

Addressing Disappointment in Veterinary Practice

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THE PROBLEM

Despite the best efforts of veterinarians and the health care team, clients occasionally experience disappointment with aspects of care. Examples include perceptions of treatment they and their animal received, expectations for a specific medical outcome, and the costs of veterinary care. In the face of these disappointments, it is natural for the client to wonder about the quality of care that was provided and whether he or she was adequately informed and included in treatment decisions. Veterinary practices want clients to believe that they did the best they could under the circumstances and to conclude that the fee is reasonable for the efforts made on their behalf. This article builds on research and experience in veterinary and human medicine as well as on the broader customer service literature to address the dynamics of disappointment in small animal practices. The article goes on to offer strategies to reduce the frequency and intensity of such disappointments and to resolve them more satisfactorily when they do occur.

CHANGES IN VETERINARY MEDICINE

Like many other professions, veterinary medicine has undergone rapid change in the past several decades. For instance, there has been a significant gender reversal. Since the 1990s, more than 70% of applicants to veterinary schools in the United States have been female compared with only approximately 5% in the late 1960s [1]. In addition, the typical business of veterinary practice has shifted from an emphasis on food-producing farm animals or large animals to a focus on the “treatment of animals with no real utilitarian value other than companionship” [2]. Veterinary services showed significant growth over the past 10 years, driven by the demand for companion animal care [3]. The average dog owner in the United States spends an estimated \$263 in medical expenses per dog each year and has an estimated annual expense of \$113 per

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cat [4]. In fact, the pet industry as a whole has reported expansive increases in consumer expenditures in the past decade [5,6].

There are increasingly advanced diagnostic technologies available in veterinary medicine and more powerful therapeutics and surgery for the treatment of animal disease. These technical advances have created more frequent opportunities to provide specialized care. As an example, the American Veterinary Medical Association reported 7357 active specialists, an increase of 8% between 2001 and 2002 [2]. This broader range of specialties and sophisticated modalities has increased communication and decision-making challenges for pet owners and veterinarians, particularly around the care of seriously ill animals. Conditions for which euthanasia was the obvious, albeit heartbreaking choice, are now candidates for extensive treatment.

As with human medicine, increased specialization raises the question of which standard to apply when a “generalist’s” care results in a disappointing medical outcome. For example, is a family practice doctor delivering babies held to the same standard of care as an obstetrician? Would the generalist veterinarian (equivalent to the primary care provider in human medical parlance) be held to the same standard as a board-certified veterinary neurologist or oncologist when he or she is caring for pets or advising pet owners in these areas? The generalist veterinarian must increasingly consider when it is appropriate to recommend referral; coordinate care with other providers; and adapt his or her practice to manage the increased communication, tracking, and follow-up obligations that come with this burgeoning of available resources (eg, laboratories, imaging, consultations).

Involving multiple providers in an animal’s care also increases the possibility of the client receiving divergent opinions. Such variance may raise doubts about the quality or advisability of past and future care. Research in the malpractice area of human medicine has indicated that most lawsuits are brought about because another health care professional has suggested the possibility that malpractice has occurred [7].

Human medicine has also been criticized for physicians’ reluctance to communicate directly with each other when there are diagnostic or treatment uncertainties or disagreements and an overreliance on progress notes in a medical chart in situations in which more real-time coordination is essential for patient safety [8]. Fragmentation of care and communication lapses are the most frequent contributors to adverse human medical as well as veterinary outcomes [9–12]. Trends in veterinary medicine, such as the shift from solo to group practice and the increase in the use of emergency care facilities, place additional responsibilities for transferring information, coordinating treatment plans, and clarifying roles. As a consequence, clients may not establish the kind of bond with a single veterinarian and practice setting that makes them willing to give the “benefit of the doubt” in the face of a future disappointment.

The trend toward more complex and expensive veterinary visits for companion animals has the potential for unintended consequences in the veterinary team–client relationship of a practice. Business consultants have encouraged

veterinary practices to increase revenue per visit as a way to increase overall income. Clients are encouraged to bring their pets in for annual examinations, preventive care, purchasing of foods and pet care products sold in the veterinarians' offices, and such services as the implantation of identification chips [13]. Veterinarians as "trusted advocates" can become veterinarians as "small-business entrepreneurs" in clients' minds if this is not done sensitively [14].

