Ethics is broadly defined as a system of moral principles. It is also the branch of philosophy that deals with values relating to human conduct with respect to the rightness or wrongness of certain actions, the goodness or badness of the motives and the ends of such actions. The ethics of a profession such as veterinary medicine (whether conventional or alternative) tend to be straightforward and enduring. The legalities of veterinary practice, however, are the brainchild of the legislative and regulatory branches of government, and they don’t necessarily coincide in philosophy with ethical values, and they may sometimes leave the impression of being an exercise of power on behalf of various interest groups.

**BASIC ETHICAL CONSIDERATIONS**

Ethical principles become actualized by the adherence to certain duties by veterinarians in relation to those they encounter in practice. The following highlights reflect an emphasis on those duties most relevant to those of us practicing outside the conventional standard of care.

1. **Duties to yourself as a veterinary professional**

   Resolve to always engage in honest and impartial (open-minded, humble) scientific inquiry. It is the courageous alternative to the comfort of hiding among your peers who adhere to the majority methods of conventional practice. It is also an excellent way to avoid the competitive pitfalls of arrogance, smugness, and intolerance to contradiction.

   Learn and practice independent judgment. It is professionally satisfying to exercise decisional control and responsibility while guiding patients to improved levels of health.

   Screen your potential clients, selecting those who understand what you are offering, and who are eager to work collaboratively with you to help their animals.

   Embrace your legal obligation of continuing learning and competence as an opportunity to serve your patients and clients at an ever-rising level.
2. Duties to your holistic patients

First do no harm. Evaluate your patients to the best of your diagnostic ability. Become familiar with and evaluate the major treatment modalities and options for risks and benefits for each patient. Always treat within your level of competence. Eclectics and dabblers run a greater risk of doing harm. The referral of patients, whether before or during the administration of alternative therapies, must always be weighed as an option for the benefit of the patient.

3. Duties to your clients

Screen clients and politely decline to accept those wholly unfamiliar with the treatment options you offer. You do them (and yourself) a disservice by starting a doomed relationship. Alternatively, however, you can encourage them to learn about the modality before engaging your services.

Full disclosure equals honesty. Disclose what you do and do not offer. Inform the client of the standards of practice that govern your work. Even then, the clients’ right to make healthcare choices for their pets must be respected, including the choice to decline a particular intervention you may recommend. You may, nevertheless, refer or discharge the client when in the best interests of the patient, client or doctor, provided the patient is in stable condition.

4. Reciprocal duties with colleagues

Remember your roots! We all went through similar DVM/VMD training and could each be doing each other’s work if we had chosen that path. Thus we owe a duty of polite and respectful discourse, even in the face of differing conclusions regarding the evidentiary soundness of any particular treatment methodology, and especially when publishing opinions (or opinions disguised as facts).

Cooperation between colleagues is a universal rule, as it ultimately works to the benefit of our patients. Patient records should be promptly shared when requested, and veterinarians treating the same patient with different modalities should communicate to
avoid incompatibilities and to give progress reports when feasible. Practitioners of complementary and alternative veterinary medicine (CAVM) should keep up with developments in conventional medicine, and conventional veterinarians should gain some familiarity with the major alternative methodologies.

5. Duties to regulatory agencies, academic institutions and organized veterinary medicine

The role of CAVM veterinarians goes beyond obeying the law and adhering to the recommendations of such groups as AVMA and AAVSB. We have a duty to challenge and advocate on behalf of alternative medicine in order to promote a legal and organizational environment that both protects and empowers the public when they choose CAVM for their animals.

Part of the advocacy effort involves educational outreach to colleagues at all levels, particularly with respect to the research supporting the efficacy and safety of the different CAVM treatment modalities.

LEGAL CONSIDERATIONS

The fundamental problem for CAVM practitioners is that they cannot, in many cases, meet the usual standard of care recognized by most regulatory boards and in court decisions. So the question I want to address is: “How can you provide the CAVM services that your clients want without making yourself completely vulnerable to board actions or lawsuits from dissatisfied clients?” So far, it does not look like we can rely upon our conventional colleagues to adjust their way of thinking as to what constitutes acceptable practice. For human medicine, some states have adopted “health care freedom” statutes, which transfer a larger portion of the outcome risks of alternative practice to the willing patient. For veterinary medicine, however, the contractual nature of the veterinarian-client(-patient) relationship is inherently stronger than in it is in human medicine. This is understandable in light of the legal position of animals as property. Thus, a well-constructed contract (i.e., consent agreement) can legally exist with effect alongside the statutory and regulatory framework of veterinary medicine.
1. Informed Consent

For CAVM practitioners, the consent agreement modifies mainly the nature of the treatment protocols to be undertaken, much the same as giving consent to use an unapproved or experimental drug in conventional practice. The key is *full and honest disclosure*. What should be disclosed?

