient and must continue to provide professional services related to that illness or
- 84 injury within the previously agreed limits.
- 85 (i) As subsequent need and costs for patient care are identified, the veterinarian
- 86 and client should confer and reach agreement on the approach to continued
- 87 care and responsibility for fees. If the informed client declines further care or

- 88 declines to assume responsibility for its cost, the VCPR may be terminated by the
89 veterinarian.
- 90 (ii) If there is an immediate medical or surgical condition, and the patient is to be
91 referred or transferred to another veterinarian for diagnosis and treatment, the
92 attending veterinarian should continue to oversee care, as practicable, during
93 the transition.
- 94 e) A veterinarian may decline to establish a VCPR or to provide care for an existing
95 patient in certain circumstances.
- 96 (i) The client requests care that is beyond the veterinarian's competence or scope
97 of practice, is known to be scientifically invalid, has no medical indication, or
98 cannot reasonably be expected to achieve the intended clinical benefit.
- 99 (ii) The veterinarian lacks the resources needed to provide safe and competent care
100 for the patient.
- 101 (iii) The client is abusive or threatens the veterinarian or staff.
- 102 (iv) The veterinarian believes the environment, patient, or client threatens the safety
103 of themselves or their staff.
- 104 (v) The client has indicated that they have lost trust or confidence in the
105 veterinarian to the degree that the veterinarian no longer feels comfortable
106 providing care.
- 107 (vi) If there is no immediate medical or surgical condition, a veterinarian may
108 terminate a VCPR by notifying the client that they no longer wish to serve that
109 patient and client.
- 110 (vii) When a veterinarian is not available, they should provide readily accessible
111 information to assist clients in obtaining needed services.
- 112 f) Multiple VCPRs may exist concurrently.
- 113 g) A veterinarian who in good faith engages in the practice of veterinary medicine by
114 rendering or attempting to render emergency or urgent care to an animal when a
115 client cannot be identified and a VCPR is not established should act in the best
116 interest of the animal, irrespective of the veterinarian's inability to establish a VCPR.
117
- 118 2. Consultation
- 119 a) Consultations involve the exchange of information between professional colleagues
120 to gain insights and advice on the care of a patient. A veterinarian should seek
121 assistance from veterinary specialists or other qualified experts when indicated.
- 122 b) The attending veterinarian continues to be responsible for the patient and maintains
123 the VCPR when a consultation occurs.
124
- 125 3. Referral
- 126 a) Referral is the transfer of responsibility of diagnosis and treatment from a referring
127 veterinarian to a receiving veterinarian. A veterinarian who lacks the expertise or
128 resources to manage and treat certain patients in the best manner should advise the
129 client that more qualified or specialized services may be available elsewhere and
130 should recommend referral.
- 131 b) An attending veterinarian should honor a client's request for referral.

- 132 (i) A new VCPR must be established with the veterinarian to whom a case is
133 referred.
- 134 (ii) The referring veterinarian should provide the receiving veterinarian with
135 information pertinent to the case before or at the time of the receiving
136 veterinarian's first contact with the patient or the client.
- 137 (iii) When the referred patient has been examined, the receiving veterinarian should
138 inform the referring veterinarian of their findings in a timely manner. A report of
139 findings should include a diagnosis, proposed treatment plan, and other
140 recommendations.
- 141 (iv) Following discharge of the patient, and in a timely manner, the receiving
142 veterinarian should provide the referring veterinarian with a written report
143 advising the referring veterinarian as to the continuing care of the patient or
144 conclusion of the case.
- 145 c) When a client seeks professional services or an opinion from a different veterinarian
146 without a referral, a VCPR must be established with the new veterinarian. Upon
147 client consent, the veterinarian who was formerly involved in the diagnosis and
148 treatment of the patient should provide the medical record to the new attending
149 veterinarian.

