A diagnosis of cancer often evokes feelings of fear, loss of control, and helplessness in clients, veterinarians, and other members of the veterinary health care team. For many people, the only words that provoke more negative emotions than cancer are chemotherapy, radiation therapy, and cancer surgery, despite the fact that cancer is arguably the most curable of all chronic diseases. Some veterinarians and clients are paralyzed by the word cancer, whereas others are spurred into action, seeking out and employing anything and everything that might be effective in controlling or curing the disease. Cancer is frightening and one of health care’s greatest challenges. As a result, no other disease demands a higher level of skill, ethics, and compassionate care.

The advancement of knowledge in the fields of medical, surgical, and radiation oncology is awe inspiring and ever increasing, leading to remarkable discoveries and progress in enhancing the quality of life of animals with cancer. Examples of recent developments include the conditional approval and marketing of a xenogeneic DNA vaccine for canine oral melanoma, the impending approval and marketing of a tyrosine kinase inhibitor for the treatment of mast cell tumors, and the launch of the novel NK-1 receptor antagonist maropitant for the prevention of emesis. These and many other treatment options allow the veterinary profession to enhance and improve the quality and quantity of life of pets with cancer, thereby upholding our professional, moral, and ethical obligations to enhance and sustain the relationship between animals and the people who bring them to us. Occasionally, ethical dilemmas arise as we care for pets and their caretakers, forcing us to make choices or to draw lines based on ethical principles.

Few would argue that refusing to deal with cancer is in any way just, moral, or ethical. Leaving cancer untreated unduly risks the life of the animal and, therefore, the bond between the patient and the family and the well-being of all. However, the approaches to cancer care vary based on finances, skill level, resources, and ethical principles, raising what B.E. Rollin has called “the fundamental question of veterinary ethics”: Who do we care for and serve?

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*Dr. Ogilvie discloses that he has received financial support from AB Sciences, Cytologics, Gar- nett McKeen Laboratories, Pet Med Pharmacies, Therapheresis, and Wildlife Pharmaceuticals.*
the treatment of pets when so many people throughout the world have inadequate health care, especially in the field of oncology?

In part, the answer lies in the fact that veterinary medicine has evolved into an extraordinary profession that may be a model for the human medical system worldwide, especially if veterinarians retain self-determination and are visionary professionals. One can argue that, by virtue of the lack of health care insurance for most pets, veterinary medicine has become efficient, integrated, and affordable compared to human medical care. For example, the cost of a dose of doxorubicin chemotherapy, radiation therapy, or a surgical procedure for a veterinary patient is a tiny fraction of the cost of these treatments for an insurance company or patient in human medicine.

Many believe that insurance companies have had a negative effect on human medical care. Part of the solution to avoiding this hazard in veterinary medicine resides in forming partnerships between pet insurance companies, practice leaders, organized veterinary medicine, and veterinary colleges. In addition, success can be secured by selecting future veterinarians because of their passion, aptitude, and “calling” to enter the profession. These people can realize their potential by being mentored by their communities, veterinarians, organized veterinary medicine, and professors to provide compassionate care for pets and their families. Our profession can likely sustain its current state of self-determination and independence if we actively participate in organized veterinary medicine to sustain and enhance the level of care by self-governance, rather than allowing intervention by managed care or state or national government. While it is completely unethical and inappropriate for veterinarians to “rack up the bill” by performing unnecessary diagnostics or treatments, it is just as unethical for a corporate entity to define how we perform medicine and surgery.

The issue of who should make decisions about veterinary care raises another important question: who should care for the cancer patient—general practitioners or specialists? In an age of an ever-expanding array of specialties with board certification, there is a risk that society or the profession may limit the abilities of primary care veterinarians. This is inappropriate and arguably unethical because the primary care veterinarian is the backbone of the pet wellness system, especially in the area of cancer care. Cancer is the most curable of all chronic diseases.
primarily because of early detection, diagnosis, and treatment. Diminishing the capabilities and adaptability of the general practitioner would substantially harm huge numbers of animals and, thus, families who depend on their veterinarian to provide health and wellness for their four-legged family members. Alternatively, when general practitioners work with specialists, the quality of life of cancer patients can often be enhanced. Hence, as specialty medicine grows, its governing bodies should reinforce the concept that specialty care veterinarians are primarily tasked with enhancing the abilities of primary care veterinarians in an ethical, symbiotic way.

Some warn that the desperation commonly initiated by the often unfounded feelings surrounding cancer provides an opportunity for unscrupulous people to profit from recommending unproven, possibly ineffective treatments. Determining the line between proven, effective medicine and unproven potential therapies is a challenge for each member of the veterinary health care team, our profession, and society as a whole. It is particularly important to the veterinary profession because we often define the validity and ethics of what we do within the paradigm of evidence-based medicine, yet evidence-based medicine can lead to conflict with our duty of care and respect for the desires of a well-informed client. For example, published data document the efficacy of the xenogeneic DNA canine melanoma vaccine for the treatment of oral malignant melanoma. Denying this option to a patient with this disease therefore seems unreasonable, if not unethical. However, the question then arises whether it is also medically appropriate, and therefore ethical, to offer this vaccine for digital melanoma or an amelanotic melanoma of the skin, despite the paucity of published data for these indications. Veterinarians should always be cautious when using a therapy that has little to no documentation of efficacy, is based on underpowered studies or a poor study design, or relies on overstated results. This caution pertains not only to the off-label use of a well-tested, approved drug but also to the use of supplements or treatments that may be of questionable value. This is especially true when treating cancer, for which the risk of death due to inappropriate care may be high. On the other hand, there comes a point when unproven treatments must be tested in clinical trials. When pursuing proof of efficacy, veterinarians must make every attempt to ensure that the study is well designed, with appropriate, clinically relevant end points and guidelines, and to obtain true informed consent from the client so that both the client’s and the patient’s well-being are taken into account.

Veterinary medicine possesses one last, great gift for its ailing cancer patients: the limiting of unnecessary suffering via humane euthanasia. While this is an area of intense debate on religious, moral, and ethical grounds for human patients with terminal illnesses, few who have gone through with euthanasia for their pet deny the blessing of comfort it provides the cancer patient. Surely there is a lesson to be learned by this final gift of compassionate care.

In summary, the veterinary profession and the field of veterinary oncology are expanding and improving at an unprecedented rate. This growth creates ethical, moral, and personal challenges that require each of us to make decisions when confronting conundrums such as the off-label use of drugs or supplements despite limited data on efficacy; the value of expending time, resources, and finances to treat companion animals when millions of people are dying of preventable diseases worldwide; the complexity of determining whether we serve the client, patient, or both; the potential loss of the control, integration, efficiency, and value of our care; and the vital importance of ensuring that we secure the future of our profession by mentoring those who value compassionate care as the key to their personal, professional, and financial success. There are many lines to be drawn. Where we draw them will determine our future.

REFERENCES