The working parent

What do associates with kids wish their bosses understood about parenting in the midst of a veterinary career? What do practice owners wish their working-parent doctors understood about the realities of running a business? We explore both these perspectives, plus much more.

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How the Veterinary Confessionals Project led to true love

About a year ago, a heartfelt poem was submitted to the Veterinary Confessionals Project, an online effort maintained in partnership with dvm360 (see dvm360.com/vetconfessions) that allows veterinary professionals to express themselves anonymously. Recently we were given an update—see the posts at right.

Well, what could we do but reach out to the project’s founder, Hilal Dogan, BVSc, CCTP, for her thoughts? Here’s what she thinks of the new development:

Someone submitted a form on your site TheVeterinaryConfessionalsProj

Dr. Hilal Dogan

Sometimes people question why we post Veterinary Confessionals not immediately relevant to the career. Well, this is the reason. Our ultimate goal is to help people find a way to speak their truth and, though those truths may at times be difficult or painful, in time this process will bring healing, happiness and harmony back into their lives.

Yes, we focus predominantly on professional situations, but is it completely strange to acknowledge that things like being in love, or falling out of love, affect our professional lives as well? Full disclaimer—I’m a romantic at heart, so I have a bit of a bias toward these kinds of stories. Yet I’m also a scientist who believes in logic and rationality. Matters of the heart are not matters of logic, yet they can lead us to places logic and scientific thought can’t take us. If we are to find true harmony in ourselves, we must also open and grow the parts of ourselves that are unscientific.

When I shared the first Confession above, I was secretly rooting for the sender. I was hopeful that this poet would be able to find a way to ‘bare their shaky soul,’ regardless of the outcome, and submitting that secret was the first step. Of course, the fact that this is not a story of unrequited love makes it even better. The fact that the sender sent us a follow-up almost a year later is pure gold.

We always wonder how things end up turning out for each person who shares a secret with us, and trust us. We do read every single one. The fact that the project is anonymous makes it difficult to follow up. But that’s not the point. The point is that once you’re able to articulate and share your truth, that brings you one step closer to living in harmony with yourself.

Secrets such as these are the ones that give me hope and make me not want to give up on the Veterinary Confessionals, even if it seems illogical. We need stories like these to remind us that even when hope seems to be lost, love will find a way. Love is the one thing we’re capable of perceiving that transcends dimensions of time and space. Maybe we should trust that, even if we can’t understand it. (Yes, I stole that line from Interstellar.)

Need to get something off your chest? Visit dvm360.com/vetconfessions to learn more about the project and submit your own anonymous confession—knows where it will lead!
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CDC report: Veterinarians at

practice and save your soul

How an anonymous poem led to love

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Every complaint is not a lesson

Set boundaries in veterinary practice and save your soul

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Male veterinarians are 2.1 times, and female veterinarians 3.5 times, more likely to die by suicide than the general U.S. population, according to new research published in JAVMA.

What we can do
Researchers say they hope to take up a three-pronged approach to lowering the suicide rate.

1. Start with tools recommended by the CDC. Strategies most relevant to at-risk veterinarians could be "creating protective environments, teaching coping and problem-solving skills, and identifying and supporting people at risk."

2. Get stakeholders together. Researchers said the AVMA, state VMAs and other veterinary professional associations and schools as well as experts on suicide prevention could all "contribute to implementation of an effective and comprehensive suicide prevention strategy."

3. Check for risks. Researchers hope "periodic analyses" are done with AVMA obituaries and AVMA life insurance data to assess new programs of "suicide prevention interventions."

Researchers also suggested more can be done to limit "and control access to potentially lethal pharmaceutical products," as pharmaceuticals were the second-most-common method of death by suicide (after firearms) for U.S. veterinarians.

See this story at dvm360.com/cdsstudy for a link to the report.

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**CDC report: Veterinarians at disproportionate risk of suicide**

Male veterinarians are 2.1 times, and female veterinarians 3.5 times, more likely to die by suicide than the general U.S. population, according to new research published in JAVMA.

**Editor's note:** This article includes discussion of suicide and mental health issues. If you're experiencing feelings of depression or suicidal ideation, please call the National Suicide Prevention Lifeline (800-273-TALK; suicidepreventionlifeline.org). It's available 24/7.

Supporting the profession’s growing concern with well-being, a new study shows that suicide rates of veterinarians are “significantly higher than for the general U.S. population,” according to researchers at the Centers for Disease Control and Prevention (CDC).

Updating more than 30-year-old research of suicide rates of the mostly male and mostly food-animal veterinarians at the time, the new study published online by JAVMA looks at the proportionate mortality ratios (PMRs) for suicide among male and female veterinarians, now predominantly in clinical small animal practice.

Without the number of total veterinarians for comparison, researchers had to rely on PMR, not “standardized mortality ratios.” A PMR value of more than 1.00 shows the suicide rate is “greater than expected,” according to the researchers. The results were significant, as the study found “male veterinarians were 2.1 times ... and female veterinarians were 3.5 times as likely as the general U.S. population to die by suicide” from 1979 through 2015. Researchers noted that, while men are more likely to die by suicide in the general population, female veterinarians are more likely to die by suicide than male veterinarians.

Researchers also quoted previous research that indicated risk factors for this high suicide rate: “long work hours, work overload, practice management responsibilities, client expectations and complaints, euthanasia procedures and poor work-life balance.”

Data for the study came from AVMA records of deceased U.S. veterinarians obtained through obituaries submitted to the organization, settlements on AVMA life insurance policies and internet searches for veterinarian obituaries. To build and statistically verify the numbers, researchers checked the data against records at the CDC as well as the National Institute for Occupational Safety and Health.
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*Black-legged or deer tick (Ixodes scapularis), Gulf Coast tick (Amblyomma maculatum), and American dog tick (Dermacentor variabilis). TOXOCARA CATT. TOXOCARA CATT. T. Ancylostoma tubaeforme.

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FDA works with Pfizer on opioids for veterinary use

Agency collaborates with human pharma company to keep injectable hydromorphone, morphine available for surgical and trauma pain in animals during supply shortage.

In mid-December, the FDA announced that it was working with Pfizer Inc. to help alleviate a shortage of certain injectable opioids for treating pain in animals by facilitating the availability of a limited amount of product labeled for human use. Most of the opioid pain medications used in veterinary medicine are approved for use in humans but are also used in animals in an extralabel capacity, the agency says in a media release.

"FDA is aware that the opioid shortage has been acutely felt in the veterinary community, just as it has in hospitals and healthcare settings providing critical care and pain management in human medicine," the agency says in a letter to veterinarians released in December.

In September, the FDA's Center for Veterinary Medicine (CVM) became aware that veterinarians who relied on these products for pain control in their patients were no longer able to obtain them through standard distribution channels, according to the release. This was due to a recent shortage of injectable opioids and to Pfizer’s decision to restrict distribution of such products for human use during the shortage.

The CVM met with Pfizer about the veterinary community's need for injectable opioids and discussed how a limited supply imported from other countries could be made available for use in the U.S. veterinary market, the release states. The FDA had already given Pfizer permission to import injectable hydromorphone to help alleviate the shortage in human medicine. As a result, this product is now available in limited quantities for pain management in veterinary patients, the release indicates.

In addition to hydromorphone, Pfizer has also made injectable morphine available to veterinarians in the U.S., according to the release. The CVM says these products are in short supply but will continue to be available to veterinary practitioners when supply increases.

Veterinarians can purchase the products through their normal distribution chains, which have been alerted that they are now available in limited supply for the veterinary market, according to the CVM. Pfizer reports that it expects the opioid shortage to end early this year and that it will continue to keep these products available to the veterinary market in the interim.

AVMA reinstates health insurance for veterinarians in some states

Coverage options, halted in 2013 after regulatory changes, will be available to some members and their employees starting in July.

Association-provided health insurance, a benefit of AVMA membership for nearly 60 years before regulatory changes precipitated an end to those plans in 2013, will again be available to AVMA members in several states beginning in July, the association announced last week.

Joe Kinnarney, DVM, chairman of AVMA Life Trust, revealed during the 2019 Veterinary Leadership Conference in Chicago that the trust was working to develop an association health plan for AVMA members, according to a release from the group.

AVMA Life, formerly known as AVMA Group Health and Life Insurance Trust (GHLIT), stopped offering health insurance in 2013 because of provisions in the Affordable Care Act, the release states. However, a 2018 regulation by the U.S. Department of Labor made it possible for small businesses to band together through associations (by location or industry) to offer healthcare insurance for their employees.

Though the situation is complex and the laws vary by state, several states will allow association health plans in 2019, the release continues. The AVMA says it’s developing a program to provide affordable, competitive health insurance to AVMA members and their employees in these states.

“I am so excited to make the first public announcement that AVMA Life Trust will begin offering healthcare plans to our members,” Dr. Kinnarney says in the release. “This is a big win for our members. As the program gradually rolls out, more and more AVMA members will be able to provide competitive benefits to their employees.”

On July 1, the AVMA association health plan will be available to AVMA member practices with between two and 50 employees in at least 10 states. The program will build over time.

“Generations of veterinarians benefited from the health insurance program offered as part of their AVMA membership, so it was a major blow when this option was taken away in 2013,” says AVMA President John de Jong, DVM, in the release. “Now, after years of hard work and advocacy, the AVMA will be able to roll out an association health plan that will benefit many of our members, and we couldn’t be more pleased.”
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Your two paths to telehealth

What are they? Dr. Adam Little at Fetch dvm360 says the two paths are: 1) buy or license software so your veterinary practice can offer better telehealth services to clients, or 2) contract with an outside company to offer advice and client service when your practice is busy or closed. (Sure, there’s a third—do nothing—but how long do you think that’ll last?)

By Brendan Howard

Telehealth in veterinary medicine is garnering much gnashing of teeth from some and lots of investment dollars and entrepreneurial interest from others. Companies are interested in the money to be made in giving pet owners advice and sometimes recommending pet’s care over the phone, through the internet and on smart devices.

