

# Alberta Doctors' Digest

## Where are you now, James Herriot?

As far as vets are concerned, I'm a confirmed fan of British veterinary surgeon and author James Herriot. I liked to believe that vets were tireless animal lovers, mostly found spread-eagled on the straw-strewn floor of a farmyard barn at four in the morning with their right arm up to the oxter in a cow's rear pulling down a stuck calf. An anxious farmer would be holding a glimmering light over this almost biblical farming scene.

"Ee, vet. Is't coomin' out yet?" the worried farmer (or his wife) would ask.

But it seems veterinary work has changed somewhat, as has the fee schedule.

"Didn't you know that, Sandy?"



The bill came to \$3,100. I did ask the young vet who was giving me the rundown of Mr. Briggs's one day in care whether she knew that it costs on average around \$1,300 per 24 hours for a human being in hospital in Alberta – and so Mr. Briggs was running at more than twice the daily cost of humans. Did I detect a tiny shrug of the shoulders? (Photo credit: Dr. Alexander Paterson)

I was asked that repeatedly a few months ago. I had to answer that no, I did not know that. In fact, I hadn't the slightest notion that some vet fees would be so steep as to make even some legal fees seem reasonable ... well ... maybe that's going too far.

"But you must have had some idea of how much it would be? After all, you're in the same kind of business."

"No. I didn't know. But never mind – I can probably afford it." And the sympathizers turn away shaking their heads.

It was beginning to feel like the old Scots joke of the fire-and-brimstone minister preaching about the horrors and miseries of Hell to a recalcitrant congregation and ending with: "And then when ye're at the Gates of Heaven and St. Peter says he will na' let you in, ye're going to be shoutin'... oh I can hear ye all now .... 'Oh Lord, Lord, we didnae ken, we didnae ken' ... Well..." and he pauses, bringing his fist hard down on the pulpit lectern, glaring at the congregation ... Ye ken the noo."

All this was about the vet bill for \$3,035, so I ken the noo alright.

You see, I'd been walking my wee dog, Mr. Briggs, a black and white springer spaniel, up a steepish hill in Fish Creek Park, Calgary, on a lovely fall morning in late October. He was, as usual, dragging me up the hill, pulling helpfully on the leash, easing my gasping, when there was an explosive burst of blood-stained feces emanating from his rear end. A few more steps and it happened again, dousing a yellow plant at the path side (I think a jasmine – though it could have been a barberry) in murky dark-red liquid. I stopped. But Mr. Briggs seemed OK and willing to continue the walk.

But when I returned home, I had serious doubts about the rest of the day, and especially the night, with thoughts of diarrhea everywhere over the floor, carpets and the rugs. I phoned my local vet. The receptionist said she couldn't fit me in till next week, but she thought the problem was something the nearby Alpine Clinic could fix.

"You might have to wait for a while to be seen, but they're pretty good. It's where Dr. L. sends her cases that might need admission."

Ah, but I knew better. There was a new vet care clinic in downtown Calgary run by an American company. I would go there. It was a Friday afternoon – shouldn't be too busy.

At the CARE Centre Animal Hospital on 12th Street SE, the receptionists were attentive and polite. I was seen immediately. Maybe that should have given me pause. The young vet saw Mr. Briggs within half an hour, and we discussed his case. They could certainly look after him as an outpatient, although it might be easier for me were they to admit him. Thinking of the sea of feces washing across the kitchen floor likely by the coming morning, I eagerly agreed. And Mr. Briggs was admitted.

The potential bill was discussed. A deposit of \$2,500 was required. OK – it was unlikely to be more than one night, up to 24 hours – maybe \$370 - \$740. Fine, I thought, although the estimate also included an abdominal X-ray and interpretation (\$495), biochemistry, blood gases with collection fee (\$423), emergency and critical care consultations (\$446) and a parasite screen (\$69). "Let's do it," I cried, glad to be rid of the problem and reckoning the final bill would be more likely between \$1,000 - \$1,500.

I breezily left for a trouble-free evening; the problem cleverly left in the capable hands of others. It was a reckless decision, and one I can blame on no one but myself. Everyone was polite, professional and pleasant.

During the subsequent 24 hours, I received in my email three reassuring photos of Mr. Briggs lying comfortably in his hospital cage/kennel with what seemed to me a cross between an amiable smile and a self-satisfied smirk.

Next day, I received a pleasant call from the veterinary nurse saying Mr. Briggs had not had a bowel movement, but he was well – and had become a big favourite with the hospital staff. I said I'd pick him up in the afternoon, if convenient. I went in the late afternoon to pick up the dog and settle the bill. Mr. Briggs had enjoyed 26 hours of hospital care. He trotted out to the reception area giving a hoot of elation to all, a coyote howl of “woo-hoo.”

The bill came to \$3,100. I did ask the young vet who was giving me the rundown of Mr. Briggs's one day in care whether she knew that it costs on average around \$1,300 per 24 hours for a human being in hospital in Alberta – the most expensive of the 10 provinces in Canada (CIHI 2020-21) – and so Mr. Briggs was running at more than twice the daily cost of humans. Did I detect a tiny shrug of the shoulders?