A. The CAVM methods to be used. If there are published *Standards of Practice* for the treatment modality proposed, they should be referenced in the agreement and be readily accessible to the client for review prior to signing a consent agreement.

B. The risks and benefits of the proposed treatment must be disclosed, including the overhyped risk of delaying “proper” (i.e., conventional, of course!) treatment.

C. Reasonable expectations (not guarantees) for the patient under the proposed treatment.

D. Conventional medical and surgical options should be disclosed, together with their risks and benefits. (The client has often considered and rejected further conventional options by the time they come to you.)

E. Other alternative treatments, if known to the practitioner, may also be discussed.

F. Business practices, including contact information, fees/terms, emergency service resources, etc.

G. Specifically state the types of medical services you will *not* provide.

H. Optional: Special disclosures relating to long distance prescribing, including the use of a partnering local practitioner to provide some objective diagnostic data.

The consent agreement is completed when the client acknowledges the disclosures that have been made, *refuses other forms of treatment*, and signs the agreement, indicating consent for the proposed treatment, including the risks assumed.

2. Standards of Practice vs. the Standard of Care

Every regulated profession has a set of “norms” that defines its essence and sets it apart from the dabbling of unqualified persons within its subject matter. The *standards of practice* (SOP) describe the goals, methodologies and materials employed in a discipline, such as veterinary homeopathy. The *standard of care* (SOC) measures a professional’s performance under the relevant SOP (whether conventional or CAVM) with respect to a
particular patient’s experiences. It would be nearly impossible for a veterinary homeopath, for example, to meet the standard of care for a patient if she were being judged under the SOP of conventional veterinary medicine. However, the courts and regulatory boards would do just that, absent disclosure and informed consent binding the parties to an easily referenced and clearly stated SOP.

One of the primary functions of the state boards is to protect the public from substandard care. The handling of client complaints about substandard veterinary care has shifted largely from the courts to the state boards due to the cost of bringing a lawsuit, versus the small recompense afforded. The standard of care in human medical malpractice evolved mainly in the courts and generally concerned itself with defining the level of skill and judgment needed to achieve the threshold minimal level of competence.

The state veterinary boards, however, are increasingly spelling out what constitutes misconduct or incompetence in their regulations, and these regulations can form the basis for SOC decisions in client complaint-based disciplinary actions. CAVM practitioners should be able to meet the SOC if: a) they have obtained valid informed consent from the client, including a refusal of conventional treatment, b) that consent included a published SOP, to which the practitioner competently adhered, and c) the practitioner maintained proper records and provided any needed diagnostics and supportive care according to the usual or prescribed standards. There are no guarantees, of course, but the alternative practitioner will improve her chances of prevailing if an expert witness, qualified in the CAVM discipline, can verify that the treatment was appropriate for the modality the client chose.

3. Long Distance Practice

This is a tricky and evolving area for veterinary homeopaths and other CAVM practitioners that do not administer direct physical treatments to their patients. A recent federal appellate case affirmed the right of state veterinary boards to require a hands-on physical exam visit (or a site visit for farm animals) in order to form an acceptable veterinarian-client-patient relationship (VCPR). Once the VCPR has been established by a hands-on examination, follow up communication and prescribing by telephone (or other
electronic means) is generally acceptable for at least one year. It is not yet clear whether the trends in *telemedicine* will eventually relax these standards.

Long distance prescribers also are affected by legal questions of cross-border jurisdiction when communicating with clients outside their state(s) or countries of licensure. *Where* is “the practice of veterinary medicine” occurring? That is, on *which end* of the telephone line (or videoconference, or diagnostic device transmission, etc.)? However, once the establishment of the VCPR has occurred within the practitioner’s legal jurisdiction, it is acceptable practice to follow up by telephone across state lines. For example, a North Carolina client takes his pet to Virginia Tech for treatment (He only wants the very best for Fido!) and then returns home. Of course his veterinarian in Virginia can continue to communicate and consult with him.