Adam Little, DVM, an adjunct professor and director of innovation and entrepreneurship at Texas A&M and co-founder of FuturePet, told attendees at Fetch dvm360 in San Diego why telehealth is coming and why it makes sense for pet owners. But best of all, Dr. Little also shared some ways private practitioners are experimenting with it today, thanks to current players in the market.

Of course, he also learned that some of the companies that have entered the veterinary telemedicine space have already left, so judge accordingly.

1. Software as a service
Your veterinary practice wants to offer some level of telemedicine services to your clients. One way? “Buying or licensing technology that you use to provide to your client,” says Dr. Little. Companies like Anipanion, Medici, Petzam and VitusVet offer you the chance to do so. Be warned, though, says Dr. Little. Don’t dip your toe in the water, set it and forget it: “For every clinician who’s done this successfully, there’s a dozen who bought the software and never tell their clients about it,” he says. “The successful ones incorporate this into their workflow.”

2. On-demand company
You don’t want to license the software and staff the telemedicine service yourself, so you work with a company that provides on-demand telehealth services when you don’t want to be “on.” Companies like ask.vet, fuzzy, GuardianVets and whiskerDocs offer you the chance.

“They look at augmenting your staff when you’re not available,” Dr. Little says. “People use these services before and after a consultation at your clinic.”

The risk, he says, is that sometimes these outside referrals can happen before and after a veterinary client visits your practice and leave you a bit out of the loop, giving the pet owner a potentially “really broken” customer experience when they explain an issue first to an on-demand company, then see you to explain it again, then ask the on-demand company when you’re done whether the visit with you makes sense.

Whether you try out these services, find your own path to offer more accessible advice to clients or have absolutely no intention of doing anything involving telehealth—no matter which you choose, you’re making a choice.

New language is coming ...

Dr. Adam Little highlighted a phrase describing an exam of an animal from the American Association of State Veterinary Boards that could appear, in the future, in various states’ practice acts, if they so choose: “A recent examination of the animal or group of animals, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically” (our italics)
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Please see Brief Summary on page 12.
The working parent: What associates & practice owners wish the other side understood

Balancing the demands of parenthood with a veterinary associate job is no easy undertaking. Neither is running a successful business. Here both sides plead their case.

By Douglas Aspros, DVM; Susan Jeffrey, DVM; and Heide L. G. Meier, DVM

Join us as we ask the important questions. What do associate veterinarians with kids wish their bosses understood about parenting in the midst of a veterinary career? What do practice owners wish their working-parent associates understood about the realities of running a business? We explore these perspectives, plus present some exclusive data on how dvm360 readers balance the demands of life and career.

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I’m a devoted mom, but still a dedicated doctor

Fifty- to 60-hour workweeks are long gone for this perfectionist veterinarian as she juggles the demands of being the best mother and the best doctor she can possibly be at the same time.

I became a veterinarian before I became a parent. Prior to my child’s birth, I often wondered why my veterinary colleagues with children chose to work part time. Why did these women spend at least eight years working tirelessly toward their doctorates in veterinary medicine—accruing tens (or hundreds) of thousands of dollars in debt along the way—only to work less than 30 hours a week?

Little did I know the amount of work that goes into having children and the challenge of maintaining work-life balance during parenthood.

My pregnancy interfered little with work. There were a few times I had to excuse myself for morning sickness. I stopped seeing exotic patients because of the risk of zoonotic diseases. I had regular appointments with my obstetrician that required blocking off time in my schedule. In my third trimester, it became increasingly difficult for me to work with large-breed dogs and to stand all day.

I worked until the day before I delivered. Babies like surprise arrivals, so the exact timing of my maternity leave was uncertain. Schedules had to be adjusted around the event. I realize that maternity leave is a burden to employers, but it is a federal law and that going to be there. My role as veterinarian is now a few tiers down. Still, when I am at work, I’m focused and committed to my coworkers, clients, patients and duties.

The first few months were hard. I did my best to perform on three to six hours of sleep. I needed to take time out to breast pump twice during the workday. I went home exhausted to resume the job of mothering and face the regret I felt about missing my child’s development that day.

I am strictly bound by the hours of daycare and school. I have to leave on time to pick up my child. Therefore, the innate unpredictability of veterinary medicine has been one of the most challenging aspects of work to balance with being a mother.

If I anticipate that a veterinary patient will need care beyond the time that I am scheduled for, I prepare clients for the transfer of care. When necessary, I rely on being able to pass responsibility over to my colleagues and technicians. I extend my work time by making phone calls while I’m driving to pick up my child. Therefore, the innate unpredictability of veterinary medicine has been one of the most challenging aspects of work to balance with being a mother.

If I anticipate that a veterinary patient will need care beyond the time that I am scheduled for, I prepare clients for the transfer of care. When necessary, I rely on being able to pass responsibility over to my colleagues and technicians. I extend my work time by making phone calls while I’m driving to pick up my child. Therefore, the innate unpredictability of veterinary medicine has been one of the most challenging aspects of work to balance with being a mother.

I have less time for CE outside of work because of my family responsibilities, so I feel guilty that I’m not on top of my veterinary game. Attending a conference is particularly valuable now because I can focus on learning without distraction.

I find it difficult to make time to refuel my tank. I think this is true for many veterinarians. We spend our days and nights caring for clients, patients and family members, as well as keeping a home in order. By the time everything is done at the end of the day, there isn’t much time to care for myself. But I’m a hard-working perfectionist so I wake up the next morning and do it all again.

Ultimately, I find peace when I accept the choices I’ve made. I serve my family at home and my clients, patients and coworkers at work to the best of my abilities. I accept myself for being imperfect—but I know I am an honest and dedicated doctor.
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Practice owner:
I’ve got a business to run

While not unfamiliar with the challenges of parenthood, this veterinary employer needs everyone to pull their own weight so the practice will continue to run efficiently (and profitably).

I’m not unsympathetic to the plight of this associate. With my wife, I’ve raised two children and I understand what it means to be a parent. The job can be overwhelming—especially for a new parent—with too little sleep and parental responsibilities that seem to occupy every minute of every day. I really do understand that life is about more than just work and that nothing is more important than family.

As we focus on well-being in the veterinary profession, the stresses that come with parenthood are frequently sidelined in the discussion. I would love to see a world where every new parent gets a year off (with pay) to focus on their new baby. Someday we’ll see our way clear to make that a reality in the United States.

Until that day comes, I’ve got a business to run.

Small businesses don’t provide much slack when they’re run efficiently. Every team member is important, and we try not to take on employees who don’t pull their weight. My goal is to hire good people, put resources into training them and reward them financially for their productivity.

Like most veterinary practices, ours is a for-profit enterprise. Generating profit allows us to build a great team responsible for the excellent medical care we deliver. Profits also support our hospital infrastructure—the physical plant, new medical equipment and the updated information technology that has made our practice an attractive environment for all of us to work.

At the heart, we build clientele on trust. A successful veterinary practice isn’t part of the gig economy but grows a relationship with clients that’s sustaining. That means providing timely, compassionate and expert care—all at very reasonable prices. Meeting those competing expectations requires a careful balancing of resources to match them with our capabilities.

As a doctor, you’re a critical component of a complex ecosystem of care. When you earned your degree you didn’t just step up in status; doctors carry unique responsibilities, too. For now, women in particular will continue to fill a disproportionate share of childcare (and eldercare) roles. To make work life manageable, parents need flexibility. Practice owners need commitment. It simply won’t work any other way.

I’ve worked in veterinary practice environments with nearly all-female workforces throughout my career. In the past few decades, female veterinarians have come to dominate our veterinary support teams, as well. I know that the days of 55-hour workweeks for veterinarians may be long past, but client demands have only increased.

We’re in the retail-medicine business. Clients have come to expect convenience from consumer-facing businesses like ours and they drive our
schedule. We need to fill those shifts, week in and week out.

I know that 12 weeks of parental leave is hardly enough, but it’s a stretch for the rest of the doctors to cover those extra shifts. They have families, too. We’ll manage through it, cheerfully, as long as you don’t wait until the last week to let us know that you’re not coming back at all.

I know you’d rather be home in the morning to send your kids off to school and be there for them when they get home in the afternoon. The likelihood is that the hours you’d most like to be at home are the same hours that most of our clients would rather schedule their visits—early in the morning, after work or on weekends.

I want to be fair to everyone. If I’m to equitably share the burden among my associate doctors, I need each of them to be willing and able to work some of those “emergency” shifts. I need you to be flexible enough to pick up shifts when one of your colleagues needs time off for an unscheduled event of their own, family or otherwise.

When the daycare center calls you because your child is running a fever, it doesn’t just create headaches for you—everyone has to adjust.

Relief doctors—necessary as they are—can’t fully fill the gaps. One, because their schedules are often full and too inflexible to meet our needs. Two, on a production basis, they’re expensive, and the more often we default to a relief doctor the less efficiently we run our practice.

When the daycare center calls you because your child is running a fever, it doesn’t just create headaches for you—everyone has to adjust.

I want you to be a leader and walk the walk. You’re better-educated and better-paid than most of the people you work with and, although you may be younger, your team expects you to set an example. Regardless of whether you’re on a partner track or acting as a supervisor or not, you’re not just another coworker but a doctor. You have a role and a responsibility to help us lead this practice. It works best for everyone if you’re ready to match flexibility with commitment—happy to work harder or faster or later to allow everyone in the organization the room that personal responsibilities of whatever sort require. It’s a two-way street. Quid pro quo.

Dr. Doug Aspros is chief veterinary officer for Veterinary Practice Partners, a practice owner in Westchester County, New York, a member of the board of directors for the Women’s Veterinary Leadership Development Initiative, and former president of the AVMA. Dr. Heide L. G. Meier is medical director and Dr. Susan Jeffrey-Borger is associate veterinarian at Truesdell Animal Care Hospital and Clinic in Madison, Wisconsin.
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Drug Interactions:
SEMINTRA can cause severe hypotension when given to cats in combination with xenobiotics that depress the cardiovascular system. Do not use in cats with a history of severe hypotension.