150
151 4. Emergency Care

- 152 a) When presented with an animal suffering from an acute illness or injury that
153 involves extreme pain or suffering and/or poses an immediate risk to the animal's
154 life, a veterinarian has an ethical responsibility to provide care for that animal
155 (subsequent to client agreement or until such agreement can be obtained when no
156 client is present) with the goal of preventing and/or relieving animal suffering. Such
157 care may be limited to stabilization of the patient for transport to another source of
158 veterinary care or euthanasia to relieve suffering.
- 159 b) A veterinarian should make their best effort to ensure that emergency care is
160 available to manage an adverse event related to a treatment or procedure
161 performed on a patient under their care.
- 162 c) When a veterinarian is not available for any reason, they should make a good faith
163 effort to provide readily accessible information to assist clients in obtaining
164 emergency services, consistent with available resources.
- 165 d) A veterinarian is not expected to provide emergency care for an animal when the
166 veterinarian does not possess the expertise or resources needed to manage the
167 emergency. The veterinarian should advise the animal owner of same and make a
168 good faith effort to refer the owner to an appropriate provider.
- 169 e) Veterinarians who provide emergency services should offer to send patients and
170 records back to the veterinarian of record and/or the veterinarian of the clients'
171 choice as soon as practical to support continuity of care.

172
173 5. End of life considerations

- 174 a) Euthanasia of animals is an ethical veterinary procedure when the *AVMA Guidelines*
175 *for the Euthanasia of Animals* is followed, including when euthanasia is necessary to

176 relieve intractable pain and suffering and it is not possible to identify or contact the
177 owner.

178 b) Slaughter of animals is an ethical procedure when the *AVMA Guidelines for the*
179 *Humane Slaughter of Animals* is followed.

180 c) Depopulation of animals is an ethical veterinary procedure when the *AVMA*
181 *Guidelines for the Depopulation of Animals* is followed.

182

183 6. Continuing Professional Education and Client and Public Education

184 a) A veterinarian should continue to study, apply, and advance scientific knowledge,
185 and remain committed to veterinary medical education. Veterinarians are
186 encouraged to collaborate with other professionals in their quest for knowledge and
187 professional development.

188 b) Veterinarians are encouraged to make their knowledge available to their
189 communities to enhance their colleagues', clients', and the public's understanding of
190 animal health and welfare, and to offer their services for activities that protect
191 public health.

192

193 **B. Prioritize Patient Welfare in Balance with Client Needs and Public Safety**

194 1. Contextual Care

195 a) A veterinarian should offer a range of diagnostic and treatment options that meet
196 the needs of both the patient and the client.

197 b) Contextual considerations include those related to the patient, client, veterinarian,
198 and practice, and are often unique to each case.

199 c) If less advanced diagnostic or treatment options are chosen by a client, procedures
200 should be carried out in such a way that an acceptable standard of care for those
201 options is met.

202 d) A veterinarian does not have an ethical obligation to deliver care requested by a
203 client that they believe would cause unnecessary pain and suffering for the patient
204 and that is unlikely to be beneficial.

205

206 2. Evidence-based Medicine

207 A veterinarian should prioritize the delivery of evidence-based medicine and should
208 inform the client when a therapy does not meet this standard.

209

210 3. Genetic Defects

211 Performance of surgical or other procedures in any species for the purpose of
212 concealing genetic defects in animals to be shown, raced, bred, or sold as breeding
213 animals is misleading to the public and is unethical. However, should the health or
214 welfare of the individual patient require correction of such genetic defects, a
215 veterinarian should recommend that the patient not be used for reproduction.

