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President's Desk



What have you accomplished this year? How do you feel now, at this time of year? Do you feel like you accomplished what you set out last year with your new year's resolutions? If you have not, quickly sit down and take a pen, think back. Often we get discouraged because we missed a goal in the year, whether it be personal development or business turnover. However, I can promise you that you have accomplished *so much* this year, that is why I want you to take the pen, grab a beer or a glass of wine, and write down all the wins of this year.

Remember this is SILLY SEASON. People don't think rationally anymore, everyone just wants to finish what they already have going on and no one wants to take on new work. We are overworked and feel tired, and we often only think about what we didn't succeed in. By doing that we miss all the great things we have achieved. Remember those things.

We are looking forward to a GREAT, HUGE, HUMONGOUS congress at the coast this year: We have a larger venue, we have great speakers, Hills is even planning on having a barista, so start looking forward to your tall americano, your latte, your mochaccino or cappuccino. "ag Japie, I love it when you talk foreign."

There is only a tad left of this year, use these successes to gather strength for the last bit of the year.

It has been a privilege to serve you as Chairperson of this Exco. I have to unfortunately share that I will be withdrawing and stepping down from the Exco at the end of this year due to overwhelming other responsibilities. I remain committed to supporting the organization in any way possible.

May the rest of the year be blessed.

-Dr Theuns Laubscher
VAN President

VAN NEWS



Small Animal Cardiology CPD Event

The Cardiology CPD was held on the 22nd of July at the Village Garden in Windhoek and was attended by 27 participants. The brilliant Prof Johan Schoeman presented four excellent talks on small animal cardiology, as well as how to form rational treatment plans and critically evaluate scientific literature.

VAN is very grateful to Boehringer Ingelheim- Animal Health for sponsoring this event, as well as the University of Namibia for sponsoring the flights and accommodation for Prof Schoeman. An event such as this would not have been possible without their support!



Dr Billy Apola from Boehringer Ingelheim-Animal Health



Dr Saskia Stam, VAN Industry representative





Blandine Meesher, Dr Shalom Phiri and Dr Billy Apola



Drs Emilia Nambinga, Francis Nyathi, Mercelin Gawanas and Simon Nambinga



AFSCAN NEWS



African Small Companion Animal Network (AFSCAN)

By Dr Alexandra Marko

AFSCAN is led by the WSAVA Foundation, which is the charitable foundation of the World Small Animal Veterinary Association (WSAVA).

In 2013 AFSCAN was founded, with Dr Gabriel Varga playing an instrumental role. He grew up and studied in Eastern Europe, where small companion animal care was limited at that time. After the fall of the Iron Curtain, him and leaders in companion animal medicine helped set up veterinary associations in that region with the aim of sustainably developing veterinary care by providing information and support. Based on this success story, AFSCAN was founded with the aim of transforming and moving small companion animal care in Africa to a higher level and in that way improve the lives of animals and humans.

4 Key elements:

Associations

AFSCAN aims at helping to establish small companion animal veterinary associations across Africa and in doing that, creating a network that will sustainably support veterinary care on the African continent. VAN has been part of this since 2014 when Dr Anselm Voigts on behalf of VAN joined hands with AFSCAN and they had their first meeting in Nairobi.

Other members: Burundi, Ethiopia, Ghana, Kenya, Nigeria, Tanzania, Uganda, Zambia

Science

Grant funding to promote research in Africa and establish global collaboration with researchers all over the world.

Supporting surveillance systems to monitor infectious and parasitic diseases in companion animals.

Education

Providing training and continued education for veterinarians across Africa to raise the standard of knowledge and care.

Rabies

Supporting rabies control projects.

The AFSCAN board led by Dr Varga aims to facilitate the 4 key elements and help guide and inspire associations to reach further.

Ultimately, it is about establishing a network between associations in Africa that will sustainably promote small companion animal care.



Current AFSCAN Board: Dr Gabriel Varga (Slovakia), Professor Mary Marcondes (Brazil), Dr Remo Lobetti (SA), Dr Kevin Stevens (SA), Dr Derick Chibeu (Kenya).