SEMINTRA can cause hypotension when given to cats with a history of renal disease. Use with caution in cats with a history of renal disease, or with concurrent therapy of renal disease.

Information for Cat Owners:
SEMINTRA can be administered directly to the mouth, or next to or on top of a small amount of food. Do not mix into food.

Balance in parenting and vet med is hard

Exclusive dvm360 research shows how veterinary professionals manage the pull of parenting and dedication to their patients.

How many of your children’s school, sports and extracurricular activities do you attend?

Did you delay having children or starting a family because of your career in veterinary medicine?

How much time did you take off of work when your most recent child was born or adopted?

Would you take less pay for greater flexibility in working hours?

Have your duties as a parent ever interfered with your duties as a veterinary professional?

Have your duties as a parent ever interfered with your duties as a veterinary professional?

How many of your children’s school, sports and extracurricular activities do you attend?

Yes 59%
No 41%

Yes 37%
No 63%

Yes 80%
No 20%

Yes 24%
No 76%

Yes 75%
No 25%

Yes 87%
No 13%

Yes 8%
No 92%

How many of the following activities do you attend?

None
Up to 4 wks
4+ to 8 wks
8+ to 12 wks
12+ wks
N/A
Not employed

How many of your children’s school, sports and extracurricular activities do you attend?

None
Up to 4 wks
4+ to 8 wks
8+ to 12 wks
12+ wks
N/A

About a quarter
21%
About a half
35%
All
34%
Semintra® (telmisartan oral solution) is the first FDA-approved angiotensin receptor blocker for first-line treatment of cats with hypertension.

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SEMINTRA is an angiotensin II antagonist/angiotensin receptor blocker (ARB). Pregnant women should avoid contact with SEMINTRA because it can cause fetal and neonatal morbidity and death during pregnancy in humans. Pregnant women should avoid contact with SEMINTRA because other similar drugs have been found to harm the unborn baby during pregnancy. **Precautions:** SEMINTRA can cause mild anemia or non-regenerative anemia. Cats should be monitored for anemia when initiating treatment. Cats should be monitored for weight loss when initiating treatment with SEMINTRA. Use with caution in cats with a history of vomiting, inappetence, or weight loss. The safe use of SEMINTRA in cats with hepatic disease has not been evaluated. SEMINTRA is metabolized by the liver. SEMINTRA has not been evaluated in cats with systolic blood pressure > 200 mmHg. The safe use of SEMINTRA has not been evaluated in cats less than 9 months of age, or in cats that are pregnant, lactating, or intended for breeding. The safe use with other anti-hypertensive medications has not been evaluated.

For additional information, see the full prescribing information on page XX.

**References:**


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How my daughter saved my life

It wasn’t just the postpartum depression. It was all the things that piled on, all the ways my brain betrayed me as I grew more and more overwhelmed. What hurt was also the thing that brought me back.

By Meghann Berglund, DVM

Editor’s note: This article includes discussion of suicide, depression and mental health issues. If you’re experiencing feelings of depression or suicidal ideation, please call the National Suicide Prevention Lifeline (800-273-8255; suicidedpreventionlifeline.org). It’s available 24/7.

Life is good—except when it’s not. Except when that life, that good fortune, those wonderful people, those little victories, and those good days start to feel ... precarious. Lucky. Undeserved. Like dodging a bullet. A streak to be maintained. It comes with the overwhelming feeling of being overdue for something awful.

Because what no one tells you, after they’ve finished telling bright-eyed Young You, “You can be anything you want to be if you set your mind to it,” is that sometimes things don’t work out. Sometimes horrible things happen to good people. Sometimes everything that someone works their whole life for evaporates in an instant.

And because we’ve been raised on the algorithm “Hard Work + Good Behavior = Success,” when awful things happen to us, we assume it’s our fault. We assume that along the way, we didn’t follow the advice, we didn’t work hard enough. We didn’t want it bad enough. Maybe we didn’t count our blessings thoroughly enough or knock on wood often enough. With that as our frame-work, how can we possibly grow into anything but perfectionists?

‘Twisted and distorted’

After the birth of Piper, my first daughter, I dallied with postpartum depression (PPD). For three weeks, like clockwork, I would panic at 6 p.m.

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There's a baby in there, my brain would say, as I looked towards her bassinet. It's time to panic. I wasn't afraid of my daily responsibilities, or the potentially sleepless night ahead, or even the duty to raise a little human. No, for about three hours every day, I was completely, inexplicably terrified of the baby herself.

The best way to explain PPD to someone who hasn't felt it is that it's like putting on an augmented reality (AR) headset over your whole life. Even though your world looks mostly the same, every bit of sensory data that enters your brain is twisted and distorted into something terrifying and malicious. I saw hazard looming everywhere. Coats that were too puffy. Car seats that weren't 12-point-checked by two separate fire stations. Baths that were too hot. Whooping cough. Daycare molesters and kidnappers. Elementary school bullies. Eating disorders, climate change, nuclear war… did I mention the puffy coats?

While most of my PPD faded in a few weeks, it left a lingering, persistent anxiety I call...

‘Border collie brain’

My daughter came home from kindergarten recently and told me about owl brain and lizard brain. “Lizard brain is your brain’s stem,” she explained solemnly. “It’s what keeps you alive and tells you to run away. And owl brain is your frontal cortex. Owl brain is what helps calm you down and think things through.” I realized that while lizard brain was in control when my PPD was at its worst, what it left behind was a strange hybrid creature that I've since dubbed Border collie brain (BCB).

Border collie brain has all the analytical power of owl brain, but none of the boundaries. BCB has the skittishness and vigilance of lizard brain, but enough intellectual language to convince me that I can trust it. BCB will analyze a situation, use lizard brain to find or create hazards, and then hijack owl brain to provide supporting evidence for why the hazard is imminent.

Border collie brain’s favorite game is superstition, and it has a very real playground inside the walls of an animal hospital. You know never to utter the phrase, “It’s quiet today.” We’re terrified the second these words leave our lips, a 12-car pileup of vans filled with champion bloodline bulldogs will show up, just as we sent two people to lunch.

So we knock on wood. And we craft elaborate rituals to ward off bad things ever happening to us, and when bad things do eventually happen—not because we’ve somehow fallen down in our vigilance but because that’s the way the world works—we blame ourselves.

It was with Border collie brain. When my husband left to take our daughter to daycare, I had to make sure that the scripted goodbye was perfectly executed; otherwise, when they were inevitably killed in a car crash, I would have to mournfully confess at the funerals that my last words to them were, “Your shoes are on the wrong feet.”

When admitting surgical patients, my anxiety nearly reached a point of rage when it became obvious that a pet parent was strongly bonded to their pet. Don’t show me how much you love them, I would think. Don’t you know something awful will happen and I’ll let you down? How can you do this to me?

Because we’ve been raised on the algorithm “Hard Work + Good Behavior = Success,” when awful things happen to us, we assume that it’s our fault.
BCB made me question everything I did, from buckling my daughter into her car seat, to locking the front door, to counting throws on my knees during surgery. I firmly believed if I just worked hard enough to keep all the plates of superstition spinning, I could keep bad things from happening.

And yet, the bad things did happen. Ember, our second daughter, struggled with sleep and colic for months after she was born. She slept all day and was awake most of the night. When she was awake, she grunted and wrinkled and scowled at us. My husband and I parented her in shifts: I stayed awake with her until 3 a.m., at which point he would wake up and bounce her on the yoga ball while playing the video game Skyrim. “Sleep when the baby sleeps” wasn’t an option, as we still had an energetic, demanding 2-year-old to parent during the day.

The day my husband returned to work after two weeks of paternity leave, he was laid off.

Minor setback, we said. We knew the industry was going downhill. We’ve got savings left. I’ll go back to work. You’ll be fine. We just have to keep going.

A week later, I was diagnosed with a venous thrombosis, five days after I received the all-clear to discontinue the medication to prevent it.

Another month of medication would cost $800. Did you drop off that résumé? I couldn’t talk to him about my anxiety because then he’d stop talking to me about his professional struggles.

“We’re fine. Things are just hard right now. They’ll get better when they get better. We have a promise that it will. But I can tell you this: There is nothing on the other side of that stop sign. No one would care if I was gone. “One person spat at me, “I’d be fired.” Let them vent. Keep going. “They said they’d keep me posted if anything opened up.” Keep going.

“She’s awake and crying again.” I’ll get her. Keep going. “Are you OK?” “I’m fine.” Just...keep... someone has to stay

And that’s how I found myself sitting at a stop sign, watching the traffic rush past. And for one dizzy, delirious moment, lizard brain was in full control: What would it feel like if you pushed the gas pedal to the floor right now? From owl brain, a deafening, defeated silence: I got nothing. Many of the words I’d always associated with suicide had to do with the impact on others: “I’m a burden. This world would be better off without me. No one would care if I was gone.”

In that moment, I gave no thought to those in my life. All I knew was that lizard brain’s idea sounded like freedom. Like rest. And I was so, so tired.

People ask me how long I was in that dark place. About half a mile, I say. And what brought me out of the dark place was Ember. Frowning, grunting, scowling Ember, who at the time resembled a cranky, newborn-pattern-balding toad.

Someone has to stay for Ember.

Make no mistake—this was not because I felt I had anything worthwhile to offer as a parent. Instead, it was because her older sister was (and is) smart, charming, beautiful and talented, and I was convinced that no one would ever love my fat, bald, grumpy baby the way they adored her sister: Someone has to stay here to love Ember best.

So I kept going. I went on medication. I borrowed money from my parents for therapy and processed the layers of suffering we’d endured, peeled them from the spots on my heart where they’d stuck and hardened like armor.

I came to understand that resilience and courage are not attributes—they’re actions. They’re skills that must be practiced. I learned that most bravery is unintentional, rising in us when we are thrown into the unknown with no choice other than to continue moving forward, one inch at a time.

