



Elizabeth Hart <eliz.hart25@gmail.com>

Complaint re failure of 'self-regulation' of veterinarians

From: **Elizabeth Hart** <eliz.hart25@gmail.com>

Date: Sat, Nov 26, 2011 at 9:18 PM

To: "joe.ludwig" <joe.ludwig@maff>

Cc: Beate Mies <beatemies@>

**For the attention of Senator Joe Ludwig
Minister responsible for the Australian Pesticides and Veterinary Medicines Authority**

Your reference: MNMC2010-08476

Senator Ludwig

Further to my email complaint re the APVMA in relation to veterinary vaccines, forwarded to you earlier today.

I also wish to highlight that 'self-regulation' of veterinarians is not protecting the best interests of pet owners and their pets. Veterinarians are a law unto themselves. It is very difficult to bring these people to account for over-servicing as veterinary bodies are not responsive to complaints in this regard.

I have an unsatisfactory record of correspondence with veterinary bodies such as the Australian Veterinary Association (AVA), Australasian Veterinary Boards Council (AVBC), and State Veterinary Boards that demonstrates that these organisations are refusing to respond to detailed concerns put forward by members of the public. For instance, as noted in my previous email to you today, both the AVA and the AVBC have ignored my detailed open letter addressed to them, (and the APVMA), dated 26 March 2011. My subsequent emails to the AVA have been rejected.

State Veterinary Boards have also ignored my correspondence. For example, **please see below** my email to State Veterinary Boards dated 19 May 2011, enquiring as to whether they had circulated the APVMA's Position Statement on Vaccination Protocols for Dogs and Cats, as they had been requested to do by the APVMA's Dr Allen Bryce, Program Manager Veterinary Medicines, in September 2010.

Only two Veterinary Boards deigned to respond to my email, both in the negative.

Wayne Murray, Registrar of the Veterinary Surgeons Board of Queensland replied (25 May 2011):

Ms Hart, *the Queensland Veterinary Surgeons Board has taken no action to notify Queensland registered veterinarians of the APVMA's position statement.* The Queensland Veterinary Surgeons Act provides no jurisdiction for the regulatory board the legislation establishes to involve itself in issues other than the registration of veterinary surgeons, the approval of veterinary premises, and the compliance of registered persons with the provisions of the Act. (My emphasis.)

Bernadette McKirdy, Registrar of the Veterinary Board of the NT replied (17 June 2011):

I advise that the Veterinary Board of the Northern Territory re-affirms its previous determination not to circulate this statement (as initially requested to do so in September 2010), on the basis that veterinarians need to vaccinate differently depending on their practice dynamic and location and the prevailing disease patterns and should make their own decisions accordingly. (My emphasis.)

This attitude flies in the face of the advice I have previously received from Allen Grant, Executive Manager Agricultural Productivity Division, DAFF. In his letter to me dated 29 July 2010, Mr Grant stated “**the potential over-vaccination of companion animals falls within the professional responsibility and judgement of veterinarians**”, and he noted that it was appropriate for the Australian Veterinary Association and the state registration boards “**to make the broader veterinary community aware of the contents of the revised statement approved by the APVMA and to address any issues that might be arising through new science and better understanding of the risks of vaccination in companion animals.**”

In his letter to me dated 9 February 2011, David Bradbury, Parliamentary Secretary to the Treasurer, responded to my letter to Craig Emerson, in a similar vein saying:

“You also raise the regulation of the veterinary profession in relation to consumer protection from overservicing. The Veterinary Surgeons Board of South Australia (VSBSA) plays a major role in consumer protection and community service, protecting both the profession and the public. The VSBSA has a Code of Professional Conduct endorsed under the Veterinary Practice Act 2003. The Code assists in maintaining high standards of competence and conduct, in addition to statutory obligation, to investigate complaints.”

Despite these assurances from Mr Grant and Mr Bradbury, I have demonstrated that the AVA and State Veterinary Boards **are not responsive to complaints regarding over-vaccination and over-servicing**. The Veterinary Surgeons Board of South Australia did not respond to my email dated 19 May, and also has a poor record of response to my previous correspondence going back to 2009.

Also, I understand from the [26 May 2011 issue of E-Ructations](#), the AVA NSW Division's newsletter, that the AVA's Policy on dog and cat vaccination, ratified by the AVA Board on 26 June 2009, has now been **downgraded** to a 'Position Statement'. I am concerned about the implications of this development for pet owners and their pets, particularly as regards 'informed consent'. **(Please see attached my recent facsimile to the President of the AVA, Dr Barry Smyth, on this matter.)** No reference to the downgrading of the AVA's previous policy on pet vaccination has as yet been noted in the [APVMA's Position Statement](#) on Vaccination Protocols for Dogs and Cats.

