

The Art of Private Veterinary Practice

L'art de la pratique vétérinaire privée



Client-animal relationship-based communication

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Many people believe that treating species perceived as companion animals like family members, typically as one of the children, means that these animals will receive the best of care. When they first established their veterinary practice, Drs. Mulcahy and Bosch were among them. However, as they became more experienced, they realized that making such a connection was too simplistic.

“One of the first things we discovered is that clients’ perceptions of what it means to treat their animals as members of their families can differ dramatically,” explains Dr. Mulcahy. “In retrospect, this shouldn’t have surprised us because there’s a lot of variation in how parents treat their children too.”

For example, the veterinarians’ client base includes a population of “helicopter” clients that rivals that of the helicopter parents seen by local pediatricians. Theirs include clients who hover over their eating, urinating, defecating, or even just playing dogs and cats to ensure themselves that all is well. These clients become even more excessively attentive when their animals succumb to “nervous stomachs,” nonspecific recurrent bouts of diarrhea and physical injuries, whether coincidental or unintended side-effects of this overly solicitous human behavior.

It did not take long for the practitioners to acknowledge that this segment of their client base contributed a significant amount of income to their practice. However, they also realized these cases often involved time-consuming, complex bond and communication challenges as well as medical ones that left them feeling physically and mentally drained. Eventually, the communications aspects of these interactions caused them to dread seeing these clients and their animals. When they reached that point, the practitioners decided that they needed to take a preventive instead of reactive approach to these clients lest they alienate them.

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“I still remember the first time I used it,” Dr. Bosch reminisces. “It was when I saw Ms. Wadleigh and Moses the first time. He was a perfectly normal high-energy male kitten, but she was obviously anxious and insecure. She kept constantly fussing over him and seeing every little thing he did as actually or potentially pathological. But instead of trying to rush through the examination process as quickly as possible to end the agony for all of us like I used to, I did exactly the opposite.”

The veterinarian describes how he first explained every step of the examination to the client, including what he or his technician was going to do as well as why, and how the kitten might respond to this. By giving Ms. Wadleigh this information up-front, Dr. Bosch eliminated those fears of the unknown that feed anxiety. Then throughout his examination of the kitten, Dr. Bosch shared his observations and conclusions with the client. This benefitted Ms. Wadleigh because it caused her to focus on the veterinarian and the kitten instead of her fears. The knowledge she gained about her animal also made her feel more confident about her pet. Equally important, the client became more relaxed which, in turn, helped her animal relax and facilitated his examination.

Although both practitioners admit that these initial appointments with these clients do take longer, this investment more than pays for itself in the long run.

“At first we thought that educating these people could cost us more because we wouldn’t see them as often as we did when they were worried about every little thing,” admitted Dr. Mulcahy. “But we decided to do it anyhow because we didn’t see those angst-driven interactions as healthy for any of us. Then we discovered that the more confident they felt about their ability to care for their animals, the more proactive and objective they became about their animals’ health and behavior.”

Dr. Bosch nods in agreement then adds, “For all the energy these people were putting into hyper-vigilance, they often missed those first, often subtle signs of impending problems. Their anxiety also made it more difficult for them to process what we were telling them, which was a source of great frustration. But once we gave them the tools to become more relaxed and involved in the process, we didn’t see them less. We saw them *sooner*, and the interactions were more rewarding for all of us.”

The veterinarians also discovered that although some anxious clients still preferred to get in and out of the examination room with their animals as fast as possible, there were others like Ms. Wadleigh who wanted to be more fully engaged in their animals' veterinary appointments. When these people learned about the veterinarians' alternative option, they began coming to the practice too.

In addition to the anxious helicoptering clients who perceive their animals as family members, Drs. Mulcahy and Bosch also see those who treat their animals more like unpaid servants.

"We call these animals Cinderellas because their owners see the animal's value strictly in terms of what the animal does *for them*," Dr. Mulcahy explains. "If the animal fails to fulfill their expectations, at best they lose interest in providing anything but the most basic care. At worst, they want the animal gone."

Among the animals that fall under this heading are working dogs whose skills their owners depend on to herd their flocks, protect their livestock, or assist in hunts needed to supply food for the human household. When in their prime, these animals may play such a key role in their owners' success that these people willingly will ensure their animals receive the best veterinary care. However, when the animals no longer function optimally, these clients perceive them the same way they perceive a piece of equipment that no longer does the job. The animals become a liability not worth the cost to maintain.

Some practitioners refer to two other populations of animals that fall under this heading as "burn-out fodder." They do this because, unlike the previous clients, those in this group often present their animals as beloved family pets. One population consists of animals used in competitive events whose value to their owners is directly linked to the animal's ability to win. Were these people parents of children, they would be called "Stage Moms" or "Stage Dads." When all is going well, they are fully engaged in their animal's care and often want only the best. At the same time though, any needed recovery time from illness or injury may be determined far more by the timing of the next show, meet, or race than any veterinary recommendations to ensure the animal's well-being.

Communicating with these clients can be frustrating because so much of their identities is tied up in their animals' performance that they consider themselves the ultimate authority on their animals' welfare. In such situations, couching any recom-

mendations for the animal's immediate welfare in terms of future successes may be helpful. For example, the veterinarian may point out that missing the upcoming event may enable the animal to compete far more successfully in a more prestigious competition in 2 months.

"The down side is that we need to keep track of such events and not let our personal feelings regarding what we think about such human-animal relationships undermine our interactions with these people," notes Dr. Bosch. "Sometimes that's difficult!"

But once again the veterinarians find that any costs of doing this are exceeded by the benefits in the long run.

The second burn-out fodder population consists of family pets their owners expect to function as service, assistance, or support animals for themselves or others. Unlike working animals bred, selected, and specifically trained to perform these functions by those trained to do this, these animals gain their responsibilities simply because they are there. Following a child's diagnosis of autism spectrum disorder, Skippy gets pressed into service to comfort the child 24/7. Well-meaning, but naïve, human healthcare professionals even may suggest parents do this. When these animals become overwhelmed and develop problems, their owners want immediate cures.

Drs. Bosch and Mulcahy found that taking a comprehensive One Health approach worked for them in these cases. This involves meetings with the clients and human healthcare providers to determine their therapeutic expectations of the animal, plus trainers or behaviorists to determine if these are feasible. Sometimes proper training and frequent rest and play breaks for the animal away from the human patient solves the problem. But if the family pet lacks the physical and mental wherewithal to perform these functions successfully for their loved ones, clients are advised to consider adding an animal with the proper credentials.

Above all, what the veterinarians learned from all of these cases is that all they can do is to provide these clients with the information and tools that will enable those people to put their animals' needs ahead of their own. However, they have no control over how much these clients actually will do to create a more equitable relationship with their animals or how long it will take them to do this. All the practitioners can do is to do their best, and let it go.