As for those obstacles, I see now they are as much a part of our story as our triumphs. Any life—no matter how superstitiously orchestrated—will have struggle, grief and failure. We all have times where life hands us a burden we feel certain we can’t endure. And we’ll carry those burdens around until we share them, overcome them and put them away—or until they break us.

They almost broke me.

To those who may be sitting where I was that February day, I only say to you: Stay. Keep going.

I have no timeline for when things will get better. I have no magic solutions for how to make it better. I don’t even have a promise that it will. But I can tell you this: There is nothing on the other side of that stop sign.

And somewhere out there is a fat, grumpy, balding baby who needs you— whoever your own personal fat grumpy balding baby happens to be.
Demystifying family leave for veterinary professionals

With a variety of different state and federal policies at play, knowing what leave you’re entitled to during major life events can be an arduous task.

All veterinarians who experience the joys of new parenthood are bound to wonder how this major life event will impact their work life. At the same time, they often worry about work commitments stealing time and attention away from life with this new little one. People who experience an illness personally or in their family have the same questions.

Over the last few decades, federal and state governments have begun to take steps to address these concerns through a dizzying array of overlapping and frequently inconsistent pieces of legislation. The effort is to be applauded; the state of family leave law in this country is far superior to what it was when I began in private practice. But the laws are extremely confusing, and they change constantly.

Let’s look at where we are and where we’re headed when it comes to employer accommodation for a dramatic change in family circumstances.

It’s more than a new baby
Most employees who wonder if they’re entitled to family-related time off are expecting the birth of a new baby. Before the 1990s and the signing of the Family and Medical Leave Act (FMLA) by President Bill Clinton, there was little in the way of guaranteed time away from work (compensated or not) provided by federal law. Most states also had little to say on the issue.

The passage of FMLA in 1993 provided unpaid time away from work for many employees. But the coverage is not nearly as broad as many people believe. Not all employees are covered, and many life-altering events are exempt from the law.

What FMLA does provide is 12 weeks of unpaid leave from work each year, mainly for the following reasons:
- The birth and care of a child
- The adoption of a child or placement of a child for foster care
- The care of an immediate family member (spouse, child or parent)

A year, mainly for the following reasons:

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**Compare this to the states**

Since enactment of FMLA, most states have created their own versions of this law, but employer obligations vary dramatically from state to state. For example, in Mississippi, employer mandates are nearly identical to those called for in the federal legislation, but worker rights in California are far broader.

In order to highlight some of the potential coverage issues veterinary professionals may encounter, let’s compare the federal FMLA law to one of the more generous states—New York—as to what’s covered and who qualifies for coverage. (Note: I strongly encourage readers to investigate recent changes in state and federal law, as the rules on family and medical leave are always changing.)

**Don’t confuse paid and unpaid family leave**

Federal FMLA legislation does not require that employees be paid during the 12 weeks their job is required to be held open. Rather, they must turn to savings, help from family, or disability insurance to pay expenses incurred during the permitted time off.

Compare this with New York law.

Individuals in this state who qualify for family or medical leave are also entitled to receive funds during this period.

A clear statutory formula determines how this economic benefit will be calculated, based on the employee’s historical average pay rate compared to the pay rate of other New Yorkers doing similar work.

Interestingly, New York’s Paid Family Leave law provides its benefits through a payroll tax on all workers, which is remitted to the state government by employers. The family and medical leave disbursement is “piggybacked” on the state’s employee disability law, which covers people who are out of work due to an injury or illness.

(Consequently, the New York law does not cover health issues related to the employee him- or herself.)

**There are many things federal laws lack**

States such as California and New York, which have magnanimous legislatures and sophisticated labor law enforcement infrastructures, tend to provide family and medical leave coverage that’s far more expansive than U.S. law, regardless of whether they offer any compensation during the worker’s absence.

Here are some specific examples of states such as New York trying to “fill the gaps.”
Prescribe

peace of mind.

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¹Data on file.

**IMPORTANT SAFETY INFORMATION:** *NexGard* is for use in dogs only. The most frequently reported adverse reactions include vomiting, pruritus, lethargy, diarrhea and lack of appetite. The safe use of *NexGard* in pregnant, breeding, or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures or neurologic disorders. For more information, see the full prescribing information or visit www.NexGardClinic.com.

Please see Brief Summary on page 26.
Veterinarians who work for smaller practices may find themselves out of luck when it comes to their rights under FMLA.

Federal FMLA rules cover a short list of relatives for whom one may take leave in order to provide postsurgical or convalescent care. New York’s family leave law allows employees to take eight weeks (as of 2018) leave to care for grandparents, in-laws, domestic partners and others. Bonus: The coverage increases to 12 weeks by 2020.

New York, unlike many jurisdictions, applies paid family medical leave not only to full-time employees but to many part-time workers as well.

States trump feds on which needs qualify for leave

There are a number of family circumstances beyond having children and caring for sick relatives for which employees would love to take time off. And some states recognize this wider range of family needs, extending leave protection for, among other things, the following events:

- Death of a family member
- Certain ceremonies related to military service
- Family preparations related to active military deployment
- Childcare arrangements related to military deployment
- Legal arrangements related to military service.

The landscape has changed

In some instances, veterinarians who work for smaller practices may well find themselves out of luck when it comes to exercising their rights under the federal FMLA. Because the law applies only to employers with more than 50 employees, a substantial number of veterinary practices fall outside the coverage of federal law.

That said, there are two potential routes for veterinarians and team members to consider exploring if they live in a state where family leave coverage is not mandated.

1. If you work for a private clinic owned by a larger group of clinics (or by a veterinary corporation), that group could be under common ownership. If so, this might meet the 50-employee threshold.

2. If you have an employment contract, you have a negotiation tool. If you feel that you’ll need at least unpaid family leave, consider putting the issue on the table when looking at your next job or when your existing contract comes up for renewal.

Dr. Christopher Allen is president of Associates in Veterinary Law PC, which provides legal and consulting services to veterinarians. Call (607) 754-1510 or e-mail info@veterinarylaw.com.
Pregnancy and parenting support lacking for veterinary students, study finds

Two studies conducted at Tufts’ Cummings School of Veterinary Medicine show that support for pregnancy and parental needs is lacking at U.S. veterinary schools, according to an article on TuftsNow.com.

The first study, which was published in November in the Journal of the American Veterinary Medical Association (JAVMA), surveyed veterinary students, interns and residents across the U.S. about their perceptions of pregnancy and parenting support services available at their veterinary school. The second surveyed administrators from 30 accredited U.S. veterinary schools on the same topics and asked them to review their handbooks and written policies on the subject. The second survey will appear in the Journal of Veterinary Medical Education (JVME) in early 2019, the article states.

The researchers were testing the hypothesis that “potential parents, and especially women, may delay having children because administrative policies and support services for pregnancy and parenting at veterinary training institutions are rare,” the article states.

The JAVMA research also showed that between 33 and 50 percent of women in the survey who were currently pregnant or thinking of becoming pregnant reported that they either didn’t feel safe or were unsure of their safety while being pregnant in their training program.

Inside your veterinary clinic is a swirling, smelly, unhealthy cloud of bacteria and mold-infested air that can harm pets, staff and visitors. Fortunately, the single best solution is also the easiest to apply since it’s hidden from view and operates safely 24/7. The UV24 System eliminates nearly 99% of airborne pathogens day-in and day-out. It’s time to see infection control in a whole new light. Exclusively from Medical Illumination.
Every complaint is not a lesson

In the middle of having a better person—or your passion—or your workday.

By Brendan Howard

A good conference sets the tone with a keynote. A great conference sets the tone then sends you home with inspiration too. That's what high-energy speakers Mary Gardner, DVM, and Andy Roark, DVM, MS, did for attendees at Fetch dvm360 in San Diego why you shouldn’t let that unsatisfied client unravel your passion—or your workday.

Dr. Andy Roark

You’ve heard it before …

but do you believe it?

Don’t let one different case or one difficult client change the way you practice good medicine and help good clients.

“I hear from people, ‘We don’t give hugs in our veterinary hospital because someone got upset,’” Dr. Gardner says. “Or, ‘We don’t give pawprint impressions after a euthanasia because one person didn’t like it.’”

It’s natural to focus on the negative things that happen and seek out problems in order to fix them, but you need to remember some subset of cases and clients can’t be fixed. Don’t flex to the one squeaky client wheel and ignore all the good, happy, satisfied clients you serve, she says.

“You’re trying to be all things to all people,” says Dr. Gardner. “If you start

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Caution: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

Before using GALLIPRANT, please consult the product insert, a summary of which follows:

Indication: GALLIPRANT (grapiprant tablets) is indicated for the control of pain and inflammation associated with osteoarthritis (OA) in dogs.

Dosage and Administration: Always provide “information for Dog Owners” Sheet with prescription. Use the lowest effective dose for the shortest duration consistent with individual response.

Contraindications: GALLIPRANT should not be used in dogs that have a hypersensitivity to sulfonamide drugs or grapiprant.

Warnings: Not for use in humans. Keep this and all medications out of reach of children and pets. Consult a veterinarian in case of accidental ingestion in humans. For use in dogs only. Store GALLIPRANT out of reach of dogs and other pets in a secured location in order to prevent accidental ingestion or overdose.

Precautions: The safe use of GALLIPRANT has not been evaluated in dogs younger than 9 months of age and less than 8 lbs (3.6 kg), dogs used for breeding, or in pregnant or lactating dogs.

Adverse reactions in dogs receiving GALLIPRANT may include vomiting, diarrhea, decreased appetite, mucoid, watery or bloody stools, and decreases in serum albumin and total protein.

It is not known whether dogs with a history of hypersensitivity to sulfonamide drugs will exhibit hypersensitivity to GALLIPRANT. GALLIPRANT is a methylbenzothiazolone derivative.