Emerging diagnostic procedures, surgery, and therapeutics make it more likely that the last weeks and months of a pet's life could bring significant veterinary medical involvement, and thus cost, to pet owners. With 85% of small animal pet owners describing their pet as a "family member" [13], pet owners are often in a psychologically vulnerable position when they make decisions about advanced veterinary medical care. Owners' affection for and identification with their pets may drive them toward agreeing to treatment plans that may prove cumbersome, expensive, and, ultimately, unsuccessful in improving or prolonging an acceptable quality of life. As simple a shift as the increasing use of credit cards for payment may lower the client's threshold for agreeing to care that later reveals itself to be financially imprudent. In human medicine, health insurance has provided some insulation between actual treatment expenses, payment to the provider, and cost to the consumer. Without the buffering of pet health insurance, the pet owner faces an increasingly large veterinary bill at the same time as he or she is grieving over the loss of a companion animal. Veterinarians must be ready to argue for the cessation of burdensome care in futile situations in the face of a pet owner's angst-driven inability to let go, as they enact their ethical responsibility to differentiate between their dual role as a trusted advisor and a business person who stands to profit from providing the additional services.

DISAPPOINTING OUTCOMES IN VETERINARY CARE

There is a natural tendency for pet owners to seek explanations for disappointing medical outcomes [15]. Yet, we know that in human medicine, communication problems rather than negligent medical care are the most frequent source of disappointment [16]. Many problems occur in human and veterinary medicine when there is a disparity between the outcome a client expects from a service and the actual result. For example, a client may not fully understand that individual animals have idiosyncratic responses to diagnostic tests and treatments and that the clinical presentation of an underlying condition may vary significantly from animal to animal or between testing of the same animal over time.

As a result of this biologic variability, decisions made by the veterinarian represent hypotheses that are tested by the animal's response to treatment or the progression of symptoms and signs over time. Before a stated diagnosis, other tentative diagnoses and treatment pathways may be considered and discarded. To the client, this "hypothesis testing" approach can be confused with diagnostic and treatment errors unless this process is made explicit. Even reasonable

care plans have known complications and side effects that can shake clients' confidence when they do occur. Hindsight bias can make these outcomes seem more predictable, and thus preventable, than they actually were unless the client was apprised of their potential in advance [17].

Finally, there are disappointing medical outcomes that are the result of care that is later judged to have fallen below the accepted professional standard. Errors are common in human and veterinary care. Errors have been defined as the failure to complete a plan of action as intended or the use of the wrong plan to achieve the clinical aim. Breach of the standard of care is largely established by determining that similarly trained providers with the information available at that time would have recognized the error and taken a different course of action and prevented harm. Myriad interacting factors, such as attention lapses, communication failures, equipment difficulties, and knowledge deficits, may all be implicated [18]. Determining the relevant "standard of care" and evaluating the veterinarian's treatment against that standard is a central feature in determining malpractice [19,20]. In these instances, pet owners may experience even greater distress at what they conclude was the preventable suffering or loss of their animal [21]. The veterinarian is faced with the ethical, emotional, and practical challenges of sensitively communicating an accurate and potentially self-incriminatory explanation of the harm and working through the disappointment toward some resolution. As in any business, the "customer" resents being charged for a service that he or she believes is below standard; thus, it should be no surprise that receiving a bill for care with a disappointing outcome is often the event that triggers a complaint or malpractice action [22].

Because we can never eliminate adverse medical outcomes, it is in everyone's best interest for the practice team to communicate effectively with the client from the outset [14]. This includes ensuring that clients have realistic expectations and understand the uncertainties in diagnosis and treatment and conducting all interactions in such a way that the veterinary practice is given the "benefit of the doubt" about its competence, thoroughness, and effort should there be a disappointment in the process or the outcome of care.