The idea of the “AFSCAN Twinning Project” was birthed at the AFSCAN Board meeting held during the VAN Congress in Swakopmund in 2016. This project aims at developing relationships between vets in Africa and in the US and UK. Several “Twinning” groups have been initiated since 2018. Thanks to Dr Voigts I have had the opportunity to become part of the “DoveLewis/KenyaSANamibia” group. We’ve held online meetings monthly without fail since December 2018. During these meetings we have discussed clinical cases, invited specialists to lecture, exchanged ideas and forged friendships over the years. We also have a WhatsApp group where we discuss cases and get advice. One of the highlights was our in-person meeting at the American Veterinary Medicine Association’s Congress in Denver in July 2023. It was great to finally meet up and spend time together and allowed me the opportunity to visit the specialist hospitals our three US twinning vets (two Critical Care Specialists and one Veterinary Dermatologist) work at. Several such AFSCAN Twinning groups exist, should you be interested, please contact me.

I have also had the amazing privilege of being part of the first in-person AFSCAN Ambassadors meeting since 2019. These meetings are usually held at one of the AFSCAN-countries’ annual congresses to support the congress by providing speakers, as the AFSCAN board is served by renowned specialists. This year’s meeting was held during the Kenyan Small Companion Animal Veterinary Association’s (KESCAVA) congress in Mombasa. Professor Mary Marcondes lectured on Vaccination Protocols and Dr Adriana Lopez (WSAVA Foundation Board) on Emergency and Critical Care. The 3-day congress was well organised with excellent content and friendly Kenyan hospitality.

It was absolutely inspiring to see what some associations do with the little they have and how they serve -not just the veterinary community but also the community of animal owners in their country. The status of rabies in some African countries, like Ethiopia, is shocking and a reminder that we as vets should join hands and be at the forefront combatting such problems.

-Alexandra Marko



Save the date!!!

The World Small Animal Veterinary Association (WSAVA) through its Vaccinations Guidelines Group has produced the first vaccinations guidelines for dogs and cats in 2007, updated them in 2010 and again in 2015.

For those of you who were at the 2016 VAN Annual Scientific Congress, you will remember Professor Michael Day lecturing on the updated WSAVA vaccination guidelines. In 2016 the AFSCAN meeting was held at the VAN Annual Scientific Congress and hence Dr Remo Lobetti and Prof Michael Day were lecturing. Based on those guidelines the veterinarians in Windhoek had arranged a collegial discussion evening to decide on the adaptation of our vaccination protocols proceeding from the scientific evidence presented by Prof Michael Day (then Chair of the WSAVA Vaccinations Guidelines Group).

The WSAVA Vaccinations Guidelines Group is in the process of publishing the newest guidelines and will be presenting it at the WSAVA Congress in Lisbon, Portugal end of September 2023.

Professor Mary Marcondes is the current Chair of the WSAVA Vaccination Guidelines Group and also a member of the AFSCAN board. She has kindly offered to present these new guidelines to members of VAN -this will be in the form of an online presentation (Zoom) and a "live Question and Answer" session with her afterwards.

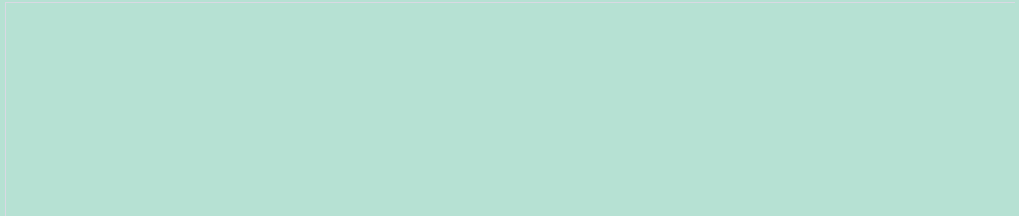
This is an amazing opportunity for all Namibian small animal veterinarians to be updated on vaccination guidelines based on the latest scientific research. We can be on par with what the world is doing and make evidence-based recommendations to our pet-owners.

This is also a great opportunity to brush up on our immunology and infectious disease knowledge.

Date: Thursday, 19 October 2023, 19h30.

