



# A case study of consent discussions for elective neutering in a small animal practice

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## Methodology

This study forms part of a larger study into informed consent to the treatment of animal patients. The case study was centred on a small animal practice, and confined to neutering of dogs, cats and rabbits of both sexes. Ten consent discussions for elective (non-therapeutic) neutering procedures were observed, recorded, transcribed and analysed by the author. Informed consent for recording was obtained from all participants. Data were analysed using thematic analysis and following an interpretive description methodology.<sup>1</sup>

Content themes	Descriptive themes	Interpretive analysis
<i>Recommending specific procedure</i> <i>Offering additional procedures</i> <i>Recommending additional procedures</i> <i>Giving client choices</i>	Respecting client autonomy vs. demonstrating "paternalism" Who made the decision? Decisions made on a "best interests of the patient" basis	Autonomy vs. beneficence as underpinning principle to consent
<i>Describing procedure(s)</i> <i>Evaluating health</i> <i>Outlining risks of GA</i> <i>Outlining risks of surgery</i> <i>Describing post-operative complications</i> <i>Describing requirements for aftercare</i> <i>Describing uncertainty</i>	Deciding on level of risk disclosure	Degree of respect for client autonomy
<i>Estimating costs</i> <i>Contracting for payment</i> <i>Charging for additional services</i> <i>Expecting payment for unexpected outcomes</i>	Respecting client financial autonomy	Recognising constraints on autonomy ("constrained owner autonomy")

## Respecting client autonomy vs. demonstrating "paternalism"

"I don't think it's unreasonable just to keep an eye on it, it's up to you, but while she's under, being spayed, you could remove it at the same time."  
(Vet, Consultation 6)

"The difference where keyhole is particularly helpful, is where we have a lot of weight on the incision, there is a high risk of breakdown ...(...)... she's nice and slim, she's a lovely weight, so with her I'd recommend a routine spay with a shorter anaesthetic."  
(Vet, Consultation 4)

"So, we've got two options at this stage. Given that she's bright and well...(...)...one option is to still go ahead with the anaesthetic as planned...(...)...the second option would be to go down the route of having her heart scanned...(...)...to see what's going on with that before she has an anaesthetic."  
(Vet, Consultation 1)

"There is an option for a pre-anaesthetic blood test because she's young, fit and healthy, the chance of it showing anything up is slim."  
(Vet, Consultation 5)

## Deciding on the basis of the patient's best interests

## Deciding on level of risk disclosure

"Everyone says let them have two (seasons), but she didn't enjoy it, and she was demented when I couldn't let her off the lead."  
(Client, Consultation 5)

"... generally, from the rabbit neutering point of view, there are actually a lot more health benefits to getting the female rabbit neutered than the male rabbit..."  
(Vet, Consultation 7)

"And to be honest, from a medical point of view, the fewer seasons she has, the less risk of mammary cancer, so absolutely fine to neuter her after her first season, that's no problem."  
(Vet, Consultation 5)

"there's obviously a small risk in any GA that we do, even in young healthy animals"  
(Vet, Consultation 6)

"Worst case scenario is they can die from the anaesthetic. It is rare, but it does happen."  
(Vet, Consultation 2)

"Again, with every anaesthetic there is a slight risk. She's young, fit and healthy so there should be no risk, but we have to warn people about these things."  
(Vet, Consultation 5)

"There is a slight risk involved in removing any organ, as you can imagine, the major risk being bleeding"  
(Vet, Consultation 5)

"I just wondered, when they get neutered, cause reading on the internet and daft things, does it do it keep them open and then they can get problems with their back or is that just rubbish?"  
(Client, Consultation 9)

## Respecting the client's financial autonomy

## Conclusions

"... in terms of us doing the scan of the heart, it's about £110 for us to do... to see him (specialist) to do it it's generally more than that, we can end up about £500 or so."  
(Vet, Consultation 1)

"Have you had any estimates for her so far? Would you like them now, today?"  
(Vet, Consultation 4)

"If it was on first opinion, while she was being spayed, then probably because you've already got the anaesthetic and everything included, it would probably be an extra £150-200, something like that. If you wanted referral to our soft tissue surgeon to do it, the price is drastically more, like a grand or something."  
(Vet, Consultation 6)

Human medical informed consent has travelled some distance down the road to **patient autonomy**. In fact, some authors question whether it has travelled too far down this road.<sup>2</sup> Direct comparison, even when suggesting similarities between veterinary and paediatric medicine, is difficult. As patients without rights, but whose welfare must be protected, animals rely on owners and veterinary surgeons to make decisions in their interests.

In general, veterinary surgeons in the case study practice achieved an appropriate mix of respect for client autonomy (and particularly, for the client's **financial autonomy**) and a "paternalistic" or beneficence-based style of communication, designed to maximise the patient's welfare or well-being.<sup>3</sup> The latter technique was used to advise clients what to do based on the animal's **best interests**, through recommending particular procedures.

The case study here demonstrates a **shared decision-making** approach that seeks to prioritise the best interests of the animal patient, while acknowledging the financial autonomy of the owner.

## References

1. S Thorne, *Interpretive Description: Qualitative Research for Applied Practice* (2nd edn, Routledge 2016)
2. J Montgomery, Patient No Longer? What Next in Healthcare Law? (2017) 70 *Current Legal Problems* 73
3. A Hall, Making good choices: toward a theory of well-being in medicine (2016) 37 *Theor Med Bioeth* 383
4. Photo by Anusha Barwa from Unsplash.com