The quality of the preexisting relationship between the client and veterinarian is a significant factor in determining how the client is likely to respond after a disappointing medical outcome. In studies of human medicine's malpractice litigants, there are differences between the way the patient and/or family and the doctor view the preexisting doctor-patient relationship. Specifically, in instances of litigation, the patient and/or family typically views the doctor-patient relationship more poorly than does the doctor [23–25]. In contrast, defense attorneys often report that patients and families are less likely to initiate a formal complaint or malpractice suit against a provider they like [26]. Beyond providing orthodox and skilled technical care, staff warmth, a focus on building and maintaining positive relationships with clients, and good customer service are among the most effective risk management tools that a practice can have [27].

A MALPRACTICE CLAIM: THE ULTIMATE DISAPPOINTMENT

A malpractice claim or a complaint to the veterinary licensing board usually indicates that a client's disappointment was inadequately or poorly resolved. We now know better how most clients want professionals to respond to perceived preventable errors by themselves or their staff [22,28,29] (Under the legal principle of "master respondeat," the practice is held legally responsible for harm caused by any of its employees.) Clients desire full explanations as part of a transparent and truthful disclosure [27]. They expect to see remorse and to receive a genuine apology. They want the veterinary practice to make changes to prevent similar harm to another animal so as to provide some assurance that something good is going to come from this sad event [30]. Finally, experience in human medicine, specifically [31], and in the cultural history of apology, generally [32], has shown that people expect a sincerely contrite individual or organization to offer to work out some form of reparation for the damages caused. At minimum, this includes seeing they are not billed for care related to the harm caused by the error.

In general, veterinary professionals and their liability insurers have not been especially concerned about malpractice complaints because of the perception that the financial risks were low. Because pets have traditionally been treated as personal property (ie, chattel) in the court system [33], the aggrieved pet owner has been entitled only to economic value (replacement cost, cost of training, costs of care, and sometimes loss of anticipated breeding revenue), even if negligence on the part of the veterinary practice can be demonstrated. Loss or damage to even a cherished item of personal property, such as a family heirloom, does not entitle an owner to sue for damages beyond the appraised value of the object. Surveys have confirmed that most pet owners view their pets as more than property, however, and, in fact, as a member of the family [13]. Legal scholars argue [2] "that [the] 'companion animals as property' syllogism used by a majority of today's courts is unacceptably arbitrary and unfair because it ignores the commonly understood reality that the relationship between human and companion animal is no more based upon economic value than is the modern parent-child relationship." Moreover, it is harder to argue that the same animal for which the veterinarian recommended \$1500 worth of diagnostic and treatment care has a legal value of only \$25 after its unexpected demise.

There have been a few noteworthy cases in which grieving pet owners have pursued malpractice claims seeking compensation beyond the replacement value of their animal as "property." In a few instances [20], juries recommended compensation in excess of \$20,000 for the pain and suffering of the owner and recovery of veterinary expenditures. These verdicts remain quite rare. For example, courts have not allowed pet owners compensation for claims based on loss of companionship, such as might be permitted with the death of a human family member [32]. For now, it remains difficult and expensive to bring a malpractice action against a veterinarian [32]. With recoveries typically quite small, it is still difficult for a pet owner to find a plaintiff attorney interested in taking such a case on a contingent basis. That said, attorneys are taking more cases

(a number of law schools are now offering courses in animal law) and presenting arguments that may appeal to judges and juries (58% of Americans own one or more pets) [4]. Because plaintiff's attorneys are the gatekeepers of the tort system, their increased availability should inevitably expand the opportunity for disgruntled pet owners to pursue their grievances. Dealing with embittered pet owners and even the threat of a malpractice action or complaint to a licensing board are enough to cause significant distress to most care providers.

In the next section, we consider the steps to take to increase the likelihood of an amicable resolution and to reduce the chances for a malpractice claim or licensing board complaint when there is a disappointing clinical outcome.

Reducing Client Disappointments Through Prevention and Early Recognition

The most effective approach to managing disappointing veterinary outcomes is through minimizing the risk for occurrence, addressing client frustrations before they escalate, and developing effective approaches for recognizing and resolving disappointments that have already occurred. Malpractice claims essentially represent an attempt by the disappointed client to seek, through legal intervention, a more equitable and satisfying resolution than he or she has achieved interacting directly with the veterinary practice.