Senator Ludwig, I reiterate that 'self-regulation' of veterinarians is not working in the best interests of pet owners and their pets. This is an area that appears to have fallen between the cracks, with no government department willing to accept responsibility for this matter and protect the rights of citizens. **I request that you take steps to address this anomaly.**

I look forward to your early response.

Yours sincerely
Elizabeth Hart

See below emails forwarded to State Veterinary Boards

----- Forwarded message -----

From: **Elizabeth Hart** <eliz.hart25@gmail.com>

Date: Thu, May 19, 2011 at 1:11 AM

Subject: Re: APVMA's Position Statement on Vaccination Protocols for Dogs and Cats

To: Sue Millbank

<registrar@vsbsa>, vsbqld@dpi.qld, admin@vsbwa admin@vsbsa, vsbtas@, vetboard@nt, vetboard@act, president@vetboard.vic, registrar@vetboard.vic, registrar@vpb.nsw
Cc: Julie Strous <eo@avbc>, admin@avbc, vet@vetcouncil, president@ava, Marcia Balzer <communications@ava>, David Imrie <execasava@ava>, Mark Lawrie <mlawrie@ava>, "Cristina Sacco (ASAVA)" <asava@ava>, "BENNET-JENKINS, Eva" <Eva.Bennet-Jenkins@apvma>, "SUTER, James" <James.Suter@apvma>, "BRYCE, Allen" <allen.bryce@apvma>, "REEVES, Phil" <phil.reeves@apvma>, "CUBIT, Simon" <Simon.Cubit@apvma>, jennimack2@gmail, Heather Yeatman <hyeatman@uow>, ted.whittem@unimelb, glenfb@unimelb, Bea Mies <flyballbea@yahoo>, Pauline <major1@aapt>, Sally <sally@eyemax>, david@adelaidevet, mark.kelman@virbac, colinrw@unimelb, swan.norman@abc, nswan@bigpond

Note:

My recent emails to representatives of the AVA and ASAVA have been rejected with the message: "...delivery not authorized, message refused". This email will also be faxed to the AVA and ASAVA ("the voice of the profession in Australia") for circulation to Barry Smyth, Marcia Balzer, David Imrie and Mark Lawrie.

For the attention of:

§ Debra Lane, Presiding Officer, Veterinary Surgeons Board of South Australia
§ Sue Millbank, Registrar, Veterinary Surgeons Board of South Australia
§ Laurie Dowling, Chair, Veterinary Surgeons Board of Queensland
§ Sue Godkin, Registrar, Veterinary Surgeons Board of Western Australia
§ Neil Leighton, Chairman, Veterinary Board of Tasmania
§ Diana Leeder, President, Veterinary Board of the Northern Territory
§ Bernadette McKirdy, Registrar, Veterinary Board of the Northern Territory
§ Kevin Doyle, President, the ACT Veterinary Surgeons Board
§ Roslyn Anne Nichol, President, Veterinary Practitioners Registration Board of Victoria
§ Glenn Lynch, Registrar, Veterinary Practitioners Board of New South Wales

cc:

§ Peter Punch, Chair Australasian Veterinary Boards Council
§ Julie Strous, Executive Officer, Australasian Veterinary Boards Council
§ Ron Gibson, Chairperson, Veterinary Council of New Zealand

**** Please note this email and your response will be forwarded to other relevant parties with a responsibility for, or interest in, ethical and effective vaccination practice for companion animals.***

Ladies and Gentlemen

**RE: The Australian Pesticides and Veterinary Medicines Authority's (APVMA)
Position Statement on Vaccination Protocols for Dogs and Cats**

On 3 September 2010, Dr Allen Bryce, Program Manager, Veterinary Medicines, of the APVMA advised me:

I have written today (by snail mail) to each of the 8 Veterinary Boards in the following terms –

The APVMA has recently updated its Position Statement on Vaccination of Dogs and Cats, which is published on our website at www.apvma.gov.au/use_safely/vaccination.php A copy of the revised statement is attached. The Position Statement, together with associated links, provides some guidance to veterinarians on the controversial matter of re-vaccination intervals. ***I would appreciate your assistance in forwarding this advice to all registered veterinarians in your jurisdiction.*** (My emphasis.)