Adverse Reactions: In a controlled field study, 209 dogs were evaluated for safety when given either GALLIPRANT or a vehicle control (sugar minim grapefruit) at a dose of 2 mg/kg (5 mg/lb) once daily for 28 days. GALLIPRANT-treated dogs ranged in age from 2 years to 16.7 years. The following adverse reactions were observed:

Table 1. Adverse reactions reported in the field study.

<table>
<thead>
<tr>
<th>Adverse reaction</th>
<th>GALLIPRANT (grapiprant tablets)</th>
<th>Vehicle control (tablet or placebo)</th>
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<tbody>
<tr>
<td>Vomiting</td>
<td>26</td>
<td>9</td>
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<tr>
<td>Diarrhea, soft stool</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Anorexia, inappetence</td>
<td>7</td>
<td>7</td>
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<tr>
<td>Lethargy</td>
<td>1</td>
<td>0</td>
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<td>Arousal</td>
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<tr>
<td>Intermittent hyperemic anemia</td>
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Table: Dogs may have experienced more than one type or occurrence during the study.

GALLIPRANT was used safely during the field studies with other concurrent medications, including antibiotics, parasiticides and vaccines.

To report suspected adverse drug events and/or to obtain a copy of the Safety Data Sheet (SDS) or for technical assistance, call 1-888-545-5973.

To report suspected adverse drug events and/or to obtain a copy of the Safety Data Sheet (SDS) or for technical assistance, call 1-888-FDA-VETS or online at http://www.fda.gov/AnimalVeterinary/SafetyHealth

Indication: Galiprant is an NSAID indicated for the control of pain and inflammation associated with osteoarthritis (OA) in dogs.

Important Safety Information

Not for use in humans. For use in dogs only. Keep this and all medications out of reach of children and pets. Store out of reach of dogs and other pets in a secured location in order to prevent accidental ingestion or overdose. Do not use in dogs that have a hypersensitivity to galiprant. If Galiprant is used long term, appropriate monitoring is recommended. Concomitant use of Galiprant with other anti-inflammatory drugs should be avoided. Concurrent use of other anti-inflammatory drugs or protein-bound drugs has not been studied. Commonly used protein-bound drugs include cardiac, anticoagulant and behavioral medications. Drug compatibility should be monitored in patients requiring adjunctive therapy. Consider administering adjunctive therapies when switching from one anti-inflammatory to another or when switching from corticosteroids or COX-inhibiting NSAIDs to GALLIPRANT use.

The use of GALLIPRANT in dogs with cardiac disease has not been studied. It is not known whether dogs with a history of hypersensitivity to sulfonamide drugs will exhibit hypersensitivity to GALLIPRANT. GALLIPRANT is a methylbenzothiazolone derivative.

Adverse Reactions: In a controlled field study, 209 dogs were evaluated for safety when given either GALLIPRANT or a vehicle control (sugar minim grapefruit) at a dose of 2 mg/kg (5 mg/lb) once daily for 28 days. GALLIPRANT-treated dogs ranged in age from 2 years to 16.7 years. The following adverse reactions were observed:

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to think that, you’re setting yourself up for disappointment." Dr. Roark doesn’t have the data, but he says he’s got the personal proof in his day-to-day life to prove you’re on the right path.

“Eighty percent of your income comes from 20 percent of your clients, I can show that,” he says. “But I believe 80 percent of your happiness comes from 20 percent of your clients.”

“You won’t make everybody happy…”
Don’t let a single complaint, negative review or tiny subset of perpetually unhappy clients turn you away from what you and your team love.

“You won’t make everybody happy, and you won’t save all the pets’ lives,” Dr. Roark told the audience. “You should care about the things you control. Was I kind to that person? Do I continue to learn and find passion in my work? Am I better than I was a year ago?”

Lessons like these are small, and maybe you’ve heard them before. But did you hear them right now? And do you need them right now? Then speakers like Drs. Gardner and Roark will continue to share them, and Fetch dvm360 will continue to showcase them.

Be inspired in 2019
Keynotes in all three Fetch dvm360 conferences last year included funny and moving advice from Drs. Mary Gardner, Andy Roark and Dani McVety. And San Diego showcased bestselling author Susan Cain on why introverts make great leaders too.

This year in Baltimore in May, don’t miss TED Talk speaker and veterinary surgeon Dr. Alane Cahalane, who will inspire with her total-team approach: “Being a surgeon is a great superpower, but it’s not about the instruments or diagnostics—it’s about the people that surround me. We all rely on the people around us.” Register at fetchdvm360.com/baltimore.

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Things are looking up for more games of Fetch

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TAP CAMERA
SCAN CODE TO PLAY
Set boundaries in veterinary practice and save your soul

Working in a helping profession, it’s hard to say no. But something has to give—and is that your well-being? By Katie James and Marnette Denell Falley

How do you define the word boundary? Does something come to mind? Veterinary professionals often don’t have a solid definition of professional boundaries, or the ability to put one in place in practice, Fetch dvm360 speaker and leader of the Veterinary Leadership Institute (check it out at vli.org), Betsy Charles, DVM, MA, said at Fetch dvm360 conference in San Diego.

Before you feel bad, holding to clear professional boundaries is not easy. In fact, not that long ago, Dr. Charles found herself in a position where she was stretched way too thin—running the Veterinary Leadership Institute, teaching veterinary students as a professor at Western University of Health Sciences, and preparing for her boards.

One of the best pieces of advice she received during this time was, “‘No’ is a complete sentence. No doesn’t have to be justified and you don’t have to feel guilty about it.” So, she started saying no to things. And she worked to make her life more manageable.

Why is saying “no” so hard sometimes? Veterinary medicine is a profession full of helpers. You may pause because you know that on the other end of that 11 p.m. text is a sick animal that can’t speak for itself. Or you may feel you’re letting others down. Or you may be so tied to the idea of doing excellent work that you lose sight of what you need to do to care of yourself.

To give the idea of a professional boundary a concrete visual, Dr. Charles pulled from a video by Henry Cloud, PhD, a psychologist and executive coach. (Check out this article online at dvm360.com/sayno for a link to the video.) He suggests that you think of boundaries in the simplest sense of the word—it’s like the fence on your property line. The boundary delineates who controls that space.

A strong professional boundary helps you keep the good in and the bad out. And without boundaries, you can find yourself in a situation where you’re justifying being ill and still being at work. Or taking clients’ texts day and night. Or forgoing your vacation for three years in a row.

There was much discussion about how sick is too sick to be at work (see chart on next page). If you think your boundaries need adjustment, Dr. Charles suggests you think about the good things you’d like more of in your life. For example, maybe you’ll only...
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work somewhere you respect your colleagues and they respect you. Maybe what you want most in your job is clear expectations. How could you invite more of that goodness in?

Next, Dr. Charles suggests that you think about what you wish you could keep out. For example, are you struggling with practice politics or negativity? Or maybe you’re frustrated with lack of communication (or too much communication) from someone in the practice. Now, with your own list in place, what would you need to do to achieve those goals?

Dr. Charles left attendees with this challenge, “If you could say no to someone or something with absolutely no hard feelings or consequences, who or what would you say no to?” she asked. She says people often have something come quickly to mind. And if that’s true for you, think about what’s keeping you from saying no.

Your time and energy are precious resources, says Dr. Charles. “We all spend so much time running on the treadmill, trying to hit the speed and incline that we feel someone else is setting.” Step off today, and take a moment to think about what you want. What you want more of. And then work toward drawing a new line in the sand that helps you get where you want to go. #reasonablelimits

Ron Brakke retires as longtime leader of animal health consulting company

Founder hands over day-to-day operation of Brakke Consulting but will continue to consult with veterinary industry clients.

Ron Brakke, founder of Brakke Consulting, has announced that Robert (Bob) Jones, PhD, will take over leadership and day-to-day operations effective immediately, according to a company press release.

This transition is aimed at building on the company’s 32-year history in the animal health industry consulting space and positioning the firm for future growth, the release states. Brakke and Dr. Jones will work together to manage the transition over the coming year.

“Our goal is to make the transition seamless and virtually invisible to our clients and to ensure that our consultant team has all the support and the tools needed to continue to provide the solutions that they have built their reputations on,” Dr. Jones says. "At the same time, we want to become known as the innovators in the animal health consulting industry, bringing new and dynamic approaches to supporting client objectives.”

The best place to learn

Dr. Charles and facilitators from the Veterinary Leadership Institute tag-team with teachers in Fetch dvm360 classrooms to improve learning. Learn more and register at fetchdvm360.com.
Survey: Horse owners look to veterinarians for recommendations

Data from American Horse Publications, sponsored by Zoetis, reveals that even more horse owners are discussing vaccination and deworming with their veterinarians.

According to a recent survey by American Horse Publications (AHP), sponsored by Zoetis, veterinarians are the No. 1 influencer of horse owners when it comes to vaccination and deworming recommendations. AHP conducted the survey online January through April 2018 with 9,000 horse owners across the United States responding, according to a release from Zoetis.

“The percentage of respondents who said they discuss American Association of Equine Practitioners (AAEP) vaccination recommendations with their veterinarians nearly doubled from the last AHP survey in 2015,” says Jill Stowe, PhD, associate professor of agricultural economics at the University of Kentucky, in the release. Dr. Stowe analyzed the data and consulted on the results.

Vaccination findings

The AHP survey also reported that 63 percent of horse owners purchased vaccinations from or had them administered by their veterinarians, an increase from 2012 and 2015. And even when owners vaccinated their horses themselves, 70 percent of them consulted their veterinarians when it came to purchasing a vaccination. Further, 50 percent of respondents discuss recommendations from the AAEP with their vet, which is up 20 percent from the 2015 survey.

The Zoetis release states that vaccinations remain critical against five core equine diseases—rabies, Eastern equine encephalomyelitis (EEE), Western equine encephalomyelitis (WEE), tetanus and West Nile virus.