**CONCLUSION**

There are, of course, quite a few other issues that confront veterinarians wishing to practice legally and ethically, whether conventional or CAVM. Unethical practices abound, unfortunately, and they have more to do with the frailties of human nature than with a lack of the needed information. I have appended a draft Code of Conduct for Holistic Veterinarians, first published in June, 2015, in the Proceedings of the Academy of Veterinary Homeopathy 2015 Conference and Annual Meeting.

**APPENDIX**

**A CODE OF CONDUCT FOR HOLISTIC VETERINARIANS**

Sidney H. Storozum, DVM, CVH, JD

**GENERALS**

Certain unifying ethical principles unite the allied medical and veterinary professions. As applied to veterinary homeopaths and other holistic practitioners, these would include:

i. For our patients, first do no harm.

ii. The health, comfort and general well-being of our patients has primacy over financial, personal and other considerations, whether our own or those of the client.

iii. Honesty, integrity and compassion are required in our relations with clients and in our treatment protocols, including record keeping. Attending veterinarians should not withhold relevant patient information from their clients.

iv. The same honesty and integrity requirement applies to dealing with professional colleagues, regulatory authorities, animal control and other law enforcement agencies.
v. Clients rightfully expect their personal, financial and patient information to be kept confidential unless they expressly state otherwise. When requested by the client, patient information should be promptly copied and furnished to the client or other designated veterinarian.

vi. Fees and financial policies should be honestly disclosed to clients before undertaking treatment. Although veterinarians may not ethically be compelled to provide services to any particular client (for example, clients who do not pay their bills or are noncompliant with treatments), unstable patients being treated should not be discharged from the veterinarian’s care without first making or enabling the transfer to another veterinarian.

vii. It is unethical for a practitioner to undertake or continue the treatment of patients while impaired by alcohol, drugs, or any other disabling mental or physical condition.

viii. Veterinarians should always exercise independent judgment in medical decision making for the benefit of their patients, based upon their knowledge, experience, skill levels, conscience, resources, public safety, and the expressed preferences of the client with respect to viable treatment options, outside consultations, and financial constraints. It is unethical to tailor treatments in a contrary manner in order to satisfy the expressed beliefs, preferences or policies of third parties claiming superior knowledge. It is also unethical to make treatment decisions influenced by financial or other conflicts of interest.

ix. It is ethical to express a differing opinion to a client regarding another veterinarian’s diagnosis or treatment choices, whether holistic or conventional, and to explain the reasoning for it. It is not ethical to make disparaging remarks about that veterinarian or to urge the client to discharge the veterinarian or undertake legal action or file a regulatory complaint.

x. There is an ethical duty for professionals to report their colleagues to regulatory authorities if they are imminently endangering their patient(s) or clients by 1) practicing while impaired or 2) engaging in illegal activities.

PARTICULARS

1. Training; licensure; certification

Veterinarians should not undertake methods of diagnosis and treatment for which they are not properly trained. Introductory and survey courses do not adequately prepare a veterinarian to assume a standard of care for treatment modalities that they cannot exercise with the requisite skill. Referring clients to self-help resources or qualified practitioners may be a better choice than disclosure and informed consent, as it may help to avoid the increased risk of a treatment failure.

Veterinarians who hold a license to practice in a particular state and perform health-related services for animals are generally considered to be engaged in “the practice of veterinary medicine” and therefore subject to the statutes and regulations that govern it, including holistic practitioners that do not perform surgery or utilize prescription drugs. Lay persons, along with unlicensed veterinarians, that “diagnose and/or treat” animals may be held to be practicing veterinary medicine without a license, even though not using prescription drugs or performing surgery. Holistic veterinarians should be familiar with what constitutes “unprofessional conduct” in their state and be prepared to defend any deviations from the standards with exemplary record keeping, client disclosures, and informed consent. Specific auxiliary licensures, such as controlled substance registration, federal accreditation, and state pharmacy licenses, require strict adherence to their respective rules.

Certificates of qualification in alternative modalities are often confusing to the public and should be accurately stated to clients. The certifying body should be clearly identified, and its professional requirements should be readily accessible to the public. The “certified” designation should only be used by practitioners that are in full compliance with the requirements of the certifying body.