I request that addressees on this email advise me what steps has your respective State Veterinary Board taken to forward the APVMA's Position Statement to all registered veterinarians in your jurisdiction, as requested by the government regulator of veterinary vaccines? When and how was the information forwarded?

I strongly suspect many veterinarians are still unaware of, or are willfully ignoring, important information in the APVMA's Position Statement. As I detailed in my [open letter dated 26 March 2010](#) to Dr Barry Smyth of the Australian Veterinary Association (AVA); Dr Peter Punch, Chair of the Australasian Veterinary Boards Council (AVBC); and Dr Eva Bennet-Jenkins of the APVMA (copied to State Veterinary Boards on 26 March 2010), the pet owning public continues to be pressed to have their pets needlessly, and possibly harmfully, revaccinated, despite the recommendations of the [WSAVA 2010 guidelines](#) to "reduce the 'vaccine load' on individual animals in order to **minimize the potential for adverse reactions to vaccine products**".

Incidentally, while the APVMA have acknowledged receipt of my letter and indicated they will respond, neither Dr Smyth of the AVA nor Dr Punch of the AVBC have deigned to acknowledge or respond to my letter. (Additionally, my recent emails to the AVA have been rejected with the message "delivery not authorized, message refused".) **It is appalling that both the AVA and the AVBC have abrogated their responsibility to be accountable to the public on this matter.**

The APVMA's Position Statement is an ambiguous document containing confusing information, and is in urgent need of wholesale revision. Nevertheless, as it stands, the Position Statement includes some important statements which should have been shared with the public long ago, e.g. that:

"...the aim should be to ensure that all susceptible animals are vaccinated, rather than that already well-immunised animals are re-vaccinated."

The APVMA's Position Statement also notes that it:

"...does not support the retention of label statements that direct or imply a universal need for life-long annual revaccinations with core vaccines."

On the matter of "the decision on whether and when to re-vaccinate", the APVMA's Position Statement states:

"It is important that veterinarians tailor vaccination regimens to suit the needs of each animal under their care, and discuss alternatives with their client."

"State and Territory legislation that controls use of veterinary medicines allows registered veterinarians to use veterinary medicines "off-label" in dogs and cats. Veterinarians may therefore use booster vaccines at whatever interval they (and the client) determine is best for each particular animal."

"Ultimately the decision on whether and when to re-vaccinate is made based on an informed risk/benefit assessment carried out by the veterinarian and the owner."

Although this is not a matter over which the APVMA has any regulatory control, the APVMA considers that the veterinarian **and the client** should consider both the severity of any reaction to a vaccine and the seriousness of the target disease that is being vaccinated against, in making a decision on whether and when to re-vaccinate.”

“Many factors influence the effectiveness of vaccination and the need for re-vaccination. As mentioned above, these include knowledge of the canine/feline immune system, the vaccination history of the animal, its age, breed and health status, disease prevalence in the local area, likely exposure of the animal to other animals, including stray or feral animals, current best practice, contemporary guidelines and published veterinary literature. The vaccination program for an individual animal should be determined within a veterinarian-client-patient relationship, taking all these factors into account.”

(My emphasis.)

The APVMA's Position Statement also acknowledges “testing as an alternative to re-vaccination”:

“Antibody titre testing, to determine if an animal needs re-vaccination, is available for canine distemper virus, adenovirus and parvovirus; and for feline parvovirus, calicivirus, and herpesvirus. Titre testing is not helpful with diseases where there is poor correlation between the antibody titre and immunity, such as those caused by *Bordetella bronchiseptica* and canine parainfluenza virus. **Owners should seek veterinary advice when deciding between serology and re-vaccination.”** (My emphasis.)

It is my strong suspicion that many pet owners are still not being advised of vaccination best practice, and that they are still not being warned of the contradictions between the recommendations on vaccine product labels, and subsequent vaccination recommendations in international vaccination guidelines and other scientific literature. Many pet owners are being called upon to have interventions for their pets which are not of proven benefit for their individual animal, their ‘informed consent’ is not being obtained before the intervention.

I have raised this matter previously with State Veterinary Boards, (*e.g. see below my email dated 20 June 2009 to Veterinary Boards in South Australia, Queensland, New South Wales, Western Australia, ACT, and Victoria*) but I strongly suspect over-vaccination and over-servicing of pets remains commonplace. ***There is no effective avenue for pet owners to seek protection or redress from this prevalent practice, veterinarians continue to have impunity.***

Again, I ask that you advise me what steps has your respective Veterinary Board taken to forward the APVMA's Position Statement to all registered veterinarians in your jurisdiction, as requested by the APVMA's Dr Allen Bryce in September 2010? When and how was the information forwarded?