The Canadian veterinary chain of Associate Veterinary Clinics (AVC) was taken over in 2017 by Virginia-based pet food giant Mars, Incorporated after a US\$9.1 billion, US\$93 per share deal. AVC's assets covered almost 800 animal hospitals with 60 diagnostic labs across North America. Mars, Incorporated is one of the world's largest candy and pet food companies, with annual sales of US\$40 billion and is owned by the Mars family. According to *Forbes* magazine, the family is the third richest family in America. Last year (2023) venturing into Europe, the company took over Synlab Vet, a European pet services company. It's all with the mission of creating a better world for pets.



"We called Nugget 'Houdini Nugget' because that rodent ... er... pet could break out of any cage."

Later when recounting this tale of woe to Deb, a neighbour, she said:

"Well let me tell you about Nugget, the hamster. Yes, Nugget was her name. She belonged to Anna, our granddaughter. Nugget lived for three years under Anna's care – that's a long time for a \$30 hamster. We called Nugget 'Houdini Nugget' because that rodent ... er... pet could break out of any cage. We took care of Nugget when they were away on vacation. Nugget escaped three times under our care, but we eventually got her back into confinement."

"One time, Nugget got out of her cage in our laundry room, jumped off the counter, or maybe slid, down to the floor and found a hamster-sized hole in the back of our dryer. In popped Nugget, and when we located the scratching sound from within, we tried to lure her out. Nothing doing. Ryan, our son, looked up our dryer online and came over to help. We took off the top of the dryer, then took off the front door. I had to reach way inside to the back and just managed to get my fingers around the little 'pet.' Of course, then we had to figure out how to put the dryer back together. From then on, Nugget's cage was wired shut."

"Anna knew the end was near when Nugget stopped eating for a few days. One day, she found Nugget on her side lying in the cage. Our son Chris took Anna and Nugget to the vet care centre. The vet announced that Nugget was likely in pain and should receive 'VAID' – that is 'veterinary assistance in dying.' This is not an official name, but I think it fills the bill. VAID was promptly given. They were there for about 15 minutes." Upon exiting the vet clinic, they were presented with a \$350 bill.

For those interested in euthanizing their hamsters (when the time is appropriate of course) the best way to euthanize a hamster, according to another friend, is to use vinegar and baking soda to euthanize it by CO<sub>2</sub> poisoning. Some, however, might be squeamish about increasing their carbon footprint with this method.

So what on earth is going on here in the world of veterinary surgery? First and foremost, there has been a huge change in how we view animals, even pets. Some 50 - 60 years ago it was not at all unusual to have pets sleeping in the garage, even in a Canadian winter. On farms, dogs would usually sleep in the barns with the other farm animals. Then something interesting happened. Dogs, especially small ones, and cats, made their way inside the house. They became members of the family, possibly a result of higher standards of living allowing resources to go to support the pet world. This was associated with a feeling of “Why wouldn’t you treat your pet like that? You wouldn’t treat your grandmother/grandfather/frail auntie, like that – your pet deserves better than the garage.”

Was this encouraged by the veterinary world? Yes, and often it was merited. Many pets have benefited from orthopedic procedures such as hip and knee replacements or stomach flip operations, but it has to be questioned whether there is any justification for treating pets with end-stage disease such as malignancies that may require more than surgery.

As a researcher in Edmonton, I participated in research of autologous bone marrow transplantation in dogs using cryopreserved bone marrow cells. The dogs were looked after with great care, and I like to think there was some small contribution in knowledge such that these procedures now are carried out routinely for bone marrow support in curative malignancy settings in human beings.

Canada still is a free society, thank Goodness. I can find no objection to people spending as much as they want on their pets, but when it comes to advising expensive surgery, medicines and investigations in old animals – especially when the individual paying probably can’t afford the \$7,000 - \$8,000 *or more* – for complex medications or surgeries, particularly when the animal dies anyway. This has got to be questionable. And please let’s bring back veterinarian-owned complex-care centres and avoid the uber-expensive foreign-owned animal hospitals.

And now, to close off this rant – I hear we are about to have just what the world needs and has been waiting for. Yes! Evidence is forthcoming that a drug, rapamycin, may allow old dogs and other animals to lead longer lives – a case of old dogs having the time now to learn lots of new tricks. This agent (usually rapamycin’s analogs everolimus and temsirolimus) is an immune modulator and inhibitor of mTOR protein kinase. It’s used in the management of renal transplantation to prevent organ rejection and seems to be modestly effective on its own or in combination with other agents in human malignancies such as renal, breast and lung cancer.

“The Dog Aging Project” at Texas A&M University is conducting a trial using rapamycin. Another trial in dogs (the TRIAD trial – a double-blind, placebo-controlled trial of rapamycin or placebo for one year) is directed from the University of Washington. They’re recruiting over 500 dogs to determine whether an extra year can be added to the normal life span of dogs (and down the road, incidentally, perhaps humans.) Stand by for a concomitant rise in canine dementia, arthritis, heart disease and frailty, all requiring intensive vet care.

Will we have enough vets to handle the demand from this increase in animal illness?  
Will the wait time to see a vet in an animal ER become as long as the wait time in a human ER? Will we have to increase immigration of trained vets to meet this care need?

Loyal, a company based in San Francisco, is betting that this is the way forward after the US FDA has given its drug LOY-001 “a reasonable expectation of effectiveness” certificate. The precise mechanism of LOY-001 is unknown but seems to act by inhibiting insulin growth factor-1 (IGF-1).

Stand by ... expect claims for increased life span for humans to occur soon!

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Editor's note: The views, perspectives and opinions in this article are solely the author's and do not necessarily represent those of the AMA.

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