

Embracing Fear Free Means Practicing Better Medicine Drs. Steve Ettinger and Marty Becker

One of the basic tenets of medical bioethics known throughout the world is the Hippocratic Oath. There are many variations of this oath, each changed and redesigned over the centuries to meet realistic demands of modern day medicine. The original concept, however, remains the same, and that is wherever possible for healthcare providers to “First, Do No Harm.”

Regardless, the tenet is nearly impossible to fulfill, because no matter what we do in medicine, the fact is that harm invariably occurs while providing efforts to treat and relieve discomfort. Thomas Sydenham (1624-1689) over four centuries ago introduced another important statement of purpose, that “the art of medicine was to be properly learned only from its practice and its exercise.”

Interestingly, “Do No Harm” falls short of really being a vigorous part of our profession because of the different species we deal with and the multiple hats we wear in working with them. Thinking of this gives some thought to the animals we raise for slaughter, our care and concern about their angst when being transported, or even some of the procedures that we do in the name of good animal husbandry and what it means to the veterinary profession that we serve.

With these points in mind, allow us to look further into the concept of embracing Fear Free medicine. Let us also examine Fear Free (or reduced) ways of providing good animal husbandry while still maintaining our need to be efficient and, as concerned citizens, wanting to practice appropriately and, when possible, remembering to “Do No Harm.”

With these points as our bases, what if you became aware that Fear, Anxiety and Stress (FAS) was largely unrecognized, and often untreated? What if this not only affected a pet’s emotional well-being but its physical well-being as well? ¹ Ignoring these points likely causes repeated, serious damage to the very pets we treat.² It would be a bitter pill for the public and our professional colleagues to swallow, knowing that their local veterinary practices were not embracing every tool at their disposal to help the pets under their care live happy, healthy, full lives.

What exactly do we mean by “happy, healthy, full lives”? The vast majority of practices have got the healthy part down pat. We already fully embrace our role as “true pet health experts.” We try hard through complete physical exams to look past obvious problems to potentially more serious ones, to work hard at preventing health problems through newly established wellness programs, and to treat and manage accidents and illnesses while staying current on the latest equipment, products, and procedures, made available on an ongoing basis to the profession. Where tools and equipment are not available to every practitioner, we now recognize the value of specialists, who can provide additional and more sophisticated and thorough medical care for patients we do not have adequate facilities for.

But *happy* lives? Until very recently we not only didn't see this as our responsibility (or opportunity, as we'll see later), we didn't even recognize the signs of poor emotional health or the symptoms of FAS. We certainly didn't think of behavior as part of the medical services we could provide for our patients. All too often, behavior was considered more a means to an end, usually relegated to training of house pets.

So let's hit this nail directly and powerfully on the head right now, driving home the fact that since behavior produces a physiologic response, it is very much an integral part of today's modern medicine. Ultimately, Fear Free veterinary visits, where we work to reduce FAS and increase a sense of calm and happiness in our patients is *better* medicine. Better for the pet, the owner and the veterinarian.

Not out of ignorance but out of a lack of understanding of how important behavioral characteristics are to pet owners and the pets themselves, most veterinarians are probably least familiar with what it means for a pet to live a "full life." It's not nebulous, but a recognition that education, training, and enrichment activities are as important to our pets as they are for our children, grandchildren, and ourselves. Pets and people benefit from education, training, exercise (mind and body), as well as appropriate challenges.

Steve Ettinger and Marty Becker first started talking about Fear Free veterinary visits about four years ago at a national meeting. We'd known each other for almost three decades and frequently crossed paths at mega-meetings (such as NAVC and WVC), global conferences, state meetings, even very small meetings at veterinary schools and local VMAs. Over these 30 years, beyond a love of family and our profession and a growing friendship, we shared little in common professionally.

People in the profession knew Ettinger was principally about medicine and Becker was about management and the human-animal bond. Professionally, we were identical when it came to always holding sacred the mandate to discover, practice, and promote what was in the pet's best interests. Interestingly, coming at it from different schools of thought gives FAS even more credibility, because it combines the riches of two schools of practice and encourages further thought into what is meant by practicing good quality Fear Free medicine.

Along with a common friend, Dr. Kurt Venator of Nestle-Purina, Inc., we shared a New York City dinner featuring good food, great wine, fond memories, and a discussion of our dreams for the future of the profession, along with some deadlines for developing programs that would reach these lofty goals. This was Becker's first opportunity to share a purpose, passion, and plan for creating Fear Free veterinary visits. At the end of a nearly evangelical diatribe about Fear Free, Ettinger talked about some remarkable but really not very sophisticated experiences he had witnessed over the previous year, practicing in California.

At that time, Ettinger worked at two veterinary facilities a few miles apart. One was a traditional veterinary specialty hospital; the other was a unique veterinary rehabilitation

facility. Steve thought it was remarkable that often he'd see a new or long-term canine patient at the regular veterinary hospital that presented with an increased or rapid heart rate. When seen at the rehabilitation facility, similar dogs' heart rates were significantly lower and the dogs appeared calmer. Surely this was not true for every dog, but it was common enough to have made an observation in his mind that there were differences.

What would cause the resting heart rate to be higher just based on which facility the dog was being examined in? FAS. We called it "fear you can hear." We knew this was a significant medical finding, and something that could negatively or positively impact a pet's health depending on how it was recognized, observed, and utilized. It was clear that the dog going in for rehab usually enjoys the surroundings, care, attention, and services provided. (Who wouldn't like a massage, gentle range of motion exercises, swimming and non-painful exercising?)