I look forward to your early response.

Yours sincerely
Elizabeth Hart

* Further background on the subject of unnecessary, and possibly harmful, vaccination of pets is accessible via this hyperlink: [Papers, and correspondence re vax of pets – E. Hart](#)

----- Forwarded message -----

From: **Elizabeth Hart** <eliz.hart25@gmail.com>

Date: Sat, Jun 20, 2009 at 3:17 PM

Subject: Over-vaccination of pets - an unethical practice

To: vsbqld@dpi.qld, registrar@vpb, admin@vsbsa, admin@vsbwa, president@vetboard.vic, regi

strar@vetboard.vic, HealthACT@act, vetboard@act

To:

Veterinary Surgeons' Board of South Australia
Veterinary Surgeons' Board of Queensland
Veterinary Practitioners' Board of NSW
Veterinary Surgeons' Board of Western Australia
Veterinary Surgeons' Board of the ACT
Veterinary Practitioners' Registration Board of Victoria

Attn: Registrars

Ladies and Gentlemen

For your information, please see attached my recent paper: **"Over-vaccination of pets - an unethical practice"**.

This paper is a summary of my previous report **"Is over-vaccination harming our pets? Are vets making our pets sick?"** and also includes additional discussion on topics such as professional responsibility and competence, self-regulation / regulation, transparency and accountability, ethical conduct, "informed consent", abuse of authority, and betrayal of trust.

In my paper I note that many veterinarians are ignoring international dog and cat vaccination guidelines, and continuing to send reminder letters compelling pet owners to have their pets unnecessarily revaccinated for diseases such as parvovirus, distemper virus and adenovirus. **This unethical practice of over-vaccination is of no benefit to the animal and puts it at needless risk of a range of adverse reactions, including death.**

In many instances, pet owners are not being informed that there is long duration of immunity after vaccination with modified live virus (MLV) vaccines, which means regular revaccination (either annual **or** triennial) is unnecessary. They are also not being informed that experts warn that vaccination should be minimised to reduce the risk of adverse reaction to vaccine products. **Pet owners are not being given the latest scientific information on which to base an "informed decision" before consenting to revaccinate their pets.**

Veterinarians who ignore this advice use unproven vaccine product label revaccination recommendations to try and justify over-vaccination. But these revaccination recommendations are arbitrary and have no scientific basis. This fact is well-known in the international veterinary community, after the alarm was raised in an article titled "Are we vaccinating too much?" published in the *Journal of the American Veterinary Medical Association* in 1995. This article acknowledged that there was little scientific documentation to back up vaccine product label claims for annual revaccination, noting that many vaccines would "last for years".

Why are Veterinary Surgeons'/Practitioners' Boards in Australia failing in their duty and allowing, **and even enforcing**, the unethical practice of over-vaccination? Taking the Veterinary Surgeons' Board of South Australia as an example:

The Veterinary Surgeons Board of South Australia regulates the veterinary profession in South Australia, to ensure high standards of the profession are maintained so that the public has confidence in the profession. The Board also acts in the interests of animal welfare.

Regulation includes ensuring all veterinary surgeons in South Australia are registered to practice in this State. The Board also develops Guidelines, Codes of Practice and Standards on a range of veterinary practice matters, to promote and maintain high standards across the profession.

Ref: http://www.vsbsa.org.au/About_VSBSA_side_link_2_About_VSBSA.html

By allowing, **and even enforcing**, the unethical practice of over-vaccination, I suggest the Veterinary Surgeons' Board of South Australia is seriously failing in its duty, as detailed above. This unethical practice is undermining confidence in the profession, and runs contrary to promoting and maintaining high standards across the profession.

Taking the South Australian Veterinary Practice Act 2003 as an example, I suggest the unethical practice of over-vaccination contravenes Part 7 - Miscellaneous 68 - False or misleading statement. Those veterinarians who compel their clients to have unnecessary and possibly harmful revaccinations are misleading their clients:

A person must not make a statement that is false or misleading in a material particular (whether by reason of the inclusion or omission of any particular) in any information provided under this Act.

Maximum penalty: \$20 000.