2. Advertising, solicitation of clientele

As with all professional advertising, ads to solicit clients should be factual and not deceptive or misleading. This includes product endorsement advertising, with the additional caveat that financial entanglements, such as multi-level marketing participation, should be disclosed to potential client purchasers. Guarantees of patient outcome are not ethical for any medical practitioner.
3. Screening and selecting clientele; indigents
Holistic practitioners have an obligation to establish that a new client is sufficiently familiar with the proposed method of treatment to give informed consent. Moreover, the practitioner should honestly assess the suitability of his treatment methods for the particular case, directing the client elsewhere when appropriate. Where familiarity is lacking, it is advisable to provide educational resources before seeking consent. The client’s financial obligations should also be carefully disclosed. Lack of understanding may result in poor compliance, disappointing patient outcomes, fee disputes, state board complaints and lawsuits. Animals first presented to the practitioner in critical condition by clients without ability to pay should be stabilized by the practitioner if possible (or expeditiously referred) and then screened as stated above.

4. The duty to disclose
Proper disclosure assists the client in screening the practitioner before establishing the veterinarian-client-patient relationship (“VCPR”).

a) treatment options; risks and benefits
Complementary and alternative veterinary medicine (“CAVM”) protocols do not meet the standard of care that conventional medicine views as the best treatment option in most cases. It is always prudent to explain the type of conventional treatment options available to the client, as well as other CAVM choices you are aware of that could be helpful. After explaining treatment options, including their respective risks and benefits, you may then establish that the client in fact desires and is requesting the treatment you are proposing, and obtain written consent.

b) limitations of practice by competence
In addition to honesty in advertising, practitioners should at this point disclose any inadequacies in experience or knowledge that might bear on the case at hand, and offer referrals if indicated. The client should be informed that a poor response to treatment and a decline in patient condition may necessitate a different approach, possibly including a change in treatment modality and/or referral.

c) conflicts of interest
A conflict of interest occurs when the veterinarian engages in conduct that serves the interest of a third party that either has an interest in the outcome of a case or provides products or services whose use may be influenced by something other than the sole benefit of the patient. While the veterinarian who derives a benefit from serving multiple or non-patient-centric interests may not be engaged in overt misconduct, such practices should be disclosed to the client and consented to before commencing treatment.

d) fee structure
Fee disputes can result from simple misunderstandings to total nondisclosure all the way to deliberately deceptive statements that amount to fraud. Veterinarians should adopt a fee schedule that meets their financial requirements and fully disclose it to their clients. This is especially important where clients have provided credit card information that the veterinarian will use to collect fees for services that the client may not have an opportunity to review before their card is charged. Fees charged should be “reasonable,” an admittedly difficult term to define, but one that bears some proportionality to the time, skill, products and incidental expenses of other practitioners providing similar services and products in the same geographical area.

e) exit strategy
All business and professional relationships, including the VCPR, are susceptible to termination for various reasons. The client should understand that she is free to terminate the professional relationship at any time, while remaining financially responsible for previously rendered services and other valid charges. The disclosures should also inform the client that the veterinarian may unilaterally terminate the VCPR or the entire veterinarian-client relationship for any legally permissible reason. These typically might include the veterinarian’s lack of success in healing the patient or the failure of the client to comply with the treatment regimen or to timely pay the fees charged. The patient’s best interests are ethically best served by not discharging the patient until medically stable or until a referral has been arranged by the veterinarian, or the client has selected a new practitioner.

f) emergency availability and policies
The veterinarian should disclose how her practice deals with patient emergency situations. This can include: 1) Who should the client try to contact first? 2) Does the practitioner typically provide her own
emergency services? 3) Does the practitioner have backup or on-call veterinarians available in the same holistic discipline? 4) Under what circumstances should the client obtain conventional emergency care? Emergency contact information should also be provided.

5. Obtaining valid consent and agreeing upon an applicable standard of care
Following adequate disclosures to the client, the granting of consent to treatment essentially forms the contractual relationship between doctor and client. This carries special significance for veterinarians because of the legal status of animals as property. Thus medical malpractice lawsuits can be made under theories of contract ("I didn’t get what I was promised.") or bailment ("I handed you a perfectly good dog, and now look at him.").

Consent may be granted verbally, but this is better suited for minor decisions to be made as treatment progresses. A written consent form provides the best protection for both client and doctor, as it establishes a framework of reasonable expectations for the relationship.

For CAVM modalities the disclosures mentioned above consist of many aspects of how a practice is conducted, but none is so thorny as the standard of care. The consenting client needs to be directed to a clearly written document that explains what constitutes acceptable veterinary practice in that modality, often referred to as the “standards of practice.” When applied and evaluated for a particular patient, it is measured as a “standard of care.” It should emphasize that the client is affirmatively choosing those standards and not expecting conventional forms of therapy that conflict with the standards of practice for that modality. The client still retains legal expectations of quality care, just not the same expectations as from a conventional practitioner.