So Fear Free veterinary visits started out as just the right thing to do. After all, nobody gets into veterinary medicine to make life worse for animals -- in fact, the polar opposite, as we hear every day from young veterinary trainees and graduates. It certainly isn't the income they anticipate earning that brings them into our profession!

We work with competence, confidence, and compassion to optimize health. And that's why we are so excited to harness the power of Fear Free, which not only helps keep pets healthy but coming into the veterinary hospital regularly along with the powerful adjunct tool to provide even better medicine. In many cases, *much* better medicine. How's that for a good reason to see this added to our armamentarium of things we can do to improve on what we practice every day? Is this a panacea for every animal? No, it is not, but it certainly is one that will enhance the lives of the majority of the pets we are given the privilege of caring for every day.

In a study published in 2015 in the *Journal of the American Veterinary Medical Association*, researchers compared respiratory and pulse rates, systolic arterial blood pressure, and body temperature of dogs in their homes and at the veterinary hospital.³ Bragg, et.al. found that blood pressure increased by 16 percent, rectal temperature went up by less than 1 percent and that the pulse rate increased by 11 percent in dogs evaluated first at home and then later at the veterinary hospital.

Additionally, 63 percent of the dogs panted in the hospital, while only 17 percent did so at home, another sign of stress (surely one that each of us can recognize from our own visits to the physician or dentist). Panting can mean many things, but most often connotes a level of anxiety, excitement or stress (assuming that high ambient temperature or cardiopulmonary diseases and pain are first ruled out). The study authors concluded veterinarians "should consider stress from transportation and environmental change when canine patients have abnormalities of vital signs on the initial examination, and the variables in question should be rechecked before a definitive diagnosis of a medical illness is reached or extensive further workup is pursued."

In practical terms, if the temperature is elevated, it might suggest to the examining veterinarian an infection and not just stress. A rapid pulse might be a significant tachycardia not just a racing heart from fear. What is important here is the consideration that the vital signs are variable, based not only on the medical condition but on the psychological state of the patient as well.

Although we are still working on and seeking ways to create studies to examine other physiological factors in detail, practitioners have anecdotally observed that patients handled in a Fear Free manner have:

1. More accurate blood chemistries. Not just a more normal blood glucose, but also a white blood cell count that isn't indicative of a stress profile. On the other hand, it is also important to recognize that such conditions exist and part of our job is to differentiate the important variables that make up the totality of the findings.

2. More complete and reliable physical exams. How many times have you (and the pet owner!) been frustrated and/or missed an accurate diagnosis and an optimal treatment plan because a pet was limping, showing pain or sensitivity in a limb or another part of the body at home, but once in the clinic, the problem could not be duplicated during the physical exam (does this remind the reader of his or her visits to the dental office for oral pain complaints)? When the problem becomes a phantom, the practitioner may miss something significant and the pet owner develops the feeling of a low perceived value of the visit. Furthermore, how complete an exam can you make in a pet who is cowering, threatening you or tensing the abdominal muscles out of fear?

This is also a great time to identify the value of cell phone videos that can be taken when the pet is unaware of being observed. I find that the client who comes prepared with a video showing me what they are trying to explain has a stronger opportunity to work with me to understand just what is really happening with their pet. I encourage this both during the examination process and often before we ever see the pet. We ask the client to video these findings at home when they are making an appointment to be evaluated by us.

3. Fewer digestive upsets. There's nothing like an animal vomiting in the vehicle on the way home from the vet or the pet having three days' worth of stress-induced diarrhea post vet visit to upset the client and decrease the frequency of return visits. Not every pet can avoid having this happen when examined but each and every successful fear free visit improves the ratings of the client knowing that their pet was made to feel more comfortable and at ease when possible at the vets office.

4. Less immunosuppression. Stress has been shown to impair healing, shorten lifespan in chronically affected dogs, and interfere with a number of other important physiological processes.⁴ Vaccine responses may be one of these points to look at in the future as we learn more about the value of lower stress examinations. It is really important in this discussion not to underestimate the value of FAS but to also not to over-rate its importance when the sick pet needs aggressive care.

1. Terry L. Stanford, Behavior of dogs entering a veterinary clinic, *Applied Animal Ethology*, Volume 7, Issue 3, 1981, Pages 271-279, ISSN 0304-3762, [http://dx.doi.org/10.1016/0304-3762\(81\)90083-3](http://dx.doi.org/10.1016/0304-3762(81)90083-3).
2. Dorothea Döring, Anita Roscher, Fabian Scheipl, Helmut Küchenhoff, Michael H. Erhard, Fear-related behaviour of dogs in veterinary practice, *The Veterinary Journal*, Volume 182, Issue 1, October 2009, Pages 38-43, ISSN 1090-0233, <http://dx.doi.org/10.1016/j.tvjl.2008.05.006>.
3. Bragg RF(1), Bennett JS, Cummings A, Quimby JM, Evaluation of the effects of hospital visit stress on physiologic variables in dogs, *J Am Vet Med Assoc*. 2015 Jan 15;246(2):212-5. doi: 10.2460/javma.246.2.212.
4. Hekman, Jessica P., Alicia Z. Karas, and Claire R. Sharp. "Psychogenic Stress in Hospitalized Dogs: Cross Species Comparisons, Implications for Health Care, and the Challenges of Evaluation." *Animals : an Open Access Journal from MDPI* 4.2 (2014): 331-347.