

Slate

HEAVY PETTING

But Doc, the Dog's Already Dead!

How to say no to your vet.

By Emily Yoffe

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Recently, my friend A's vigorous 10-year-old laika (a Russian breed whose name means "barker") woke up wheezing. She seemed fine the next morning when he went to work, but that afternoon he got a call from his mother, who had come over to let the dog out, telling him the dog seemed disoriented. He left work, arriving home about an hour later, to discover his pet on the floor of the bedroom, eyes open and fixed, body stiff. He picked the dog up, put her in the car, and drove to the vet. He ran in with the rigid dog over his shoulder and announced, "I think my dog is dead!" Everything stopped in the waiting room as the techs whisked the dog away.

Soon an employee emerged to explain it looked as if the dog had suffered a cardiac arrest. He also had a question: "Do you want us to do CPR?" All eyes turned to A, including those of the woman who had begun weeping in sympathy when A announced his dog had died. He realized he couldn't bring himself to say what he was thinking: "How much are you going to charge me to do CPR on my dead dog?" Instead, he told them to go ahead, and took a seat. Techs came out with periodic reports—neither heart massage nor drug infusion was generating any vital signs. "I wanted to say, 'That's because she's been dead for an hour,' " says A. Finally, they suggested the treatments should stop, and A agreed. They presented him with the bill. It turns out it costs \$250 to try to revive a dead dog.

Two trends are making a visit to your veterinarian an opportunity for endless guilt. One is the increasing acceptance of the notion that pets are family members (thus the movement to change the word *owner* to *guardian*). The other is the convergence of veterinary and human medicine—pets can get chemotherapy, dialysis, organ transplants, hip replacement, and braces for their teeth. In 2004, Americans spent \$18 billion to treat the country's 164 million dogs and cats. Sure, you may have a health-care directive that begs your loved one to pull the plug. Grandpa's hospital bed may have a flashing "Do Not Resuscitate" order. But how can anyone be heartless enough to refuse to treat their dead dog?

In *Sicko*, Michael Moore indicts America's human health care, painting a portrait of a system so callous that the loss of life and limb is a matter of simple economic calculation. But in my experience, it's almost impossible to find a callous vet when you need one. Take what happened with my cat Sabra. At age 21—the equivalent of a 100-year-old human—Sabra was fading. She had stopped grooming and was barely eating. She spent her days curled in a chair, hissing occasionally like a deflating whoopee cushion. Instead of letting her go gently, of course I took her to the vet. The vet shook her head at Sabra's condition. She likely had cancer, kidney disease, multiple organ failure. All this would have to be sorted out through several days of rigorous testing. Instead of saying, "I'm going to take her home and let her deflate in peace," I handed her over.



As I left, I thought of my dear, departed grandmother. When she was 90, still lucid but in the hospital and facing the end, the doctors thought perhaps she had an undetected cancer. To confirm, the biopsy would have required anesthesia and a painful recovery. Everyone agreed to let it go. Sabra had no such luck. Two days and \$800 worth of tests later, the vet couldn't find out what was wrong (besides the fact that she was 21) and said she was arranging a transport to a facility where Sabra could get an MRI. When I said I was coming to pick her up, the vet became hostile. "She might have a cancer we haven't found! She's not in good health!" said the vet. I returned Sabra to her chair, and she died a few months later.

I was left feeling the whole exercise was a way of shaming me into covering the overhead. But when I described what happened to Dr. Gerald Snyder, a Charlotte-based veterinary practice management consultant, he clarified the miscommunication for me. "The veterinarian is on the cat's side, not yours," he explained.

Dr. James Busby, a 67-year-old veterinarian in Bemidji, Minn., sees things differently. He's the kind of curmudgeonly realist of a vet you don't find in the hyper-attentive yuppie neighborhood where I live. Busby has become so fed up with his profession the he has self-published a book, *How To Afford Veterinary Care Without Mortgaging the Kids*. He writes that he has had a satisfying 40-year career, "but sadly, I would never enter the profession today, if I had to practice the way things are currently done." He sees too many vets who try to "push as many procedures and services ... as the pet owner will tolerate, in order to generate as large a cash return as possible."