Ref: <http://www.legislation.sa.gov.au/LZ/C/A/VETERINARY%20PRACTICE%20ACT%202003/CURRENT/2003.41.UN.PDF>

As detailed in my attached paper, there is **no** scientific evidence that ongoing revaccination with core MLV vaccines is required annually **or** triennially. And there **is** scientific evidence that core MLV vaccines provide long duration of immunity, possibly lifelong. There is also scientific evidence that vaccination with core MLV vaccines can cause a broad range of adverse reactions, including death. It is veterinarians' responsibility to keep abreast of information in this area.

Why has the Veterinary Surgeons' Board of South Australia allowed veterinarians to continue to mislead their clients into having unnecessary and possibly harmful interventions for their pets? Why have veterinarians been allowed to withhold vital information on duration of immunity and possible adverse reactions from their clients? Withholding this information has prevented pet owners from making an **informed decision** before consenting to have their pets revaccinated.

Again taking the Veterinary Surgeons' Board of South Australia as an example, veterinary authorities have been complicit in this unethical practice by "strongly recommending" that boarding kennels require proof of annual vaccination of pets from their clients.

The Veterinary Surgeons' Board of South Australia's "Code of Practice for the Operation of Boarding Establishments" states:

3.12 For dogs, pre-vaccination against distemper, hepatitis, parvovirus and kennel cough including bordetella is strongly recommended. It is desirable that a current vaccination certificate be produced for each dog prior to admission (i.e. **certifying that vaccination was done within the preceding 12 months**, not less than 1 week prior to admission, except for kennel cough which can be applied intranasally one day before admission). (My emphasis.)

Ref: Item 3.12: <http://www.vsbsa.org.au/boarding.pdf>

The status quo of unnecessary revaccination with MLV core vaccines is maintained not only by veterinarians relying on unfounded revaccination recommendations on vaccine product labels, **but also by veterinary authorities "strongly recommending" that boarding kennels demand proof of annual revaccination with MLV core vaccines.**

I am concerned that there appears to be very little effective regulation of veterinary practice as, according to the AVA's recent draft vaccination policy, "annual vaccination is the currently accepted practice in Australia".

It has been well-known in the international veterinary community for years that core MLV vaccines provide long duration of immunity, yet this information has been ignored by many veterinarians and regulatory authorities in Australia and withheld from clients.

This means that many animals have been revaccinated unnecessarily and put needlessly at risk of an adverse reaction, and possible long-term health consequences.

Are Veterinary Surgeons' Boards in other states similarly failing in their duty to regulate the veterinary profession?

I have been in contact with the Australian Veterinary Association about this problem since October 2008. I also contacted all the veterinary schools in Australia to request details about their vaccination protocols. In April I forwarded my over-vaccination report to the President and other members of the AVA, and heads of veterinary schools and academic staff. ***I am disappointed not one of these people bothered to acknowledge receipt of my report or provide comment.***

I also sent my report to state Veterinary Surgeons' / Practitioners' Boards. ***Those registrars that replied indicated their Boards would make no comment on my report, and I was advised to contact the AVA as "they are the voice of the profession in Australia".****

This lack of response exemplifies the attitude of the veterinary profession in Australia to pet owners in general. The veterinary profession appears to be a law unto itself and there is no effective regulation or accountability. This must change.

Incidentally, I also forwarded my report to a number of other people, including bioethicist Professor Bernard Rollin, author of "An Introduction to Veterinary Medical Ethics". He responded: ***"I think you make a very powerful case. The science seems to support your claims."***

My goal is that pet owners will be told the truth, i.e. that there is ***no*** science behind vaccine product label revaccination recommendations, and that there ***is*** scientific evidence to support long duration of immunity with core MLV vaccines. Pet owners should also be told there is a wide range of known (and possibly unknown) short-term and long-term side effects from vaccination (most of which aren't listed on the vaccine label) so unnecessary revaccination should be avoided.

Pet owners should be allowed to make an ***informed decision*** before consenting to any intervention for their pet.

I have recently been advised that the AVA has revised its vaccination policy but as yet I have been given no details. I will be very interested to see the content of the AVA's new policy.

I will also be interested to see what new vaccination guidelines will be adopted by the veterinary schools.

Again, I request the State Veterinary Surgeons'/Practitioners' Boards to respond to the serious issues raised in this email and in my paper: ***"Over-vaccination of pets - an unethical practice"***.

Yours sincerely
Elizabeth Hart

* As advised by Glenn Lynch, Registrar, Veterinary Practitioners' Board of NSW