Deworming findings

As with vaccinations, veterinarians are more involved in the deworming process as well. Half of respondents from the AHP survey have gotten their veterinarian involved in creating a deworming protocol for their horses. In addition, 78 percent of respondents reported their veterinarian recommended a fecal egg count (FEC) test and 63 percent had an FEC test performed once, twice or even three times year.

“These results show an increase in responsible deworming practices,” says Kenton Morgan, DVM, managing veterinarian with Zoetis’ Equine Technical Services group. “When a horse is dewormed too often, horse owners risk inadvertently doing more harm than good by increasing their horse’s risk for parasite resistance and, as a result, ineffective deworming treatments in the future.”

Other findings

The AHP survey results also show that the human-horse relationship is changing. The majority of respondents see their horses as a companion animal or pet. Interestingly, there also appears to be a correlation between age and owner’s relationship to horse. As age increased, owners were less likely to view their horse as a best friend, companion animal or pet, family member or performance partner.

Additionally, unwanted horses remains the top issue facing the equine industry today, and coming closely in second is the cost of horsekeeping. “Industry participants have made great strides in addressing important issues, such as the unwanted horse issue, and now have their sights focused on additional challenges, such as the scarcity of riding areas and open spaces,” Dr. Stowe says.
Female vets, don’t stop dreaming big—and other thoughts on Old School, New School

Readers weigh in on the fate of Dr. Greenskin’s life in practice.

Editor’s note: This letter is in response to Dr. Jeremy Campfield’s Old School, New School column “Meet Dr. Seasoned” (see the January issue of dvm360 magazine). Share your viewpoint with us at dvmnews@ubm.com.

As a recent DVM graduate, I’ve followed dvm360’s Old School, New School stories and related to Dr. Greenskin over the past couple years. Although my boss isn’t quite as old-school, many points ring true and help me keep a healthy perspective when transitioning from gold-standard academia to occasionally homeless general practice. Overall, I’ve admired Dr. Greenskin’s tenacity and maturation over the years. Unfortunately, I was really disappointed by the most recent installment of the column.

I understand that the author has tried to portray the many facets of private practice through this column. I understand that many vets change their ambitions and career goals several years in, especially to focus on other priorities. I don’t shame women who put family first. I myself am getting married in just a few months to an intelligent, accomplished, well-salaried partner. I know I could live comfortably as an associate for the rest of my life. However, I hold on to my dream of one day owning a practice, and I still believe it’s possible to pursue that goal while living a balanced life.

The column highlights the perks of working for a corporation and points out they’re not all evil, but I wish Dr. Greenskin hadn’t gotten so complacent so quickly. It was disheartening to see her “letting go of ambitions” when she had recently made a solid proposal for buying out her crusty boss. As someone who was rooting for Dr. Greenskin to advance her career, I felt let down by the new outlook on work that came with her new surname. Furthermore, her complacency with corporate life suggests that practice ownership (and the duties that come with it) is neither desirable nor attainable for people who also want relationships and families.

I understand that veterinary medicine is shifting more and more toward corporate consolidators, and I know many vets are satisfied in the corporate environment. Yet I hope there will still be viable buy-in options for the Greenskin generation to maintain the personal nature of private practice and to give ambitious vets something solid to invest in and make their own very own.

I don’t blame now-Dr. Seasoned for wanting to take some time to focus on her personal life, but I also don’t want veterinary medicine to become an ordinary 9-to-5 job rather than her passion. Acknowledging the mental health issues of our field—I am happy that she isn’t on call without pay and has more free time! Will Dr. Seasoned one day outgrow her current practice and realize she has greater potential? Will she revive her ambition to take more of a leadership role? Will she realize that someone needs to step up if we want to preserve the culture of privately owned practices that let profits go to veterinarians rather than corporations?

Veterinary medicine is becoming increasingly female, but there remains a huge gender gap in leadership, particularly practice ownership and representation in organizations. I think Dr. Greenskin has followed a common career arc that partly explains why we have this gap, but I hope more women will step up, lean in and take on the work. Maybe that’s not what Dr. Greenskin wants anymore, but I have faith that there are strong role models out there for those of us who still want to “take over the world one pet at a time.”

—Yuan Kang, DVM
Cornell University 2017

S o sad to see this story end. Loved the dynamic between Codger and Greenskin. It was classic. Looked forward to, read out loud and laughed at the antics of both. I hope there is more story to tell. Perhaps Codger comes back part time and all his old clients want to see him, making “Seasoned” insecure. Perhaps “Seasoned” is struggling with work-life balance under the corporation. Perhaps “Seasoned” questions the quotas, and all his old clients want to see him, making “Seasoned” insecure. Perhaps “Seasoned” questions the quotas, protocols, etc. of Practice Gobblers. I really enjoyed the series and hope there are more “tails” to come!

—Kelly L. Gough, DVM
Webster, New York
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BRAVECTO Topical Solution for Cats: The most common adverse reactions recorded in clinical trials were vomiting, itching, diarrhea, hair loss, decreased appetite, lethargy, and scabs/ulcerated lesions. BRAVECTO has not been shown to be effective for 12 weeks’ duration in kittens less than 6 months of age. BRAVECTO is not effective against American dog ticks beyond 8 weeks of dosing. For topical use only. Avoid oral ingestion. The safety of BRAVECTO has not been established in breeding, pregnant and lactating cats. Use with caution in cats with a history of neurologic abnormalities. Neurologic abnormalities have been reported in cats receiving BRAVECTO, even in cats without a history of neurologic abnormalities.

See full Prescribing Information on page 38.

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**Dosage Schedule:**

Bravecto may be administered every 8 weeks in case of potential exposure to infestations for 12 weeks in cats and kittens 6 months of age and older, and weighing 2.6 pounds or greater.

Bravecto is also indicated for the treatment and control of Dermacentor variabilis (American dog tick) infestations for 8 weeks in cats and kittens 6 months of age and older, and weighing 2.6 pounds or greater.

**Dosage and Administration:**

Bravecto should not be administered topically as a single dose every 12 weeks according to the Dosage Schedule below to provide a minimum dose of 18.2 mg/lb (40 mg/kg) body weight. Bravecto may be administered every 8 weeks in case of potential exposure to Dermacentor variabilis ticks (see Effectiveness).

**Dosage Schedule:**

<table>
<thead>
<tr>
<th>Body Weight Ranges (lb)</th>
<th>Fluralaner content (mg/tube)</th>
<th>Tubes Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6 - 6.2</td>
<td>112.5</td>
<td>One</td>
</tr>
<tr>
<td>&gt;6.2 - 13.8</td>
<td>250</td>
<td>One</td>
</tr>
<tr>
<td>&gt;13.8 - 27.5</td>
<td>500</td>
<td>One</td>
</tr>
</tbody>
</table>

* Cats over 27.5 lb should be administered the appropriate combination of tubes.

**Step 1:** Immediately before use, open the pouch and remove the tube. Hold the tube at the crimped end with the cap in an upright position (lip up). The cap should be rotated clockwise or counter clockwise one full turn. The cap is designed to stay on the tube for dosing and should not be removed. The tube is open and ready for application when a breaking of the seal is felt.

**Step 2:** The cat should be standing or lying with its back horizontal during application. Part the fur at the administration site. Place the tube tip vertically against the skin at the base of the skull of the cat.

**Step 3:** Squeeze the tube and gently apply the entire contents of Bravecto directly to the skin at the base of the skull of the cat. Avoid applying an excessive amount of solution that could cause some of the solution to run and drip off of the cat. If a second spot is needed to avoid run off, then apply the second spot slightly behind the first spot.

Treatment with Bravecto may begin at any time of the year and can continue year round without interruption.

**Contraindications:**

There are no known contraindications for the use of the product.

**WARNINGS**

Human Warnings:

Not for human use. Keep this and all drugs out of the reach of children.

Do not contact or allow children to contact the application site until dry.

Keep the product in the original packaging until use in order to prevent children from getting direct access to the product. Do not eat, drink or smoke while handling the product. Avoid contact with skin and eyes. If contact with eyes occurs, then flush eyes slowly and gently with water. Wash hands and contact skin thoroughly with soap and water immediately after use of the product.

Do not contact or allow children to contact the application site until dry.

The product is highly flammable. Keep away from heat, sparks, open flame or other sources of ignition.

Precautions:

For topical use only. Avoid oral ingestion. (see Animal Safety).

Use with caution in cats with a history of neurologic abnormalities. Neurologic abnormalities have been reported in cats receiving Bravecto, even in cats without a history of neurologic abnormalities (see Adverse Reactions).

Bravecto has not been shown to be effective for 12-weeks duration in kittens less than 6 months of age. Bravecto is not effective against Dermacentor variabilis ticks beyond 8 weeks dosing (see Effectiveness).

The safety of Bravecto has not been established in breeding, pregnant and lactating cats.

**Adverse Reactions:**

In a well-controlled U.S. field study, which included a total of 161 households and 311 treated cats (224 with flurican 87 and 87 with a topical active control), there were no serious adverse reactions.

<table>
<thead>
<tr>
<th>Adverse Reaction (AR)</th>
<th>Bravecto Group</th>
<th>Percent of Cats with the AR During the 105-Day Study</th>
<th>Control Group</th>
<th>Percent of Cats with the AR During the 84-Day Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vomiting</td>
<td>9%</td>
<td>6.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pruritus</td>
<td>5.4%</td>
<td>11.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td>4.9%</td>
<td>1.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alopexia</td>
<td>4.9%</td>
<td>4.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased Appetite</td>
<td>3.6%</td>
<td>0.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lethargy</td>
<td>3.1%</td>
<td>2.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scabs/Uncertated Lesions</td>
<td>2.2%</td>
<td>3.4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**In the field study, two cats treated with flurican topical solution experienced ataxia. One cat became ataxic with a right head tilt 34 days after the first dose. The cat improved within one week of starting antibiotics. The ataxia and right head tilt, along with lateral recumbency, reoccurred 82 days after administration of the first dose. The cat recovered with antibiotics and was redosed with flurican topical solution 92 days after administration of the first dose, with no further abnormalities.**

**In a European field study, two cats from the same household experienced tremors, lethargy, and anorexia within one day of administration. The signs resolved in both cats within 48-72 hours.**

**In a European field study, there were three reports of facial dermatitis in humans after close contact with the application site which occurred within 4 days of application.**

For technical assistance or to report a suspected adverse drug reaction, or to obtain a copy of the Safety Data Sheet (SDS), contact Merck Animal Health at 1-800-224-5318. Additional information can be found at www.bravecto.com. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at http://www.fda.gov/AnimalVet/AnimalVet/SafetyHealth.