In planning: sometime after this lecture we would like to have an in-person/online session with all interested VAN members to work on and discuss guidelines we, as VAN, can recommend.

-Alexandra Marko



The following article is CPD approved. Once you have read through it, you can attempt the quiz by clicking [HERE](#). You must achieve 100% before the certificate will be sent automatically to your email. Multiple attempts are allowed.

An Introduction to Veterinary Ethics and Moral Stress

By Andrea Klingelhoefter

There is something above and beyond the ordinary facts of men's behaviour, and yet quite definitely real- a real law which none of us made, but which we find pressing on us- C.S. Lewis

Who determines what is “right” and “wrong”? What are these concepts measured against? Does each individual have the authority to establish their own standards of “right” and “wrong”?

Is someone justified in abusing an animal, if they grew up in a culture where the mistreatment of animals was considered the norm?

As soon as we give matters such as these any deeper thought, most of us come to realise that we appear to have an innate knowledge of what is inherently good and just, and what is wrong and unfair.

Irrespective of how we came about to possess this type of knowledge, it is frequently termed “objective morality”. It is by definition independent of our own personal feelings or beliefs, cultural and religious backgrounds. Arguably, circumstances can suppress these ideas and even desensitise us, but that does not make them less valid.

This set of fundamental morals guide our decisions, behaviour and conduct towards each other and forms the basis of Ethics.

The philosophical branch of Ethics helps us to objectively rationalize the “right” decision-making in complex situations by applying Ethical Theories that help to prioritize conflicting moral elements.

Ethics can be ordered into three broad categories:

1. Social-consensus ethics (which are encoded into our laws and regulations)
2. Personal ethics
3. Professional ethics (with social ethics as its basis)

Condensed from Kipperman & Rollin (2022), some of the ethical theories that relate to animals are:

1. Contractarianism: we only owe each other morally as far as we can make agreements or “contracts” with each other. Animals cannot make contracts and are therefore excluded from moral consideration unless it is to the benefit of humans.
2. Utilitarianism: Is the *consequence* of the action right or wrong? It is also frequently summarized as “the greatest good for the greatest number”.
3. Animal Rights: All animals are more than conscious and deserving of freedom and respect, never to be treated as a means to other ends.
4. Deontology: Is the action itself considered right or wrong, rather than the consequence?
5. Relational/“Ethic of Care”: We are more obligated to take care of the animals that we decided to bring into our lives and have formed a special relationship with.
6. Respect for Nature: Rather than concentrating on the needs of the individual animal, the emphasis lies on preserving a species and its ecosystems.
7. Patient Advocacy or “Best Interest” Model: Everything must be done in the best interest of the patient, in terms of restoring their health and taking into consideration their quality of life.

None of these theories are perfect. Each has its advantages and disadvantages depending on the type of ethical dilemma. To make these concepts slightly less abstract, let us go over a popular philosophical scenario:

Suppose a murderer knocks on your door, intending to kill your friend who is upstairs. He asks if your friend is at home. What do you say?

Ethical analysis:

Who are the stakeholders who will be affected by your choice and whose interests must we consider? The relevant parties are your friend, the murderer, yourself, your local community.

We must begin by extracting the morally relevant components (Kipperman & Rollin 2022).

Through the eyes of objective morality, we know that:

- Murder is wrong
- Lying is wrong

In this situation, these two morals are conflicting. By which process do we decide which one ranks higher?

Social-consensus ethics and our own intuitive instinct would dictate to lie to the murderer in order to protect our friend. But let us pretend that the answer is not as straightforward in order to practice applying some ethical theories to justify our choice of action. This sort of practice is

important when wanting to convince someone (our peers, our clients) of the validity of our actions and decisions.

By using a deontological approach, the act of lying is *always* wrong, no matter the circumstance. The philosopher Emmanuel Kant famously defended his stance for this same scenario, but many of us would reject this reasoning.

Using a utilitarian approach, lying is permissible if it is to the benefit of someone else. Preventing a murder is in the best interest of your friend, yourself and in the interest of the whole community.

By using relational ethics or special obligation ethics, we owe people more who we have relationships with. What do we owe the murderer? Our friend in this case ranks higher and our actions must be in the best interest of our friend.

