

Paws and Pixels: The Digital Leap in Veterinarian-Client-Patient Relationships

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Imagine a world where access to veterinary care for our beloved pets is just a click away. The days of stressful car rides for our anxious animal companions and the struggle of fitting a veterinary appointment into an already packed schedule are becoming obsolete. This concept, once a figment of science fiction, is rapidly becoming a reality through the advent of veterinary telemedicine. Recent regulatory changes have enabled the establishment of a veterinarian-client-patient relationship (VCPR) virtually via telemedicine, marking a significant departure from traditional practices. This development not only has the potential to transform veterinary care but also introduces unique challenges that require careful deliberation.

For veterinarians, the transition to virtual VCPRs presents a mix of opportunities and challenges. It expands the reach of veterinary services, benefiting both underserved regions and global clientele.¹ Virtual VCPRs enhance operational efficiency, allowing veterinarians to consult more patients in reduced timeframes, which could mean shorter wait times. Furthermore, this model fosters worldwide collaboration and knowledge-sharing among veterinary professionals, facilitating discussions on complex cases and specialized advice.² However, the absence of a physical examination in virtual VCPRs could lead to misdiagnoses or overlooked conditions, a phenomenon akin to clinical blindness.³ This challenge is further complicated by the difficulty in navigating telemedicine's legal and ethical intricacies.⁴

Another notable concern associated with telemedicine is the tendency towards overprescription of antibiotics and a heightened risk of misuse of controlled substances. Conversely, traditional in-person VCPRs enable comprehensive patient evaluations, thereby promoting responsible antibiotic use and controlled substance stewardship.⁵

The widespread adoption of virtual VCPRs could also significantly disrupt the traditional veterinary practice model, possibly leading to clinic closures and job losses.²

For clients in “veterinary deserts” with limited traditional veterinary services, virtual VCPRs stand out as a convenient, accessible, and in some cases, life-saving option. Their value is especially evident in emergencies, exemplified by Donham and Wickett's (2018) study of a military working dog in a remote area, where telemedicine played a pivotal role in diagnosing and treating suspected sepsis.⁶

Practitioner-to-practitioner teleconsultation in such scenarios ensures timely care, especially when virtual consultation is the only option. Moreover, telemedicine is more cost-effective for routine checks, follow-up appointments, and teletriage, as it cuts down on unnecessary emergency visits and travel expenses for clients. Yet, virtual VCPRs might not guarantee access to care for animals whose owners do not perceive a need for regular veterinary visits.⁵ Additionally, miscommunication, technical issues, and limited access to technology are probable drawbacks of virtual consultations.² In-person VCPRs, though potentially less accessible or convenient, offer a more personalized experience.

From a patient's perspective, virtual VCPRs provide a stress-free alternative to clinic visits and quick access to professional advice. Animals evaluated in their home environment may lead to more accurate behavioral assessments since veterinary diagnosis heavily relies on physical cues, since the patients cannot articulate their symptoms.⁷

As veterinary medicine enters a new era with the integration of telemedicine and evolving VCPRs, I propose a multifaceted framework centered around the use of virtual consultations for

basic inquiries, triage, and routine checkups. This strategy distinguishes cases that require in-person attention from those that can be managed remotely, leading to a hybrid model of care. It reserves in-clinic visits for emergencies and procedures requiring physical examination, balancing the benefits of telemedicine with the principal role of physical assessments, and mitigating risks of misdiagnosis and treatment delays. To support this model, the development of a structured decision tree is recommended to guide the determination between in-person and virtual visits. Critical decision factors in these trees may include the urgency of the issue, the level of diagnostic uncertainty, and the need for procedures such as bloodwork, radiographs, surgery, and/or hospitalization.

Ensuring regulatory compliance and interoperability is important within the virtual VCPR framework. While federal and state VCPR regulations are historically aligned, recent variations in their definitions have led to ambiguity, affecting both clients and practitioners.² Notably, in several states in the United States, including Idaho, New Jersey, Vermont, Virginia, Arizona, and California, as well as in the United Kingdom, VCPRs can now be established remotely.⁸⁻¹⁰ This change, however, brings potential risks for veterinarians. The lack of uniformity can lead to disciplinary actions from state boards and federal agencies and complicate malpractice lawsuits, especially if practitioners fail to comply with the pertinent regulations.² Thus, the push for the adoption of interoperable telemedicine licenses is crucial, allowing veterinarians to legally consult across state lines within a well-defined legal framework. Concurrently, updating state veterinary practice acts and the AVMA's Principles of Veterinary Medical Ethics is also imperative to provide distinct and standardized telemedicine guidelines.¹¹

To help both veterinarians and clients make use of telemedicine services effectively and responsibly, I recommend implementing strict telemedicine protocols. These include clear instructions for pet owners on how to provide visuals of their pets, accurately describe their behaviors and symptoms, recognize when they must see a veterinarian in person, and use basic diagnostic tools, such as a continuous blood-glucose monitoring system.^{12,13} Continual improvement of virtual VCPRs through ongoing research and feedback on their efficacy and impact can provide insights into patient outcomes, client satisfaction, and overall effectiveness. Incorporating feedback from both veterinarians and clients is integral to refining telemedicine practices, guidelines, and technology to better meet the needs of all stakeholders in veterinary care.

The integration of telemedicine into veterinary practices signifies a transformative shift in VCPR dynamics. This progression is a necessary adaptation to address the increasingly complex demands of our clientele. Viewing a virtual VCPR as a complementary tool, rather than a replacement for traditional practices, enhances communication, education, and remote consultation opportunities. Adopting a structured, tiered approach that synergizes the strength of both virtual and in-person care is essential. This ensures a focus on the efficacy of care and the nuances of telemedicine, empowering the veterinary profession to embrace innovation while steadfastly upholding the highest standards of care.

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