216

217 4. Conflict of Interest

218 a) A veterinarian should balance the welfare of the patient, the communicated needs
219 of the client, the safety of the public, and the need to uphold the public trust vested

- 220 in the veterinary profession; and should avoid conflict of interest or the appearance
221 thereof. A veterinarian should not allow any interests, other than those mentioned
222 above, to influence their choice of treatment for their patient.
- 223 b) A veterinarian should consider the potential for creating a conflict of interest (or the
224 appearance thereof) when deciding whether to participate in vendor incentive
225 programs or other arrangements where the veterinarian receives a benefit for using
226 or prescribing a particular product or service.
 - 227 c) A veterinarian who provides an endorsement or testimonial for a commercial
228 product should publicly disclose if they are being compensated for their support,
229 including when the veterinarian has ownership interest in the product.
 - 230 d) A veterinarian should not allow their medical judgement to be unduly influenced by
231 personal financial interests or employer expectations regarding production quotas.
 - 232 e) The medical judgment of a veterinarian should not be influenced solely by contracts
233 or agreements made by their associations or societies.
 - 234 f) A veterinarian should not offer or receive any financial incentive solely for the
235 referral of a patient (fee-splitting).
 - 236 g) A veterinarian should disclose to all clients any potential conflicts of interest.
237
- 238 5. One Health
- 239 a) Humans, animals, and the environment are inextricably linked, and veterinarians
240 should support collaborative efforts to attain optimal health for all three.
 - 241 b) A veterinarian should support efforts and actions that mitigate undesirable
242 environmental impacts related to the practice of veterinary medicine.
243
- 244 **c. Uphold Standards of Professionalism**
- 245 1. Professional Image
246 A veterinarian should conduct themselves in a professional manner with respect to their
247 veterinary colleagues, clients, other healthcare professionals, and the public.
248
 - 249 2. Honesty and Integrity
 - 250 a) A veterinarian should be honest in all interactions, and report veterinarians or other
251 veterinary professionals who endanger the health or safety of patients, or are
252 deficient in character or competence, to the appropriate entities.
 - 253 b) A veterinarian has an ethical responsibility to report suspected animal cruelty and/or
254 abuse.
 - 255 c) A veterinarian should not make false or misleading statements that would defame or
256 injure the professional standing or reputation of other veterinarians. A veterinarian
257 must be honest and fair in their relations with others, and they should not engage in
258 fraud, misrepresentation, or deceit.
 - 259 d) Advertising by a veterinarian is ethical when there are no false, deceptive, or
260 misleading statements or claims. A false, deceptive, or misleading statement or
261 claim is one which communicates false information or is intended, through a
262 material omission, to leave a false impression.

- 263 (i) Testimonials or endorsements are advertising. A veterinarian should limit their
264 use and only permit representations in advertisements that are readily subject to
265 verification.
- 266 (ii) A veterinarian should comply with applicable law and guidelines, such as those
267 issued by the Federal Trade Commission on the use of endorsements and
268 testimonials in advertising.
- 269
- 270 3. Respect for Others
- 271 a) A veterinarian should treat everyone with respect and dignity, and should support
272 an inclusive and welcoming atmosphere that facilitates access to quality veterinary
273 services for all patients.
- 274 b) A veterinarian should model professional behavior and assess individuals solely on
275 their abilities and qualifications without bias, prejudice, and/or discrimination.
- 276 c) A veterinarian and their team should seek to foster understanding and sensitivity
277 toward diverse cultures and backgrounds.
- 278
- 279 4. Autonomy
- 280 a) In keeping with applicable law, a veterinarian should, in the provision of patient
281 care, be free to choose whom to serve, with whom to associate, and the
282 environment in which to provide veterinary medical care.
- 283 b) All decisions that affect the diagnosis and treatment of patients are made by the
284 veterinarian within the context of a VCPR, regardless of practice ownership.
- 285
- 286 5. Supervision
- 287 a) A veterinarian having supervisory authority over others should make reasonable
288 efforts to ensure that their conduct conforms to the Principles.
- 289 b) It is unethical for a supervising veterinarian to support or condone conduct that
290 violates the Principles.
- 291
- 292 6. Titles
- 293 a) A veterinarian should use only the title of the professional degree that was awarded
294 by the school of veterinary medicine where the degree was earned. All veterinarians
295 may use the courtesy titles Doctor or Veterinarian.
- 296 b) It is unethical for a veterinarian to identify themselves as certified by an AVMA-
297 recognized specialty organization if such certification has not been awarded and
298 maintained. Use of the term 'specialist' should be reserved for a veterinarian who is
299 currently board-certified by an AVMA American Board of Veterinary Specialties-
300 recognized veterinary specialty organization or other veterinary specialty
301 organization that maintains comparable certification requirements.
- 302
- 303 7. Confidentiality and Record Keeping
- 304 a) A veterinarian shall respect the privacy rights of clients, colleagues, and other health
305 professionals and should safeguard medical information within the confines of the
306 law.

