

Avoiding Client Complaints to the CVO

Dr. Clayton Greenway, DVM, B.Sc.

I received a College of Veterinarians of Ontario (CVO) complaint six years ago. It was from a client I never met and a patient I never treated ... and I lost.

The CVO exists to serve the interests of the public, as indicated on their website: *'The College protects and serves the public interest'*. If you ever receive a complaint against your medical license, there is surprisingly little information that explains the process. You will receive a short two-page document that briefly outlines the complaints process that may be the most challenging time in your career and may even be emotionally devastating.

Let me first say that it is a privilege to be in a profession with a self-regulating body. We all have this wonderful career that provides challenges and rewards that enrich our lives on a daily basis. As veterinarians, we typically do not have someone constantly looking over our shoulder telling us what to do or how to practice. We have autonomy to make decisions that greatly impact the lives of pets and people. In my opinion, this is one of the greatest careers in the world that I am forever grateful to be a part of. So even though my experience during the complaints process was difficult and hurtful, if the CVO didn't exist, then neither would some of the greatest features of our profession.

I was the lead veterinarian at Coxwell Animal Clinic where I was tasked with ensuring client satisfaction, among other responsibilities. An associate veterinarian there told a client that I

may be able to do a home euthanasia. I perform this for patients and clients I know, but I don't do it in cases where I can't ensure a safe and successful procedure. I declined because the dog was old and epileptic, I didn't know the owners, and the patient had not seen us or any other veterinarian in the previous five years. I offered to transport the dog to the clinic, free of charge, where the euthanasia could be performed or, if that was not an option, it was suggested that the clients call a mobile veterinarian. The clients were more than a little upset and unleashed a litany of disturbingly irrational claims against the practice ... but let's face it, they were in pain. They were losing their dog and despite what they were saying, I still cared for them. I called them and left a message on their answering machine asking them to call so I could discuss the decision and also delivered heartfelt sympathies for their loss. They responded by lodging a complaint against me.

The complaints process that followed took over a year. At the end of it, all their complaints were rejected. Except for one. They said I had 'a demeaning tone' in the message I left on their answering machine. The CVO issued me a 'caution' in response to this particular complaint. It was not something permanent on my license, it didn't carry any penalty and I didn't

need a disciplinary hearing. And yet, I had great difficulty with this ruling because I truly believe it was untrue. I genuinely cared about these people when I called them and there was no malice or negative thought in my mind when I did.

I then spent the next year and a half appealing it through the Health Professionals Appeal and Review Board, which prompted the CVO to 'amend their original decision' and substitute it with a decision to 'take no further action'. It felt good to finally be exonerated, but it does not erase how bad I felt over those two years. Simply put, a client made unwarranted accusations against me and I lived with frustration for over two years.

The complaints committee is made up of wonderful people. Individuals who care enough to take time to help regulate our profession and protect the public against substandard service from our colleagues or ourselves.

This ordeal took over two years to correct. I may have won the argument, but in the end, I clearly lost due to the time and frustration it took to resolve it. I was lucky to have the full support of the company I worked for, VetStrategy, its owner, medical director, and many colleagues within it, but I've heard stories from other veterinarians about their employers turning their back on them or not wanting to be involved. The most

Continued on page 8

What is your Diagnosis?: Neurology

Case STUDY

Continued from page 5

No abnormalities are detected on the radiograph. In the MR images, there is an abnormality of the distal third of the femur and the surrounding soft tissues. These lesions are characterized by hyperintensity (brightness) within the medullary cavity and cranial cortical bone, as well as the surrounding soft tissues, on both the STIR and T2 weighted images. Both STIR and T2 weighted sequences are sensitive to pathology including neoplasia and infection; the difference between the two sequences is that the signal from the fat is nulled out on the STIR images whereas the fat is bright on T2W images. Compare the normal appearance of the tibia to the femur

in both MR images. The differential diagnosis for these findings includes neoplasia (primary bone – osteosarcoma, histiocytic sarcoma, other sarcoma; metastasis) and osteomyelitis (fungal – Blastomycosis, other). Similar, less distinct, lesions were identified in MR images of the right humerus.

Core biopsies of the left distal femur revealed osteosarcoma. Based on the presumed involvement of multiple long bones and the overall poor prognosis, Barclay was euthanized.

This case illustrates the limitations of radiography in identifying bone lesions, since 30-50% of the bone must be lost before lysis can be visualized. MR imaging is highly sensitive to bone pathology even early in the disease process. In this patient, MR clearly

identified the affected tissue, aided in the differential diagnosis and guided confirmatory biopsy.

Dr. James Campbell, Neurology

Originally from Winnipeg, Dr. Campbell had already completed a PhD in Neuroscience when he entered veterinary school at Michigan State University. There he continued his research into spinal cord injury and pain systems and completed specialty training in veterinary neurology, with an internship at Cornell University, and residency at North Carolina State University. He became board-certified in 2012 and practiced in the Washington, DC area before joining TVEH in August 2014. Dr. Campbell's professional interests include brain and spinal surgery.

Colleen Mitchell, Diagnostic Imaging

Dr. Mitchell graduated from OVC in 1986. She spent 18 years in small animal practice in southern Ontario. During this time, she developed a special interest in radiology and ultrasound which prompted her to enter the diagnostic imaging residency program at OVC in 2004. Dr. Mitchell became a Diplomate of the American College of Veterinary Radiologists in 2007 and completed her thesis (MRI findings in spinal ataxia) and DVSc degree in 2009. Dr. Mitchell joined the referral service at the Toronto Veterinary Emergency Hospital in 2008 as the first board certified radiologist in private practice in the GTA. Dr. Mitchell performs all in-house ultrasounds and reviews all imaging studies done at TVEH (radiographs, CT and off-site MRI). Dr. Mitchell also accepts radiographic studies from referring veterinarians by electronic transfer or courier for evaluation.

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Continued from page 7

important thing I learned is that going forward, I need to avoid any complaint at all costs.

These days a bad review online can be more damaging than a formal complaint to our licensing body. Word of mouth advertising can work against you if a disgruntled client is motivated to damage your reputation. Even on those days when we're exhausted and frustrated, we have to stay vigilant to avoid disappointing a client. Creating a positive client experience is great business, but it also protects our personal lives and professional future in this industry. You never know when a simple communication can turn into the biggest fight of your professional life.

I have since put a lot of time and research into why complaints are lodged against doctors and what we can do to avoid them. Explaining the complaints process, providing advice, and discussing the tools and skills you can use to create positive client satisfaction is something I have become very passionate about. I keep in mind one particular study from the New Zealand Medical Journal¹ that presented the results of questionnaires sent to 221 doctors who received a complaint against their medical license. Every doctor experienced anger, depression, guilt, or shame either alone or in some combination. One out of every three had these emotions remain in their lives for years following the complaint. The researchers found it resulted in reduced trust and goodwill towards

their clients, a lasting reduction in their confidence in clinical practice, and lastly, which I think is the worst of all, reduced enjoyment of practice.

Yes, even if you "win" your complaint case, you have to ask yourself ... did you really?

Dr. Clayton Greenway is a lead veterinarian for the VetStrategy group of clinics, responsible for mentoring new graduates, improving clinic value, and business development. As a newstalk1010 radio host of a weekly call-in radio show, he strives to provide honest advice and assist people in making the best medical decisions for their pets.

¹Cunningham, W. The immediate and long term impact on New Zealand doctors who receive patient complaints. *NZMJ*. 2004;117(1198).