**Clinical Pharmacology:**

Peak fluralaner concentration are achieved between 7 and 21 days following topical administration and the elimination half-life ranges between 11 and 13 days.

**Mode of Action:**

Fluralaner is for systemic use and belongs to the class of isoxazoline-substituted benzamide derivatives. Fluralaner is an inhibitor of the arthropod nervous system. The mode of action of fluralaner is the antagonism of the ligand-gated chloride channels (gamma-aminobutyric acid (GABA) receptor and glutamate receptor).

**Effectiveness:**

In a well-controlled European laboratory study, Bravecto killed 100% of fleas 8 hours after treatment and reduced the number of live fleas on cats by > 98% within 12 hours after treatment or post-infestation for 12 weeks. In well-controlled laboratory studies, Bravecto demonstrated > 94% effectiveness against Ixodes scapularis 48 hours post-infestation for 12 weeks. Bravecto demonstrated > 98% effectiveness against Dermacentor variabilis 48 hours post-infestation for 8 weeks, but failed to demonstrate > 90% effectiveness beyond 8 weeks.

In a well-controlled U.S. field study, a single dose of Bravecto reduced fleas by ≥99% for 12 weeks. Cats with signs of flea allergy dermatitis showed improvement in erythema, alopecia, papules, scales, crusts, and excoriation as a direct result of eliminating flea infestations.

**Animal Safety:**

**Margin of Safety Study:** In a margin of safety study, Bravecto was administered topically to 11- to 13-week (mean age 12 weeks) old-kittens at 1, 3, and 5X the maximum labeled dose of 93 mg/kg at three, 8-week intervals (8 cats per group). The cats in the control group (0X) were treated with mineral oil.

There were no clinically-relevant, treatment-related effects on physical examination, body weights, food consumption, clinical pathology (hematology, clinical chemistry, coagulation tests, and urinalysis), gross pathology, histopathology, or organ weights. Cosmetic changes at the application site included matting/clumping/spiking of hair, wetness, or a greasy appearance.

**Oral Safety Study:** In a safety study, one dose of Bravecto topical solution was administered orally to 6- to 7-month-old-kittens at 1X the maximum labeled dose of 93 mg/kg. The kittens in the control group (0X) were administered saline orally. There were no clinically-relevant, treatment-related effects on physical examination, body weights, food consumption, clinical pathology (hematology, clinical chemistry, coagulation tests, and urinalysis), gross pathology, histopathology, or organ weights. All treated kittens experienced salivation and four of six experienced coughing immediately after administration. One treated kitten experienced vomiting 2 hours after application.

**In a well-controlled field study Bravecto was used concurrently with other medications, such as vaccines, anthelmintics, antibiotics, steroids and sedatives. No adverse reactions were observed from the concurrent use of Bravecto with other medications.**

**Storage Conditions:**

Do not store above 77°F (25°C). Store in the original package to protect from moisture. The pouch should only be opened immediately prior to use.

**How Supplied:**

Bravecto is available in three strengths for use in cats (112.5, 250, and 500 mg fluralaner per tube). Each tube is packaged individually in a pouch. Product may be supplied in 1 or 2 tubes per carton.
2019: The year to problem solve

Whether it’s your veterinary clients, team members or associate veterinarians, everyone is coming to you with their unique problems. This year, resolve to solve them, even when it takes a little innovation.

Hello, readers. I hope 2019 is treating you well so far. In the early stages of this new year, we have a new opportunity to improve ourselves and our practices. Let’s commit to exceeding the expectations of those who depend on us.

Why do they seek you out?
Clients, employees and associates in our veterinary practices come to us because they have a need, spoken or unspoken, they want fulfilled. Sometimes we forget that not all of their needs are physical. Some needs are financial, such as employment or economic limitations, in the case of pet owners. Some may be even be emotional. Kindness and compassion can be in short supply these days. Whatever the need, success is dependent on, and should be measured by, our ability to meet those needs.

Innovate, create and solve
You’ve probably heard the saying, “Unless you’re the lead dog, the scenery never changes.” Being the lead dog isn’t always achievable, but if you can’t be the lead dog, at the very least, associate yourself with a lead dog. Success in veterinary medicine is a constantly evolving goal and a continually rising bar. Some basic targets are what you would expect. Certainly, there has always been a focus on medical knowledge and skill, but expectation and demand have advanced so rapidly that knowledge and skill are no longer enough. If you’re going to meet the increasing expectations of your customers, you need to anticipate their wants even before they know they want them. Much like diagnosing patient pain, we must realize that customers have unresolved pain, and if we’re going to respond to it, we need to know the source.

Understand their pain
Clients and employees may not express the needs or wishes they want resolved. These unspoken needs often result in disappointment and frustration. Yet, how can we recognize what people want if they don’t tell us? To understand, or at least be aware of their pain, we must watch and listen. Some pains are obvious and can be responded to easily. Some are less apparent and require diagnostics. Be willing to ask questions. Your employees’ and customers’ gripes may be obvious and the solutions may be simple, but if they aren’t so simple, be willing to do the things other people won’t do. As Thomas Edison once said, “There’s a way to do it better ... find it!”

Dr. Michael Paul is former executive director of the Companion Animal Parasite Council and a former president of the American Animal Hospital Association. He is currently the principal of MAGPIE Veterinary Consulting. He is retired from practice and lives in Anguilla, British West Indies.
Dr. James was shocked when his trusted mentor pointed out that there were people in his practice who could do certain tasks better than even he could.

The dilemma | Marc Rosenberg, VMD

To delegate or not: Finding the best person for the job

This veterinarian’s practice is experiencing growing pains, but is delegation the best—and only—answer to his administrative issues?

Dr. Lee James owned a busy suburban veterinary practice. Four doctors, 12 technicians and six receptionists were busy from morning until night. He would tell you he had no magic formula for success. He and his staff practiced excellent medicine, offered outstanding customer service and were located in a growing community.

Of late, Dr. James was experiencing administrative growing pains. When the practice was smaller, he easily handled the payroll, ordering and employee needs. Now, his larger facility was both administratively overwhelming him and also preventing him from providing as much hands-on patient care. He found himself facing a fear that many veterinary owners encounter: delegation. Now he would have to give up some control of the practice he had nurtured from the beginning.

Fortunately, Dr. James had a mentor. As is the case with most veterinarians, he worked for a vet he liked and respected before going out on his own. He called his old boss for some advice, and the advice he was given was not at all what he expected.

Dr. James was told that many of the tasks he no longer had time for required that he delegate these duties to competent coworkers. This was not necessarily because of time constraints, but because others could now do these jobs better than he could. His mentor went on to say that the problems of larger practices are different than those
Marc Rosenberg, VMD | THE DILEMMA

Marc Rosenberg, VMD, is director of the Voorhees Veterinary Center in Voorhees, New Jersey. In his private time, he enjoys playing basketball and swing dancing with his wife. Although many of the scenarios Dr. Rosenberg describes are based on real-life events, the veterinary practices, doctors and employees described are fictional.

of smaller facilities. A perfect example was workforce compatibility. Eight to 10 employees often bond and do well together. When that number reaches 25 and above, interpersonal challenges can appear. Staff members will often complain that they just don’t get along with others on the clinic team. Resolving this type of inevitable issue requires a supervisor with specific skills as opposed to simply a pep talk about how we should remember that we are all a team. Dealing with deposits and tracking sales and use taxes gets overwhelming when the yearly gross creeps up over a million dollars. Negotiating with drug reps and equipment vendors is often more effective with a good cop/bad cop approach. This requires the help of a skilled staff member as opposed to letting these reps “assist you” because you are too busy. Social media is a must. A dedicated social media staffer more than pays for itself in a 21st century practice.

Dr. James’ mentor had opened his eyes. He was convinced that the success and growth of his practice was due to his constant hands-on participation. He truly believed it would be risky to delegate some pivotal practice responsibilities to others. What he did not realize was that he had slowly become less efficient at running his practice as it grew. The experience was analogous to never realizing you need glasses until you try them on and suddenly you can see better.

Dr. James had learned two practice lessons. First, delegation of significant practice responsibilities does not lead to loss of control but increased efficiency. Second, that it’s a good idea to use a mentor or respected consultant to periodically assist in seeing the forest for the trees.

Do you think Dr. James was overreacting? His practice was doing well just the way it was. He may have only needed help with his anxiety and did not need to take the risk of delegating pivotal tasks to staff less invested than he. What do you think? Let us know at dvmnews@ubm.com.

Dr. Rosenberg’s response
When both practicing in and managing a veterinary facility, it’s important to not remain in your comfort zone. This is tempting because a comfort zone is worry free yet ultimately leads to stagnation. Reasonable risk taking is the wise choice. I emphasize the word “reasonable.” Dr. James discussed his decisions with a respected colleague and carefully considered his next steps. Nothing ventured, nothing gained is a phrase that the veterinary practitioner must always consider when the comfort zone becomes too tempting.

Marc Rosenberg, VMD, is director of the Voorhees Veterinary Center in Voorhees, New Jersey. In his private time, he enjoys playing basketball and swing dancing with his wife. Although many of the scenarios Dr. Rosenberg describes are based on real-life events, the veterinary practices, doctors and employees described are fictional.

Do you think Dr. James was overreacting? His practice was doing well just the way it was. He may have only needed help with his anxiety and did not need to take the risk of delegating pivotal tasks to staff less invested than he. What do you think? Let us know at dvmnews@ubm.com.