CLIENT SATISFACTION: BASICS

The practice should ensure that it has assembled a customer service-oriented staff and veterinarians who recognize that the lifeblood of successful small animal practices is satisfied clients whose expectations are met. Superior customer service is built on a warm and welcoming demeanor by staff; a customer-friendly facility; and business and clinical procedures that are effective, understandable, and reliable, with the availability of helpful information [13].

Superior customer service includes good access for routine and acute visits and timely responses to routine and urgent telephone inquiries. This includes minimizing wait times, communicating about unexpected delays, and providing progress reports to clients about their pet's condition. Revenue-generating pet care, such as foods, grooming aids, flea control products, and identification chips, are readily accepted by clients when offered as a convenient service. A perception of opportunistic "up selling" may cast the practice as being too entrepreneurial, however, creating doubt about the necessity and advisability of diagnostic and treatment recommendations [34].

Because veterinary practice is a business, the timely and efficient collection of revenue is crucial to success. The client, however, is likely to be more familiar with the human health care encounter in which a health plan is typically intermediary, with only a copayment required at the time of service, typically for a small amount that is unrelated to the true cost of the medical service provided. As a result, discussions about costs and the collection of fees in a veterinary practice can seem mercenary unless conducted in the same warm and respectful tone expected of other veterinarian-client encounters.

BEYOND THE BASICS: SPECIFICS OF THE CLINICAL INTERACTION

Customer service basics form the underpinning of the practice's ability to manage disappointing outcomes with clients effectively. Beyond these fundamentals, the specifics of the interaction with clients and their pets in the examination room can reduce misunderstandings and disappointments or inadvertently increase their likelihood. Informed consent, client education, and shared decision making are among the most important tools for ensuring that the client is in a position to accept responsibility for choices about diagnostic and treatment plans. In the event that a disappointing medical outcome occurs or if the cost of services climbs higher than expected, the practice team needs the client to accept that he has been a partner in those decisions.

Discussions about treatment options and estimated costs should center on the perspective of the pet owner and the best interests of the patient and client [35,36]. For example, "Ms. Adams, we want to be sure that you understand the treatment options and their costs so you can make the best choices given your preferences and resources." Some practices may delegate the financial counseling tasks to a designated staff member or business office manager as is typically done in other health care settings in which insurance may not apply. For example, in orthodontic offices or laser eye surgery clinics, it is common for the clinical provider to make treatment recommendations and the designated staff member to provide the estimate and collect an initial payment and the signed agreement to proceed. Although this may work quite well in settings in which there is an established charge for a defined service, many diagnostic and treatment services in veterinary medicine are not so readily defined. Pet owners' specific preferences can be difficult to predict, and making assumptions can end in hard feelings. As a result, it is important for the veterinarian to be involved in reviewing the pros and cons of different treatment options in the practical context of the financial implications. Informed consent enables clients to make and feel responsible for choices in situations in which outcomes and ultimate costs are not always predictable.

BUILDING PARTNERSHIPS AND REDUCING DISAPPOINTMENTS: ELICITING EXPECTATIONS

Many clients arrive at the veterinarian's office with ideas about what might be going on with their pet, what health maintenance procedures they believe are valuable, and what treatment plans to expect. These ideas may be a result of previous veterinary experiences or advice, speaking with other pet owners, their own research via the Internet, or even reading or watching animal and veterinary programs on television. By eliciting the client's diagnoses, ideas, and expectations early on in the visit, the efficient veterinarian can more quickly recognize when there is likely agreement and when a diagnosis or recommendation needs further discussion so as to be accepted as reasonable.

For example, one may ask, "What were you thinking might be causing Ginger to be losing weight at this point? Was there something specific that you are

expecting we would do in this visit?” The veterinarian is reaffirming the importance of taking into account the client’s intuitions and expectations. Eliciting these thoughts early on cues the veterinarian to address clients’ expectations more efficiently during the history taking, physical examination, and treatment planning phases of the visit.