In human medicine, the use of Clinical Practical Guidelines ("CPGs"), prepared by expert committees, is gaining acceptance in some courts as evidence of the standard of care. Patients are ordinarily not aware of CPGs unless they become involved in litigation. Both expert witnesses and CPGs can play a role in evaluating a physician’s performance. In CAVM, practitioners are hereby advised to incorporate standards of practice into their consent agreements, thus establishing the contractual expectations of clients and creating a defensible framework for evaluating the practitioner’s performance in case of a dispute. In the event of litigation, the parties should then be able to qualify only the applicable CAVM standards (comparable to CPGs) and experts knowledgeable in them.

6. Procurement and review of prior health records; reciprocal duties; confidentiality
It is still considered the conventional wisdom that thorough history taking and physical exam findings are the foundations of diagnosis. Thus a diligent effort should be made to acquire as much relevant information as possible about the patient’s medical history, with the client’s cooperation. This will include records of treatment from previous or concurrent veterinarians. The client should obtain and provide those records or sign consent forms to release the records to you. All veterinarians have the reciprocal ethical duty to provide such records in a timely manner. However, the release of patient records and client personal and financial information without the client’s consent would be a breach of the duty of confidentiality.

7. Commencing treatment
   a. Traditional physical exam
   When a patient is seen in person, the veterinarian should obtain any needed objective information about his condition by physical exam. There is no special standard of care for CAVM in performing an exam. Exams may be general or they may be targeted and limited in nature, as the situation dictates. In either case, they should be carefully performed and well documented.
   b. Relevant diagnostics
   The standard of practice for a particular CAVM modality may influence or dictate the types of ancillary procedures that are used to evaluate patients. The performance of traditional diagnostics, such as laboratory analysis and radiology, will be held to the same standard of care as for conventional practitioners.
   c. “Long distance” treatment and the “veterinarian-client-patient relationship”
   The establishment of the VCPR is discussed at length in the AVMA Principles of Veterinary Medical Ethics and is referenced in some state practice acts. These documents generally require in-person contact to gain sufficient knowledge of the patient to establish the VCPR. This requirement has resulted in regulatory
actions against some CAVM practitioners. The number of CAVM practitioners is very limited in certain disciplines and geographic areas. In-person visits and examinations may not always be practical. In human medicine there is a new trend toward “telemedicine” and “telehealth” services. For example, under some federal government healthcare programs, “The use of a telecommunications system may substitute for an in-person encounter for professional consultations, office visits, office psychiatry services, and a limited number of other physician fee schedule (PFS) services.” This practice is being increasingly used in private health plans as well to reduce costs and/or to provide services for patients that are remotely located or have difficulty with travel. The legitimacy of long-distance diagnosis and treatment is being established in the human field, and it is reasonable for veterinarians to emulate this practice where the same constraints limit access to CAVM treatment options for clients. CAVM practitioners should also consider using “the eyes and ears” of remote practitioners more convenient to the client to obtain objective data that may be helpful in prescribing for their long distance patients. Until the regulatory boards accept this practice, it should be included among the standards of practice that are referenced in consent agreements if long-distance practice is contemplated.

d. Record keeping standards
Medical records are the property of the veterinarian and are meant primarily to help practitioners keep track of their thoughts and actions in the course of treating their patients. They also serve to memorialize the clients’ reported observations and progress reports. Personal and financial client information, as well as laboratory, ancillary and prior/concurrent veterinary consultation and other reports also belong in the patient records. Regulatory boards expect to see doctor notes based on a fairly standardized format that includes the client’s observations (“subjective”), the veterinarian’s exam and ancillary findings (“objective”), a diagnostic assessment, and a treatment plan or options. Some regulatory boards dictate the recording of certain parameters, such as body weight and temperature. Regulatory boards seem to favor a reductionistic approach that is easily decipherable by other readers, usually veterinarians. If a CAVM practitioner intends to deviate from the regulatory standards, it is important to have an understandable and consistent (with the consented-to CAVM standards of practice) system that can stand up to scrutiny.