Dr. Rosenberg’s response
When both practicing in and managing a veterinary facility, it’s important to not remain in your comfort zone. This is tempting because a comfort zone is worry free yet ultimately leads to stagnation. Reasonable risk taking is the wise choice. I emphasize the word “reasonable.” Dr. James discussed his decisions with a respected colleague and carefully considered his next steps. Nothing ventured, nothing gained is a phrase that the veterinary practitioner must always consider when the comfort zone becomes too tempting.
April 1 is creeping up. I’ve got a few reminders to help you make the most of your personal and business taxes.

By Tom McFerson, CPA, ABV

Given the extensive changes in the new 2018 tax law, figuring out whether you maximized last year is more crucial than ever. As you begin to focus on useful strategies to reduce your 2018 taxes—both for practice owners and every other veterinary professional—consider the following areas to figure out whether you “checked off that box” in 2018:

For practice owners and managers

1 New equipment is still helpful. Small businesses can still write off the cost of new equipment that’s purchased or leased in a given year, so make sure you don’t miss any of last year’s purchases. Called a Section 179 expense, the provision allows veterinary practices to deduct up to $500,000 in qualifying new equipment (digital radiography or computers, for example) put into service during the tax year. The new tax law also increased the amount of qualifying business property that a business can depreciate in a given year, called bonus depreciation. Both of these provisions may make it financially beneficial for practice owners to launch, expand or simply improve their veterinary hospitals.

2 Pass-through deduction is still perplexing. No provision in the new tax law is more confusing or convoluted than the pass-through deduction for small business owners. As background, large corporations were given a significant corporate tax cut in the new law. To help small businesses enjoy a similar benefit, so-called “pass-through entities” are allowed to deduct up to 20 percent of the income earned by the business, with caveats.

A deep dive into the details would be a novella in length, so instead, we’ll point out the larger concepts:

8 places you may be sitting on tax savings
Taxes | NEWS

> A pass-through entity under this provision is considered to be a sole proprietorship, an S corporation, or a partnership (LLC/LLP).
> Service businesses (veterinarians included) will not enjoy the full benefit of this deduction like other business types do, mainly due to taxable income limitations.
> The deduction is based on your qualified business income, which factors in owner compensation, employee W2s and several other factors.

Again, this area of the new tax law is extremely complicated. Do yourself a favor and talk to a tax professional about your eligibility for this particular tax deduction.

Solar credit is still around. The solar credit was reportedly on the chopping block but survived in the final bill. This provision (in place through 2019) allows you a tax credit (dollar-for-dollar reduction in your federal taxes) for up to 30 percent of the cost of your solar improvements. The equipment must be purchased, not leased.

For every single veterinary professional

State and property tax deduction is curbed. A total deduction of $10,000 is now all that’s permitted for personal state income and home property taxes on your tax return. This is a low number for most taxpayers, but especially for those who live in states with high tax rates or high property values. In the past, a popular tax planning tool was to prepay some of these taxes to get the deduction in the current year. Now, this maneuver likely won’t pay off.

But other property taxes might not be. On a related note, the limitation on property taxes applies only to your personal residence(s). It does not apply to any rental property you might own. So, if you own the real estate where your veterinary practice sits, there is no limitation on the property taxes that can be paid in a given year. If it makes financial sense, consider paying the second installment now so you can get the deduction in the current year.

Your home mortgage balance is important. Anyone with a home mortgage in place prior to Dec. 14, 2017, will still be allowed to deduct the interest paid, assuming the loan balance is $1.1 million or less. However, for homeowners with mortgages initiated after this date, the deduction will be limited to interest paid on the first $750,000 in loan amount only. Plan accordingly.

Child tax credit increased. The new tax law has increased the child tax credit to $2,000 per qualifying child 16 years or younger. (Probably not financially worth it to have kids for this, but, y’know, if you got ‘em!) Also of interest is a new $500 tax credit for qualifying dependents other than children, such as parents. Both of these credits are subject to overall income limitations.

Sign those divorce papers. If you were facing divorce in 2018, December 21 was the day to make sure you signed on the dotted line. Alimony was considered taxable to the recipient and deductible to the payer through the end of last year.
Now, alimony received will no longer be taxable, and alimony paid will no longer be deductible. Depending on which side of the ledger you fall on, this deadline may wind up making a big difference on your tax returns.

Tom McFerson, CPA, ABV, a partner at the veterinary accounting firm Gatto McFerson in Santa Monica, California, is a regular contributor to the Business Channel on dvm360.com.

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Brakke Consulting
Parasiticide market update
The US Flea Control and Heartworm Markets study profiles the veterinary and over-the-counter markets for flea and tick products and heartworm preventives, including veterinary product sales and pricing, advertising expenditures, and new and developing products. The report, which has been published annually by Brakke for two decades, gathered information from a variety of sources, including published information, industry interviews and a survey of 300 small animal veterinarians and 500 pet owners.
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American Regent Animal Health
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Luitpold Animal Health is now American Regent Animal Health. Luitpold Pharmaceuticals Inc. has streamlined its operations by absorbing its wholly owned subsidiaries—American Regent Inc. and PharmaForce Inc.—into one corporate entity. As American Regent Animal Health, the company will continue offering Adequan, an FDA-approved polysulfated glycosaminoglycan product for horses and dogs, and also expand its product line, seeking new innovations for the animal health market.
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When first impressions change

A veterinary student wearing a Ralph Lauren jacket can still muddy up and get the job done.

It was about 6 o’clock on a dreary Monday morning when the phone rang, giving me a dreadful premonition of how the week would be. The man described what could have only been a uterine prolapse in one of his two cows. The cow’s name was Rainbow, and anytime someone names his cows—well, these are not livestock we’re talking about. I hate dealing with uterine prolapse. Every time I tackle one, I feel like I’m wrestling a giant guy, but if I push too hard, his skin will tear.

So I arrived at the clinic grumpy, looking for someone to assist with the nasty undertaking. We always have students from various veterinary schools at the clinic, and that morning, a new crop had arrived. All the techs and students had already been claimed by other vets, leaving me with just one fella who could help.

This young man was standing in the lobby wearing a navy blue Ralph Lauren rain jacket and starched khakis. It was the era when vet schools had decided that every student needed to spend two weeks at a mixed animal practice. A nice thought, but most of the students were city folks who didn’t want to be there and dreaded the experience. He was one of those. Who could expect to do anything on a cow wearing crisp khakis? This kid had “city boy” written all over him—but he was all I had.

I gathered the equipment and told the city boy, Kirby, to get in the truck. It was misting and blustery as we pulled up to the pipe-fence-lined corral that Rainbow called home. It was just me and Kirby there to fix the broken beast. She was lying in the mud about five feet from the fence with about 40 pounds of uterus on the rain-soaked earth behind her.

Kirby was bundled up in his raincoat and watching from outside the fence as I struggled to replace the displaced organ. It’s a tough job. If you push at 12 o’clock, it comes out at 6 o’clock. If you push at 3 o’clock, it comes out at 9 o’clock. And so it goes.

The first thing I do is clean off the uterus, cover it in sugar to bring down the swelling and put it in a black plastic garbage bag. This keeps it clean and helps prevent me from poking a finger through the friable tissue.

After about 10 minutes of struggling, I was covered in mud and afterbirth and Kirby was standing in the exact same place. He hadn’t said a word or offered to help at all. I was pooped and needed to walk away for a minute and regain my composure. I went to the truck to get umbilical tape and a needle to sew things shut in case I ever did actually get it back in.

Much to my surprise, Kirby had scaled the fence and was down on the ground trying to poke the thing back in. He was having exactly the same pitiful results.

He looked up and said, “The height of ignorance is doing the same thing over and over and expecting a different result. But I just had to get down here and see what was so hard. This is hard. What are we gonna do?”

I barely heard what he was saying because I couldn’t believe he was lying in the mud with those clothes on. I was also amazed he had the sense to know that doing the same thing I’d done wasn’t going to work. The uterus was just too big and swollen.

I told him to let the sugar have some time to work and I’d go back to the truck to get a shot of pain medicine and antibiotics. He agreed and relaxed, still lying in the mud.

A few minutes later I arrived back at the scene. I realized I’d misread this city kid. Kirby had pulled up the hood of his raincoat and cinched it tight under his chin. He’d then placed his head in the center of the prolapsed uterus and was pushing against the pipe fence with his legs, using the force of his body to hold the prolapse in position. He was using his hands to push the sides of the uterus back in the cow. This kept the bulk of the uterus under pressure to slide back in without leaving as many places for it to come back out.

I saw what was happening and jumped the fence in a hurry. I went to work on the 12 and 6 o’clock positions and, to my surprise, realized that the thing was inching back inside the cow.

I began instructing Kirby. I told him the uterus would move back in quickly after it got to a certain point. I said that when it got back in, the cow would feel the urge to push like she was having a contraction and that we couldn’t let it go or she’d push it all right back out.

Just as predicted, the whole giant thing suddenly popped back inside the cow. When it did, Kirby’s head went into her vagina up to his nose. I told him to hold tight so I had a chance to put a purse string of umbilical tape around it or she’d push the entire thing back out.

I worked fast and got the suture placed. I began tightening it and told him to slowly remove his head as he did. He did as he was told and, in a few seconds, the procedure was done. We stood up and high-fived each other for two minutes straight.

I took a picture of Kirby standing next to Rainbow in his goo-covered city boy clothes and told him he was tougher than a pine knot.

This was several years ago. Kirby went on to be a successful small animal veterinarian in a large city. We became friends during his stay in Lamesa, and I know he has an 8-by-10 glossy photo of himself in a blue Polo jacket, covered with mud and goo, hanging in his office.

Bo Brock, DVM, owns Brock Veterinary Clinic in Lamesa, Texas. His latest book is Crowded in the Middle of Nowhere: Tales of Humor and Healing From Rural America.
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