In a similar vein, offering provisional diagnoses, the veterinarian could say, “Here’s what I think is going on and why. How closely does that match what you are thinking?” If the veterinarian’s assessment is different from the client’s initial thoughts, “thinking aloud” during the examination cues the client to additional possibilities to consider. An example of making a diagnosis in this framework would be the following: “Ms. Johnson, now that we’ve had a chance to go through the history of her symptoms and do a good examination, I think it is most likely that the stomach problem has been caused by. . . Because we can never be 100% certain, I propose we do this for now, and I would expect that to cost no more than. . . We would then watch her closely over the next 2 weeks and see you again at that time if all her symptoms are not resolved. How does that sound to you?” A genuine pause to elicit the client’s response is needed here to establish mutual agreement or discover if further discussion is needed. The veterinarian’s responsibility is to apply science and experience to describe the treatment options and their anticipated costs and benefits. It is the client’s right and responsibility to choose among the options that fit his or her preferences and circumstances.

ADDRESSING DISAPPOINTMENTS THAT HAVE ALREADY OCCURRED

In the event of a disappointing event or ultimate outcome, one of the client’s questions is likely to be, “Would another veterinary practice have gone about this in the same way, with the same result?” Ironically, a client looks first to his veterinarian to evaluate the care and explain the outcome, including whether errors or other problems in the care contributed to the disappointing outcome [37]. As in human medicine, the veterinary client may now have access to multiple sources of information about animal health and veterinary medicine when trying to make sense of the disappointing outcome. This may lead to challenging questions that can provoke defensiveness in the veterinarian or staff member if the upset pet owner’s need to understand what happened and why it happened is not anticipated and appreciated. Detecting disappointments as soon as possible offers the best hope for addressing them successfully. Client surveys can identify processes within the practice or specific staff behaviors that require correction. Veterinarians can ask clients for feedback about the visit before they leave: “How was your experience with us today? Is there anything that you wish we would have done differently?” Too often clients are allowed to go out the door or get off the telephone without a sense that their concern has even registered.

Defensive attempts by staff to explain away clients’ complaints and to justify their own behavior may feel comforting in the moment, but such attempts

ultimately lead to missed opportunities to resolve problems before they fester into lost business, negative word-of-mouth advertising, lost revenue resulting from client unwillingness to pay bills, formal complaints, and malpractice claims [38]. Resolving disagreements, disclosing and apologizing for problems in the care of the client and animal, and offering compensation or reparation when appropriate (eg, waived or reduced fees, a gift certificate for a pet store or groomer, a mediated financial settlement) can rebuild the damaged relationship and reduce the client's urge to retaliate for a perceived inequity [31].

These can be difficult conversations for a veterinarian and staff who are not intentional in their approach. When the client speaks, it is essential for the veterinarian to listen carefully and actively (ie, leaning forward with full attention, asking clarifying questions, offering short summaries to confirm or clarify understanding of the client's perspective and needs). Brief summaries can keep the veterinarian on target: "So if I understand you correctly..." A client's issue that may have been overlooked or misunderstood can then be more readily identified and corrected. We turn now to some specific examples of how this might be accomplished.

Imagine this situation. A client was told that he could come in on the way home from work to pick up his puppy, which was expected to have recovered sufficiently from being spayed earlier in the day. When the client arrives, the veterinarian does not feel comfortable in discharging the dog without evidence of adequate ability to walk and respond to its' environment. The client, in a frustrated tone of voice, tells the veterinarian that he is upset that no one called to make him aware of the change in discharge plans, adding that he left work early to arrive at the practice before closing and drove out of his way in heavy traffic. How does the thoughtful veterinarian respond in this situation?

Of course, it would have been best if staff had foreseen this problem and contacted the client early enough to head him off. Failing that, anticipating the client's reaction would allow the veterinary team to be better prepared to empathize with upset feelings and not to respond defensively. The client's upset feelings are often readily understandable if one listens carefully to the client's overall message. For example, the veterinarian could say, "I see. You remember being told this morning that because Max was the first operation of the day, he would be ready for discharge by closing time this evening. Because you've given us your work telephone number, you were expecting that we would have alerted you if there was a change and at least have saved you the frustration of a long trip over here this evening." Actively listening and then summarizing in this way accomplishes three things immediately. First, it demonstrates that the veterinarian or health care team member is committed to understanding the client's experience, reducing the client's need to repeat himself to emphasize what he feels has been minimized or missed. Second, it allows the veterinarian to manage his or her own emotions by focusing on the client's perspective and resisting the natural "fight or flight reaction" in uncomfortable or dangerous situations. Finally, it alerts the veterinarian to the aspects of the situation that

are most upsetting and possibly confusing to the client and therefore needing to be addressed [39,40].