e. Enacting the treatment plan, including follow up care and communication
Veterinarians are expected to “stay on top of” their cases. Follow up consultations and visits should be scheduled at appropriate intervals, and clients should be kept informed of your progress assessments and treatment plans. Client inquiries should be addressed with honesty and in a timely manner. Good communication skills are a valuable asset and should be cultivated. You should note your evaluations of responses to treatments according to the applicable standard of care.

f. Revisit options, including referral
During the course of treatment it is prudent to periodically discuss the patient’s progress with the client and to review treatment options, including referral, particularly when a patient’s responses to treatment are not satisfactory.

g. The client’s role in treatment
The client has no legal obligation to comply with the veterinarian’s treatment plan and may refuse diagnostics or treatments recommended by the veterinarian. It is advisable to make a record of noncompliance with treatments and other recommended protocols, in the event that the veterinarian finds it necessary to discharge the client and patient.

8. Terminating or revising the VCPR
If a client is noncompliant, doesn’t meet financial obligations or is otherwise too difficult to work with, the veterinarian may discharge the client and all associated patients. This is best done in person and memorialized in a letter stating the reason(s). If a patient is not responding well to treatment or is too difficult to work with, the veterinarian should consider referring the patient for a better treatment option or recommend a different CAVM or conventional method of treatment offered by that practitioner. The latter choice would dictate a revision to the consent agreement, including reference to the appropriate standard of practice. A notation in the record of verbal consent by the client, preferably initialed, should suffice. The client may unilaterally decide to obtain a second opinion, change veterinarians, seek a referral, or may simply discontinue treatment. When this becomes known to the attending veterinarian, it should be noted in the record. The client may also unilaterally dissolve the VCPR entirely, with or without notice to the veterinarian.
9. **Euthanasia and comfort measures**
When it becomes clear that a patient is not curable and has declined below an acceptable quality of life, the practitioner should offer the client palliative treatment options, pain relief measures and/or euthanasia, as appropriate and according to methods consistent with the standard of practice. Veterinarians, as a matter of personal ethics, may decline to perform euthanasia in situations they believe do not warrant it.

10. **Continuing education (“CE”) and professional associations**
All veterinarians have a continuing obligation to advance their professional knowledge, presumably for the benefit of their patients, but also for their personal growth. It is recommended to achieve an educational balance that includes areas of special interest to the CAVM practitioner, while also keeping abreast of major developments in conventional veterinary medicine and related issues, such as practice management and legal concerns. CE requirements for license renewal have swung from none required to time mandates only to mandatory presentation formats to the now common content-specific requirements, policed by individual state boards that rely largely on CE clearinghouses. Until a more sensible regulatory approach is adopted, practitioners are advised to pursue CAVM excellence, while staying on the right side of the law. There is no general veterinarian requirement for membership in professional associations, but such memberships may be mandatory to maintain certain specialty designations and certificates. CAVM practitioners should strongly consider active membership in professional associations that advocate for parity in policy and legal status for CAVM. They should also consider membership in the American Veterinary Medical Association to have a voice in their policy decisions and to obtain coverage from their professional liability and license defense insurance programs.

11. **Client complaints and lawsuits**
By following the above guidelines and meeting the respective CAVM standard of care, client complaints should be rare and easily defused. If a complaint is made against you to a state board or filed against you as a lawsuit, do not respond before obtaining legal advice or representation. Handled well, many such situations can be dismissed before they gain any traction. If such matters end up before a tribunal, the keys to prevailing will be informed consent, good record keeping, and expert testimony to show that you met the consented-to standard of care.

12. **Regulatory vigilance and “unprofessional conduct”**
Veterinarians should be mindful that, while most board actions are initiated by client complaints, it is not enough just to meet the client’s expectations. Routine inspections and “tips” (often anonymous complaints by conventional practitioners) may trigger a larger investigation into your practice. Thus, CAVM practitioners should be familiar with their state board’s inspection procedures and be familiar with all applicable statutes and regulations, including federal statutes (drug laws in particular). Violations and sanctions often are derived from board rules under the title of “unprofessional conduct.” CAVM veterinarians should be familiar with these and keep in mind that informed consent by the client does not negate these rules. It may, however, influence a board that is considering a client complaint if it finds that the signed consent agreement conflicts with the client’s claims.

**CONCLUSION**

The life of a regulated professional has become increasingly complex to manage, as we find ourselves serving many more masters. However, good practice always has been, and still is, largely a matter of conscience. The above Code of Conduct is thus offered as a navigation tool and reminder checklist to allow CAVM practitioners more freedom to focus on their healing art.

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