Through these thought processes and applying only a few Ethical Theories, we realise (and might persuade others) that it is the rational and "right" choice to lie in order to protect our friend.

On the surface, we make many ethical decisions seemingly without thinking too much about them, as they are often quite straightforward and "common sense". For instance, we would not overcharge a vulnerable client, or purposefully cause our patients to suffer.

Why then is the study of Ethics still important for veterinarians? Vets are often thrust into unique, conflicting ethical dilemmas where the right answer does not always appear to be as easy.

Kipperman & Rollin (2022) liken this to a veterinary student examining a lame horse. He can tell that the horse is limping, but without the proper knowledge and practice he cannot pinpoint the problem. In the same way, many of us might realise that a particular situation is problematic, but we cannot articulate it. We end up making a decision, but without having properly rationalized that decision, some of us are filled with unease at the end of the day. *Did I do the right thing?*

If one is compelled to make decisions in this manner, day after day, especially when these decisions are contrary to our personal ethics, these cumulative thoughts of self-doubt, guilt and anxiety can lead to "moral stress" (or "distress"). Moral stress has been recognized as a leading cause of burnout and depression in veterinary professionals (Kipperman & Rollin 2022). Moral stress is particularly related to decisions concerning euthanasia, especially when client economics are a concern (Morris 2012).

Much of our ethical conflict arises from the following issue: who do we owe our primary obligation to, the patient or the client? Do we follow the “paediatrician model”, where our primary duty is patient advocacy, or the “mechanic model”, where we only take into account our client’s wishes regarding their legal property (Rollin 2006).

It is the public’s perception (including that of veterinary students) that our primary obligation should be towards the animal.

As veterinarians, we know that it is our duty to take care of animals, but we must also consider what we owe to our clients, our supervisors, to our peers and even ourselves.

To illustrate these conflicting duties and how to potentially rationalize a solution, let us work through a case study which has been adapted from Kipperman & Rollin (2022, pp. 137-139).

Euthanasia request: cat with chronic illness and good quality of life

Mrs. A is a nurse and a new client at your veterinary clinic. She presents her 12-year-old cat, Debra, for euthanasia. Your clinic guidelines require a consultation and examination before this procedure can be performed. Mrs. A tells you that Debra drinks water all day, eats all the time, and is losing weight. She relates that she can’t bear to see Debra waste away, and she is convinced that Debra has diabetes mellitus, although no testing has been performed. Mrs. A expresses that she has no interest in treating her cat for diabetes. Examination reveals that Debra is alert, thin, and walks around and jumps on the chair in the exam room. You do not perceive that the cat is suffering. There is no clinic policy regarding declining euthanasia requests.

What should you do?

Ethical analysis:

The relevant interests in this ethical dilemma include the patient, the client, the attending veterinarian, the hospital team, the practice as a business entity, the veterinarian’s employer, and the veterinary profession. You suspect Debra has diabetes mellitus, kidney failure, hyperthyroidism, or possibly a combination of these conditions. These diseases can usually be managed but require lifelong treatment and monitoring, which Mrs. A seems unwilling or unable to provide.

Choices include:

- 1) Proceed with the client’s request for euthanasia.

2) Inform the client that you share her concerns regarding Debra's weight loss, but you do not believe in euthanising animals who are not suffering and (i) provide parameters for when it is more reasonable to consider ending Debra's life, or (ii) advise she seek to have Debra adopted by another party, or (iii) advise referring Debra to another colleague.

3) Persuade the client to consider testing and treating Debra.

It is inevitable that a practising veterinarian will experience conflicts regarding the legitimacy of euthanasia requests. Examples of what some refer to as convenience euthanasia include client requests for euthanasia based on economics, changes in personal circumstances, or lack of time, capacity, or desire to care for an animal (Batchelor and McKeegan 2012; Ogden et al. 2012; Rathwell-Deault et al. 2017). Others find this term offensive and believe that the veterinarian cannot know all the circumstances that led a client to this decision (for example, Mrs. A may have just experienced the loss of a friend or relative from chronic illness), and the veterinarian has an obligation to serve the client who pays for their services. Most veterinarians consider euthanasia of a healthy animal to be contrary to their role as an animal advocate (Rollin 2006). This case is a bit more complex, as Debra is not "healthy." It is unfortunate, but not surprising, that no clinic policy exists to address this dilemma.

