

**FINAL DECISION AND
SECTION 43 STATEMENT TO THE VETERINARY COUNCIL BY THE
COMPLAINTS ASSESSMENT COMMITTEE
Dr "B"**

**CAC 09-46
(Complaint by Mr and Mrs "A" – "Almond")**

Key:

- "A" – complainants**
- "Almond" – dog's name (changed from actual name)**
- "B" – veterinarian subject to the complaint**
- "C" – Dr B's employer**
- "Everywhere" – name of region (changed from actual name)**

1. Complaint

1.1 The complaint concerns the treatment of Mr and Mrs "A"s 4 year old fox terrier bitch, "Almond", for symptoms consistent with eclampsia. "Almond" did not respond to treatment involving intravenous and subcutaneous injections of calcium products and intravenous fluids and died the following day.

2. Summary

2.1 The Complaints Assessment Committee ("CAC") of the Veterinary Council of New Zealand ("VCNZ") has reached a final decision in this matter.

2.2 Dr "B" and her employer Dr "C" attended mediation with Mr and Mrs "A" on the recommendation of the CAC under section 46 of the Veterinarians Act 2005 ("Act"). The mediator reported to the committee that mediation was successful and that a mutually agreeable settlement was reached.

2.2 The decision of the CAC pursuant to section 43(1f) of the Veterinarians Act 2005 is that this matter requires no further statutory action by the CAC or the VCNZ.

3. The Investigation

3.1 The CAC considered evidence from the following sources as part of its investigation.

- 3.1.1 Correspondence and emails from Mr and Mrs "A" including various enclosures.
- 3.1.2 Correspondence from Dr "B".
- 3.1.3 Correspondence from Dr "C".
- 3.1.4 Report from the mediator

4. Background

4.1 Dr "B" is employed in a mixed practice in "Everywhere". Dr "B"s clinical responsibilities include both farm services and companion animal work.

4.2 Dr "B" had been in clinical practice for 2 years at the time "Almond" presented and she had not had to treat a case of eclampsia previously. No other

veterinarians in the practice were available to consult with. The clinic does not have in-clinic blood testing facilities.

- 4.3 "Almond" was presented at the clinic at midday, three weeks post whelping with symptoms consistent with eclampsia and hyperthermia.
- 4.4 Initial treatment involved the setting up of a drip of isotonic saline, 3ml of Calcidad by slow iv injection, another 4ml subcutaneously and 4ml was added to the drip bag. Because of hyperthermia and a vaginal discharge Dr "B" administered Noroclav and Baytril.
- 4.5 One hour after commencing treatment "Almond" had not improved. Dr "B" referred to the case notes of a dog, previously treated by a senior veterinarian of the practice, of similar bodyweight and on this basis administered 40ml of Calcium borogluconate 37.5% subcutaneously.
- 4.6 Dr "B" was away on farm calls for the afternoon and the clinic nurse became concerned for "Almond"s condition. She contacted another veterinarian in the practice who authorised the administration of a further 20ml of Calcium borogluconate 37.5% subcutaneously.
- 4.7 "Almond" looked a little better later that day but by next morning had deteriorated badly and died during that day.
- 4.8 Blood tests taken on the morning of the 3rd March which showed a blood calcium level of 17.36mmol/l. The normal level reported by the laboratory is 2-2.3mmol/l.
- 4.9 Drs "C" and "B" met with Ms "A" to discuss "Almond"s treatment and answer her questions. The clinic waived the charges for "Almond"s care.
- 4.10 Ms "A" continued to use this clinic for the veterinary care of her other animals. After a period of 6-7 months Ms "A" was still troubled by "Almond"s death and made this complaint to VCNZ.

5. Concerns of the CAC

- 5.1 The initial dose of Calcidad administered by Dr "B" was appropriate for a dog of "Almond"s size. The further doses of Calcium borogluconate 37.5% were significantly higher than recommended doses. The blood calcium level measured on the 3rd March was consistent with massive overdosing and toxicity.
- 5.2 No consideration was apparently given, when treating "Almond", to other complicating issues (eg hypoglycemia, cerebral oedema) which may have contributed to "Almond"s poor response to calcium therapy and ongoing symptoms.
- 5.3 The CAC had some sympathy with Dr "B" considering her level of experience and having not previously treated this specific emergency. The CAC after questioning Dr "C" was satisfied the practice was supporting Dr "B" in her work as a recent graduate appropriately.
- 5.4 The CAC could understand why Ms "A" had reservations with "Almond"s treatment.

6. Mediation

- 6.1 The CAC believed that mediation under section 46 of the Act could resolve Ms “A’s” concerns in this complaint.
- 6.2 The parties agreed to mediation.
- 6.4 Mediation achieved an agreed settlement between the parties. The mediator commented on the positive manner in which the parties approached the mediation process and that they were able to depart on good terms.

7. Decision of the CAC

- 7.1 It is the decision of the CAC that under Section 43 no further action is warranted in this case. In making its decision the CAC notes that:
 - 7.1.1 There was no evidence of conduct warranting consideration of a disciplinary outcome.
 - 7.1.2 Mediation successfully addressed the complainant’s concerns.
 - 7.1.3 The CAC notes that the practice has developed a protocol for the treatment of cases of eclampsia and was willing to accept responsibility for the handling of this case.
 - 7.1.4 The CAC considers the practice was providing appropriate support for Dr “B” and that a combination of factors were responsible for the treatment errors that occurred.
 - 7.1.5 Dr “B” shows insight into the problems caused by “Almond”’s treatment and cooperated fully with the CAC in its investigation.
 - 7.1.6 Dr “B” was not responsible for all of the treatment decisions made regarding the administration of calcium to “Almond”

The CAC now considers this matter closed and no further action will be taken.