

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

**CAC 10-15  
(Complaint by Mrs A – “Asta”)**

**Key:**

- “A” – complainants**
- “Asta” – dog’s name (changed from actual name)**
- “B” – veterinarian subject to the complaint**
- “C” – Dr B’s employer**
- “Everywhere Veterinary Hospital” – city and clinic name (changed from actual name)**

**Summary**

1. The Complaints Assessment Committee (“CAC”) of the Veterinary Council of New Zealand has investigated the above complaint. Pursuant to section 43, the CAC is of the view that this complaint does not require further action.

**Background**

2. Mrs A’s bitch “Asta” a five year old Labrador was presented in labour to Dr B at 7pm in the evening. Dr B was the on call veterinarian in “Everywhere” that night providing service from the “Everywhere Veterinary Hospital” clinic.
3. Following initial assessment and treatment with oxytocin the decision to perform a caesarean section was made. Mrs A requested that “Asta” be spayed at the same time. Mrs A signed a general consent form which identified that there was an element of risk.
4. The operation took around 2 hours to complete but proceeded uneventfully. Dr B was assisted by 2 nurses through the operation. 9 pups were delivered with 2 dying shortly after birth.
5. “Asta” was sent home still slightly groggy about an hour after completion of the surgery at around midnight.
6. Mr A stayed with “Asta” looking after her through the night. At 5:30 am he rang Dr B worried about her condition. He reported that she seemed to be in pain was having difficulty standing and seemed cold. Dr B advised to bring her to the clinic for reassessment at 7am. Mr A phoned back shortly after because “Asta” had died.
7. Dr B offered an independent autopsy at no charge in order to ascertain the cause of death and this was declined by Mrs A. Dr B organised cremation of “Asta”s body.

**The Complaint**

8. Mrs A has raised questions and concerns about Dr B’s care of “Asta” including:

- a. That "Asta" was sent home without having fully recovered from the anaesthetic.
- b. That the surgery took too long and the anaesthetic was not managed properly.
- c. Whether "Asta" was overdosed?
- d. Whether the surgery was carried out properly?
- e. The standard of Dr B's judgement and assessment skills?
- f. Whether Dr B, owing to her level of experience, was sufficiently supported by her employers?

### **Dr B's Response**

9. The sequence of events as described by Dr B correlates with those described by Mrs A.
10. The anaesthetic regime consisted of pre-oxygenating "Asta" and then intravenous induction with Alfaxan (without pre-medication) followed by gas anaesthesia using iso-flurane. "Asta" was supported with intravenous fluids during the surgical procedure and during recovery from anaesthesia.
11. "Asta" underwent a period of excitation during anaesthetic induction which was witnessed by the As.
12. Dr B explained that the time taken for surgery was reasonable taking into account "Asta"s size, the number of puppies and undertaking to spay her at the same time.
13. One nurse monitored anaesthesia through the procedure. A second nurse scrubbed in and assisted with the actual surgery. Surgery was uneventful. Temgesic was administered after the last puppy was delivered in order to provide pain relief for "Asta" on awakening. This may have contributed to her slow recovery from anaesthesia.
14. "Asta" went home with the owners at about midnight. Dr B assessed her to be stable and awake enough to go home. She discussed with the As reasons why "Asta" might still seem sleepy including the duration and extent of surgery, and suggested the possibility of doing some blood tests the following day.
15. Mr A called Dr B at around 5.30am. Dr B discussed his concerns and did not believe based on the information provided that it was so urgent that "Asta" needed to be seen immediately. She organised to see her at 7am when she would have a nurse at the clinic who could assist.
16. Mr A rang Dr B back shortly after to inform her that "Asta" had died. Dr B described her response as being shocked and surprised. She offered an independent autopsy and provided advice on how to manage the needs of the puppies. Mrs A also called Dr B to ask questions and discuss further arrangements.
17. Dr B met Mr and Mrs A at the clinic and organised cremation of "Asta" and the necessary fostering kit for the puppies.

18. Dr B and principals of “Everywhere Veterinary Hospital” met with the As to discuss aspects of “Asta”s care. The practice sent flowers to the A’s to express their condolences.
19. Dr B is a recent graduate who started practising at “Everywhere Veterinary Hospital” in December 2008. Because this clinic is contracted to the “Everywhere” City and Regional Councils Dr B gained a lot of experience in 2009 doing bitch spays with a significant percentage of these patients being mature large breed dogs. Dr B has performed at least one other caesarean section and spay in a large breed dog, and assisted with at least one other.
20. Dr B has written to the committee expressing her apologies for the sense of loss the A’s are feeling. She comments that she is also experiencing significant grief over the loss of “Asta”.

### **CAC Considerations**

21. Unfortunately in this case an autopsy was not conducted and so the cause of death is not known. Without knowing that we can only speculate about the actual reason that “Asta” died and whether the decisions and actions of Dr B contributed to the outcome. Dr B must be commended for offering an independent autopsy at no cost to the owner. This offer indicates her desire for transparency and a willingness to find answers to this tragedy.
22. The CAC has carefully considered Dr B’s clinical management of “Asta” in this case and is satisfied that her decision making and actions while treating “Asta” at the clinic were sound and well above the minimum standard expected.
23. The anaesthetic technique described is exemplary for a caesarean. The drug choices and technique described reflect modern thinking with a view to achieving the best safety for the bitch and the puppies. In any patients undergoing anaesthesia that are not pre-medicated beforehand the risk of excitation during induction is increased. It is unfortunate (and the committee can understand why it would be upsetting) for the owners to have witnessed that stage of excitation during “Asta”s induction.
24. The duration of “Asta”s surgery is not a concern to the committee. A caesarean involving 9 puppies followed by ovariohysterectomy is a time consuming surgery. “Asta” was receiving intravenous fluids and Dr B was supported by two veterinary nurses ensuring that her anaesthetic was properly monitored and Dr B had appropriate surgical assistance.
25. It is normal practice to send the bitch and puppies home as soon as possible after surgery so long as the veterinarian is satisfied that the patients do not need specific veterinary care. It is normal for the bitch to leave the clinic still groggy within 1-2 hours of leaving the surgery table. Dr B’s assessment of “Asta” at this time sounds reasonable.
26. Dr B’s decision that “Asta” did not need to be seen urgently when Mr A called at 5.30am was clearly wrong. However, triaging clinical cases over the phone is fraught with difficulty. The CAC can understand why Dr B made the decision she did taking into account all of the information she had. While

her decision was not the right one at this time, any other decision she made would not have affected the outcome for “Asta”.

27. The committee is satisfied that Dr B’s experience is sufficient to justify her decision to undertake “Asta”’s surgery without the support of another veterinarian. The meeting between the practice principals and the As suggests that Dr B is well supported in her role and that senior members of the practice are interested and concerned when things go wrong.
28. This decision was provided to both the As and Dr B in provisional form providing them both the opportunity to comment before finalising. Neither party chose to comment. The findings and outcome remain the same.

### **Decision**

29. The CAC has given careful consideration to all the information received. The CAC has found no evidence that Dr B has acted unethically or dishonestly and does not believe there are grounds to require disciplinary action.
30. The CAC also does not believe there are grounds to consider that Dr B has acted outside her level of competence or that she should be referred to the Veterinary Council for competence assessment.
31. The CAC believes that this case can be closed and no further action needs to be taken.