Some veterinarians feel coerced or are encouraged by their employer or practice manager to perform euthanasia in settings where they disagree with this decision (Yeates and Main 2011; Morris 2012; Kipperman 2017). Supporting these findings, a study discovered that 45% of small animal veterinarians agreed that veterinarians sometimes use euthanasia as an aid or method to resolve difficult cases when this may not be in the best interest of the patient (Kipperman et al. 2018).

Although a contractarian approach to this case may support pursuing euthanasia as it is apt to satisfy the client and the economic interests of the practice, there may be pernicious long-term consequences such as moral stress incurred by the professional team that complies with this euthanasia request (Morris 2012; Kipperman et al. 2018). Proceeding with this request may also create tension if there is disagreement between the views of the attending veterinarian and the paraprofessional and technical team. One could attempt to rationalize a decision to perform euthanasia on the premise that it may spare Debra from suffering at some point in the future. Of course, one could then apply this reasoning to the euthanasia of any animal patient! A euthanasia decision may also reflect poorly on the perception of the veterinary profession vis-à-vis animal advocacy. An animal rights view would not condone a euthanasia decision, as this outcome is not deemed to be in Debra's best interest at this time as suffering has not been detected, and this option would deprive Debra of future positive experiences. A deontological perspective based on good intentions, duties, and principles would also likely not countenance

a euthanasia decision. A utilitarian position must consider all interests and potential consequences and is the most complex to consider.

While 80% of small animal veterinarians in a recent study indicated having declined a euthanasia request, these decisions were uncommon, with a median frequency of every few years (Kipperman et al. 2018). The most common reason cited for reluctance to decline euthanasia requests was fear that the client may seek other options that could worsen the animal's welfare. The second most common reason cited for reluctance to decline euthanasia requests was the difficulty in doing so once a client had reached this decision (Kipperman et al. 2018). The AVMA Guidelines for the Euthanasia of Animals (2020) encourage discussion rather than acquiescence: "There may be instances in which the decision to kill an animal is questionable, especially if the animal is predicted to have a life worth living... In this case, the veterinarian, as ... animal advocate, should be able to speak frankly about the animal's condition and suggest alternatives to euthanasia."

A patient advocacy posture requires skillful and resolute dialogue and courage to avoid a euthanasia decision. Informing the client that you are not comfortable complying with this request based on your belief that Debra's present quality of life is still good may allay Mrs. A's concerns or may be perceived as confrontational and jeopardize your and the practice's relationship with the client, is awkward and difficult to accomplish, may elicit unflattering or derogatory comments by the client about you on social media, and may be considered to place your job and financial security at risk if your employer is displeased. Acknowledging how difficult it must be to see Debra lose weight and the fear of seeing her condition decline, and providing parameters for when euthanasia should be considered, is a reasonable course of action that respects both Mrs. A's feelings and Debra's interest in enjoying the remainder of her life. What if you were to provide discrete criteria regarding symptoms of illness that justify euthanasia in the future, but Mrs. A. does not recognize or chooses not to act when such symptoms arise? Engaging in behaviour that you believe to be dubious or wrong (in this case, euthanasia) on the assumption that someone else (the client) *may* do something that results in a worse outcome for the animal (not returning when Debra's condition worsens, causing suffering) is an insufficient premise on which to base ethical decisions. We are responsible for our own choices, not for the decisions and actions of others. You as the attending veterinarian have to live with the consequences of *your* actions.