- 307 b) A veterinarian must protect the personal privacy of clients and must not reveal
308 confidences unless required to do so by law or it becomes necessary to protect the
309 health and welfare of other individuals or animals.
- 310 c) Veterinary medical records are an integral part of veterinary care. The records must
311 comply with the standards established by state and federal law.
- 312 (i) Medical records are the property of the practice and the practice owner. The
313 original records must be retained by the practice for the period required by law.
- 314 (ii) The information within veterinary medical records is confidential. It must not be
315 released except as required or allowed by law, or by client consent.
- 316 (iii) A veterinarian is obligated to provide copies or summaries of medical records
317 when requested by the client.
- 318 (iv) Without the express permission of the client and the practice owner, it is
319 unethical for a veterinarian to remove, copy, or use the medical record or any
320 part of any record for personal or professional gain.
- 321 d) A veterinarian who validates the health of an animal for the purpose of ownership
322 transfer should request that the potential new owner obtain records of previous
323 diagnoses and treatments for the veterinarian's review.
- 324 e) A veterinarian taking over the care of a patient from another veterinarian should
325 request that the owner obtain prior medical records that reflect diagnoses and
326 treatments affecting that animal for the new veterinarian's review.

327
328 8. Fee Setting

- 329 a) A veterinarian (to include those attending, consulting, receiving, and referring) is
330 entitled to charge fees for their professional services.
- 331 b) Regardless of the fees that are charged or received, the quality of services must be
332 maintained at the usual professional standard.
- 333 c) A veterinarian may charge a fee for the services the veterinarian provides in
334 conjunction with the use of third-party providers, including, but not limited to,
335 laboratories, pharmacies, and consultants.
- 336 d) A veterinarian shall honor a client's request for a prescription or veterinary feed
337 directive in lieu of dispensing, but may charge a fee, pursuant to state regulations,
338 for this service.
- 339 e) It is unethical for a group or association of veterinarians to take any action which
340 coerces, pressures, or achieves agreement among veterinarians to conform to a fee
341 schedule or fixed fees.

342
343 9. Impairment

- 344 a) A veterinarian owes the same duties to self as to others, including the responsibility
345 to promote health and safety, preserve wholeness of character and integrity,
346 maintain competence, and continue personal and professional growth.
- 347 b) A veterinarian should refrain from offering professional services when their physical,
348 mental, or emotional state could endanger themselves, a patient, or others.
- 349 c) A veterinarian who is impaired must not act in the capacity of a veterinarian and
350 should seek assistance from qualified organizations or individuals.

351 d) Veterinarians should encourage impaired colleagues to seek assistance and to
352 overcome their impairment.
353

354 10. Recognize and Respect the Law

355 a) A veterinarian shall obey all laws of the jurisdictions in which they reside and
356 practice veterinary medicine.

357 b) A veterinarian should recognize a responsibility to seek changes to laws and
358 regulations that are contrary to the best interests of the patient and public health.