He cites the case of an elderly man who came to him for a second opinion about the lump that had been below the anus of his elderly terrier for a year. The previous vet had pressured the man into paying for \$700 worth of tests to see if the lump was a sign of metastatic kidney cancer. It wasn't, which didn't stop the vet from recommending more tests. Busby concluded the lump was just one of those lumpy things that wasn't bothering the dog. But his larger issue is that before a vet goes off on a \$700 search for metastatic kidney cancer in a 15-year-old dog, the vet should inform the owner that treating this disease would be a "quagmire"—an ordeal of pain and expense almost certain to end with a dead pet.

Busby also rails against the useless procedures foisted on healthy animals. Take yearly vaccinations. He writes, "[A]lmost all veterinarians insist on repeating these vaccinations over and over again throughout the life of the pet. Never forget how often they need to be given to you or your kids. ONCE!!!" Busby says that after the essential shots and boosters for puppies and kittens are completed, pets enjoy the same lifelong immunity humans do. (Legal requirements force more frequent rabies shots.) He points out unnecessary treatments are not necessarily benign because the treatments themselves can cause side effects. I know. My wonderful cat Shlomo died at age 16 because I followed the yearly vaccination recommendations. A component of the feline leukemia vaccine caused an injection-site cancer. (For a thorough discussion of the problem with pet overvaccination, see www.critteradvocacy.org.)

At a continuing-education seminar Busby attended, he listened to a lecture by a vet on testing dogs for Lyme disease. He says routine use of the blood test is a waste of money because many healthy dogs, not in need of treatment, will be positive for Lyme exposure. Busby told me that at the lecture, the veterinarian started by saying there had been no confirmed cases of Lyme disease affecting a dog's kidneys. But when she got a positive Lyme test back, she went on to run a kidney-function test. "She was using a worthless test and then using it to treat for something that's never been diagnosed," he told me. "This is an Academy Award-winning way to gyp a client out of money!" He said one young vet told him she worked for a doctor who brought in \$150,000 a year running Lyme tests. "That's one vet," he said. "It's a total rip-off!" (The effect of Lyme disease on dogs and their kidneys is an unsettled area of veterinary medicine, according to [this](#)

report.)

He also thinks "wellness exams" are all about improving the financial wellness of the provider. Busby says the best guideline for when to take your pet to the vet is when you can tell there's something wrong. But, with the same fervor displayed by the salesperson at the electronics store who encouraged me to buy the extended warranty on the clock radio, my local pet hospital has pushed me to sign up for its \$440-a-year wellness plan, which will provide a full panoply of unnecessary vaccines, as well as dental cleaning, and *twice* yearly neurological, cardiac, pulmonary, blood, and fecal exams. Even in France, they don't do this for people.

At this point I should add that, in general, I hold the veterinary profession in high regard. Vets spend years and fortunes on their medical training, work like dogs, and end up getting grouched at by clients and bitten by patients. I am grateful to the vets who saved the life of my beagle, Sasha, when she was hit by a car, and I quietly handed over my credit card when the bill for \$2,000 came due (although I did manage to decline the offer of the special "orthopedic quality" fix of her injured ligament for an additional \$1,500).

It's just that if we're coming to the point that we think of our pet's health in the same way we do our own, I wish the vets I see would treat my pets more the way our doctors treat us. For example, over the years the pediatrician has heard a mild heart murmur when she has examined my daughter. But since my daughter is obviously in excellent health, the pediatrician has reassured me it's nothing to worry about. But when the veterinarian detected a mild heart murmur in one of my cats, she immediately recommended I make an appointment with the veterinary cardiologist. What would happen to the cat if I didn't do that? I asked. She had to acknowledge: probably nothing, but the echocardiogram only cost \$300, and since my cat was a member of my family, surely I would want to do everything.

Emily Yoffe is the author of [What the Dog Did: Tales From a Formerly Reluctant Dog Owner](#). You can send your Human Guinea Pig suggestions or comments to emilyyoffe@hotmail.com.

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