Proposing adoption by another party would sever the bond the patient has with the owner and would likely be perceived as impugning Mrs. A's commitment to Debra. Moreover, a geriatric cat with a chronic medical condition/s may not be considered highly adoptable. Advising that Mrs. A see another veterinarian may serve to convince her that a euthanasia decision is

inappropriate only provided that another colleague also would not proceed with euthanasia. If your colleague were to consent to this request, Mrs. A would be more likely to feel resentment about your unwillingness to accommodate her and perceive you were insensitive to her emotional state. Perhaps for this reason, I have experienced colleagues defending euthanasia decisions reasoning that “If I don’t do it, someone else will.” Some practitioners may be reluctant to shift this responsibility on to another colleague (Morris 2012). Offering testing to discern the cause of Debra’s symptoms and prognosis is reasonable, but expecting Mrs. A to consent to a complete battery of testing and treatment seems unlikely under the circumstances.

Attempting to identify the reasons for Mrs. A’s reluctance to treat Debra could be quite valuable, as some of these barriers (such as fear of needles) may be irrelevant if the cat is hyperthyroid, and other obstacles (such as administration of subcutaneous fluids) can potentially be surmounted via creative measures such as having a veterinary nurse come to the home to give injections. Ideally, meeting with your employer, hospital manager, and paraprofessional team to discuss available options and their potential consequences is most likely to result in a decision that can be agreed upon as satisfactory or that achieves the greatest net benefit. In fact, alternative solutions may be discovered. If there are significant differences of opinion regarding the best course of action despite such measures, the attending veterinarian may conclude that their professional identity is not aligned with the culture of the practice. Though disappointing in the short term, this may facilitate the veterinarian pursuing a position in another practice that better suits their ideals.

The method that was used to analyse the above case study is summarised well in Table 7.3 from Kipperman & Rollin (2022, p. 136):

Framework for addressing ethical dilemmas.

1. Who are the relevant interests?
What are the strengths of each interest?
How do these interests conflict?
2. What are the available choices and their potential consequences for each interest?
3. Which ethical theory best addresses this specific situation?
4. Are there any relevant laws or codes of conduct to consider?
5. Choose a course of action or inaction.
Have I advocated for my patient/s to the best of my ability?

It is difficult to sufficiently cover every aspect of Ethics in an essay such as this, but mention must at least be made of the concept of Professionalism and our duties within our veterinary community.

"Scientific knowledge, attention to ethics, benefit to society, protection of animal health, and engagement in self-improvement" are the five core concepts of veterinary professionalism that we are duty-bound to uphold and take pride in (Kellerman and Rollin 2022, p.108)

Society has given professionals such as veterinarians special privileges due to our distinct training and education, one of them therefore being the privilege to self-regulate. This also means that we are bound by law (as well as ethical reasoning) to report negligent conduct by our peers. Many of us shy away from this duty, as it comes with its own ethical concerns on how best to address misconduct among our colleagues. The reporting of negligence involves personal risk if this "rocks the boat" and results in ostracisation within the veterinary community.

Collegiality is an important value to foster and uphold. It is vital that we always strive towards civility and mutual respect amongst each other. Although it might be difficult for many of us who are more introverted, collegiality includes contacting and talking directly with colleagues, and giving them the benefit of the doubt. Sometimes perceived misconduct can be a simple misunderstanding and an honest, respectful discussion could mitigate an escalating situation.

Nonetheless, in all our actions and ethical decisions, we must give due consideration to how it will uphold our profession's ranking in society. Picture a world where we have lost the privilege to self-regulate due to continued unprofessional conduct. How will we be able to carry out our duties and make a living, if the profession has lost all trust and respect?

Consequently, to uphold our level of professionalism, as well as mitigate the effects of moral stress, we need to improve our understanding and practice of ethics. We can start to achieve this by:

1. Engaging in discussions with peers who hold different opinions, ideally in workshops lead by experienced facilitators. This helps to review, refine, and strengthen our arguments and ethical views.
 2. Using such discussions in setting up practice guidelines, Circulars or Standard Operating Procedures in order to have something to "lean" on or appeal to in difficult situations (thereby reducing some moral distress).
 3. Reading as much as possible. Not just on ethics but reading more in general. There is no better way to enhance our critical thinking skills. This has never become more important than nowadays where the influence of social media outlets have transformed us from being consumers of knowledge, to being consumed by it instead.
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CONTACT US

We would love to hear from you!

Have an interesting case, story or pictures to share with us?

Please send them

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Veterinary Association of Namibia