The ability and willingness to empathize with the client's view of the situation is the key to resolving the disappointment satisfactorily. Responding empathically simply means conveying that the client's perspective, concerns, frustrations, and expectations are understandable and that you wish things had gone differently now that you recognize the resulting impact on the client. Importantly, empathy does not mean or require agreement with each point that the client is making.

Here is how empathy might sound using the previous scenario: "Mr. Jones, I can understand your frustration at how this has worked out. You made the time to come all the way over here this evening, expecting to bring Max home with you only to be told that the trip was in vain. I want to say how really sorry I am that this has happened." Notice how the veterinarian's empathic response helps him or her to avoid the common trap of defensively trying to explain away all the client's frustration. For instance, imagine how Mr. Jones would have reacted to the following defensive and dismissive approach: "Well Mr. Jones, you can see that we're very busy here at the clinic, and we're just trying to do what is safe for your puppy. We can't promise how quickly a puppy will recover from anesthesia and be able to go home safely. You wouldn't want us to send your puppy home and then have a medical emergency later tonight, would you?"

Research on addressing disappointing outcomes in human medicine indicates that an expression of sympathy and, when appropriate, a frank apology are essential to resolution [41,42]. Our ethics make it clear that the client is entitled to an accurate understanding of what has happened, and to do anything else may be judged deceptive. Our most accurate understanding of what happened determines whether an empathic expression of sympathy is sufficient or whether the client is entitled to an apology that acknowledges responsibility for preventable problems with the care that contributed to the harm. When there has been no error involved, it can be useful to use such language as "I wish" to convey regret at the direction things have gone, for example, "I wish we had been able to stop the cancer with the chemotherapy as we had hoped." In the previous example of Mr. Smith, when a client is disappointed and things could have been done better, it may have been effective for the veterinarian to say, "I am really sorry that happened. I wish we had been able to reach you before you headed over here." Of course, it is much easier to listen and empathize convincingly when the veterinarian or staff member has truly opened up to the client's perspective.

Most clients' disappointments with medical outcomes do not result from negligent care. Unrealistic expectations, biologic variability, low probability risks and side effects, and the uncertainty of veterinary science are all more likely to have led to a poorer outcome than was hoped for in the care. The veterinarian's willingness to talk this through patiently and to address challenging questions calmly is key to resolving upset feelings when the care was satisfactory but the outcome was disappointing to the client.

Next, we consider what is different in the resolution of situations in which we recognize that a clear failure (business process or clinical) of the practice caused the disappointment (including an animal's injury or death). Specifically, we explore how a different kind of apology is now called for and how willingness to consider reparation may be essential to resolve these situations constructively.

WHEN ERROR HAS CAUSED HARM

We know in human medicine that physicians and health care organizations are reluctant to admit responsibility for a patient injury, even when their own investigation has indicated that preventable error is the most likely contributor [8,43,44]. News reports have suggested a similar reluctance in veterinary practice, as was publicly exposed, for example, in a *New York Times* report of a cover-up at the National Zoo [45,46]. In this instance, veterinary treatment errors had been made involving animal deaths, and medical records were subsequently altered to prevent recognition. The reluctance to disclose treatment errors often stems from feelings of guilt and shame, fear of censure and potential damage to one's reputation and business, and, especially, fear of a malpractice claim [47]. The human urge for self-preservation promotes a tendency to consider deceit as an alternative to exposing oneself to punishment.

The following is a model that we can borrow from human medicine [17] to guide clinicians and health care organizations in proactively disclosing and resolving medical and systems errors that cause harm. The acronym for the model is TEAM.

"T" stands for truth, transparency, and teamwork in approaching the problem. Truth and transparency lead to the client being given an accurate description of the harm and its causes. Teamwork involves the health care practice team working together to develop clarity about what happened and working together to follow through on all the steps necessary to resolve the matter satisfactorily with the client. For example, it can be helpful to have another staff member present with the veterinarian in what can be emotionally challenging discussions with the client. This team member can serve as support, as a witness, and even as a facilitator or mediator when necessary to keep a constructive focus throughout the discussions.