359 c) It is unethical to place professional knowledge, credentials, services, or
360 pharmaceuticals at the disposal of any organization, group, or individual to promote
361 or lend credibility to the illegal practice of veterinary medicine.
362

363 **Definitions**

364
365 *Definitions are intended to clarify the use of terminology in the Principles of Veterinary Medical*
366 *Ethics.*
367

368 **Advertising:** Communication that is designed to inform the public about the availability, nature,
369 or price of products or services or to influence clients to use certain products or services.
370

371 **Attending veterinarian:** A veterinarian (or a group of veterinarians) who assumes responsibility
372 for primary care of a patient.
373

374 **Client:** The patient's owner, owner's agent, or other person presenting the patient for care.
375

376 **Conflict of Interest:** A situation where personal interests could compromise judgement,
377 decisions or actions made on behalf of a patient or client.
378

379 **Consulting veterinarian:** A veterinarian (or group of veterinarians) who agrees to advise an
380 attending veterinarian on the care and management of a case or issue.
381

382 **Deceit:** Concealing or distorting the truth for the purpose of misleading.
383

384 **Dispensing:** The direct distribution of products by veterinarians to client for use on their
385 animals.
386

387 **Endorsement:** Approval or sanctioning of an individual, product, or procedure.
388

389 **Evidence-Based Medicine:** Use of the scientific method to organize and apply current data
390 to improve healthcare decisions so that the best available science can be combined with the
391 healthcare professional's clinical experience and the client's needs to arrive at the best medical
392 decision for the patient.
393

394 **Fee-splitting:** Payment by a receiving veterinarian of part of their fee to the referring
395 veterinarian who has not rendered professional services. Under this definition, the use of
396 consultants, laboratory services, and online pharmacies does not constitute fee-splitting.
397

398 **Fraud:** Wrongful deception intended to result in personal or financial gain or to deprive another
399 of a right.
400

401 **Impairment:** The inability to perform duties with reasonable skill and safety because of a
402 physical or mental disability including deterioration of mental capacity, loss of motor skills, or
403 abuse of drugs or alcohol.
404

405 **Misrepresentation:** The act or state of being represented incorrectly, improperly, falsely, or
406 unsatisfactorily.
407

408 **Prescribing:** The transmitting of an order authorizing a licensed pharmacist or equivalent to
409 prepare and dispense specified pharmaceuticals to be used in or on animals in the dosage and
410 in the manner directed by a veterinarian.
411

412 **Professional:** An individual person who does a job that requires special training and a high level
413 of education.
414

415 **Receiving veterinarian:** A veterinarian (or group of veterinarians) to whom a patient is referred
416 and who agrees to provide requested veterinary services. A new VCPR is established with the
417 receiving veterinarian.
418

419 **Referring veterinarian:** A veterinarian (or group of veterinarians) who is the attending
420 veterinarian at the time of referral.
421

422 **Testimonial:** Statement intended to influence attitudes regarding the purchase or use of
423 products or services.
424

425 **Veterinarian-Client-Patient Relationship (VCPR):** A VCPR means that all of the following are
426 required:

427 a) The veterinarian has assumed responsibility for making medical judgments regarding
428 the health of a patient(s) and the need for medical treatment, and the client has agreed
429 to follow the veterinarian's instructions.

430 b) The veterinarian has sufficient knowledge of the patient(s) to initiate at least a general
431 or preliminary diagnosis of the medical condition(s) of the patient(s). This means that
432 the veterinarian is personally acquainted with the keeping and care of the patient by
433 virtue of:

434 (i) a timely in-person physical examination of the patient(s) by the veterinarian, or
435 (ii) medically appropriate and timely visits by the veterinarian to the operation where
436 the patient(s) is(are) kept, or
437 (iii) both

- 438 c) The veterinarian is readily available for follow-up evaluation or has arranged for the
439 following:
440 (i) emergency or urgent care coverage, or
441 (ii) continuing care and treatment have been designated by the veterinarian with the
442 prior relationship to a licensed veterinarian who has access to the patient's medical
443 records and/or who can provide reasonable and appropriate medical care.
444 (iii) The veterinarian provides oversight of treatment.
445 d) Patient records are maintained.

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