"E" stands for empathizing with the client's experiences and understanding his or her thoughts and emotions. "A" stands for making a clear apology and being accountable for problems in the care that caused harm [32]. Accountability includes describing the steps you are taking to reduce the chance of any other animal being similarly harmed. Research in human medicine affirms the importance to patients and families that something good (eg, reduction in harm to others) comes from their experience [30,48]. "M" stands for the ongoing management of the situation until the most satisfying resolution possible is reached with the client. Management may include providing ongoing clinical care or paying for it at another practice if that is the client's preference. It may include offering to work out compensation for the pet's loss. This addresses the client's sense of fairness and reduces perceptions that one has been victimized [22]. For

minor harm or inconveniences, a sincere apology may be sufficient to satisfy the client that he or she has been treated in a fair manner [49].

Conversely, when a problem with the care has led to more substantial harm, working through the TEAM steps can be emotionally and practically more challenging. This may begin with the veterinarian starting the conversation with the client as follows: “Ms. Carson, we would like to explain to you what we now believe went wrong and offer our sincere apology. We also want to tell you the steps we are taking to prevent this from happening to others and see if there is more that you believe we can do to help you recover from this.” When significant harm has occurred, clients appreciate the openness, the sincerity of the genuine apology, the commitment to address problems that could hurt others, and a recognition that the client is owed our help in recovering as much as possible from the harm that we are acknowledging we have caused [30,47]. In veterinary medicine, actual economic damages are typically small and many clients expect no restitution beyond relief of medical bills related to care. Depending on the form and amount of reparation that the practice and the client agree to (eg, waiver of veterinary bills versus financial compensation for losses), the practice needs to involve its liability insurance carrier. Customer service research in general [49] and health care experience in particular [30] teaches us that it is often possible to recover and actually build a stronger relationship with the client after a disappointment if the process is handled honestly, sensitively, and fairly in the customer’s mind.

SUMMARY

Disappointing experiences are not uncommon in the increasingly complex setting of veterinary practice. Such variables as an increasing societal appreciation of the depth of the human-animal bond, new technologies, specialization, and the complexities and costs of care are interacting to raise expectations of what veterinary medicine can accomplish. These rising expectations call for veterinarians and health care teams with effective interaction skills to create partnerships with clients as shared decision makers. Both parties must accept the risks inherent in diagnostic and treatment decisions. Nowhere are these partnerships more tested than when disappointments occur in clinical or business processes or in unexpected medical outcomes. Managing these situations requires that health care teams be sensitive to client disappointments; accept responsibility for engaging with clients to resolve them; and act ethically, sensitively, and flexibly to reach the best resolutions possible while learning from the experience to reduce the potential for recurrence. The reward for their efforts is an enhanced capability to rebuild rapport, trust, credibility, and loyalty after disappointments and adverse outcomes. Success should translate into a more satisfying practice that builds and maintains its client base and minimizes its liability risks.

EXERCISE

To gain a better understanding of what specific practice-related actions lead to client satisfaction or disappointment, take a moment to reflect on the following

questions. It is most helpful if you bring these questions to your staff meeting so that colleagues and members of the health care team can offer their perspectives to promote honest reflection and create opportunities for improvement strategies.

- (1) What specific experiences do clients periodically find most frustrating or disappointing?
- (2) How well do we understand the client's expectations related to the care of his or her pet during a visit or during a hospitalization?
 - a. If our expectations and our clients' expectations are mismatched, what steps do we take to resolve this before beginning treatment?
- (3) How do we currently share information within the practice about client frustrations so that we can see they are better resolved and not left to fester?
- (4) Have we created a culture within the practice where everyone is open to feedback about their behavior and attitudes and shows willingness to correct weaknesses?
- (5) When there is a disappointing or adverse clinical outcome, how forthright are we in ensuring that the client has an accurate understanding of what happened, even if this reveals problems in the care?
- (6) How capable are we now of working out satisfying resolutions in situations in which a practice error has caused a pet and client harm?
 - a. If there are weaknesses here, what steps do we need to build in, what flexibility do we need to develop, and what commitment do we need to reaffirm to resolve situations with adverse outcomes as well as possible with our clients?

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