

Who Decides?

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The role of shelter veterinarians, shelter directors, law, and public policy in decisions that cost animals their lives.



Over the last few months, I have received a number of emails from shelter directors through [The No Kill Advocacy Center](#) reporting that staff veterinarians are pushing for policies that would increase killing. This includes demanding the ability to “exclusively dictate all euthanasia,” “restrict foster care,” and “limit treatment options.” They claim their decisions on these issues should not be “subject to review.”

In many ways, the problem is not new. The veterinary profession tends to be overly cautious, suspicious of change, insecure and thus hyper-sensitive about jurisdiction. (In private practice, they are also concerned with protecting profits). That is why industry lobbyists historically opposed municipally-funded spay/neuter clinics, expanding the abilities of veterinary assistants and veterinary technicians to do work traditionally done by veterinarians, SPCA-run wellness clinics, and telemedicine.

Likewise, the veterinarians I supervised at the San Francisco SPCA in the 1990s consistently complained about new programs and expansion of existing ones as part of our nationally-groundbreaking No Kill initiative — [programs that reduced killing to national all-time lows, ushered in the No Kill revolution, and are now industry standard.](#)

In many ways, too, the complaints are not surprising. Achieving No Kill is not *complicated* work. The [programs and services](#) which make it possible are reasonable, common-sense, cost-effective, and readily implemented. It is, however, *hard* work. Providing alternatives to killing that may require medication, surgery, coordinating with foster parents, follow-up monitoring and care, and the like are not as easy as a lethal injection. Like other employees, some shelter veterinarians respond negatively, despite the life and death consequences, when the job suddenly changes to require more work.

The number of complaints, however, seems to be growing. I suspect this is because an increasing [number of communities are embracing the No Kill philosophy](#). I also suspect that a [national shortage of veterinarians](#) has given those veterinarians who complain (what they believe is) more leverage. And, in an era of increasing online connectedness, they appear to be sharing those views with each other because shelter veterinarians in different communities are making the *same* arguments, using the *same* language, and citing the *same* sources.

A pattern *appears* to be emerging. As such, I want to share why I think these shelter veterinarians are wrong and how I responded to such complaints. Of note, I do not address the reverse scenario, which also appears on the rise: *shelter veterinarians trying to save animals against shelter directors who are choosing to kill them*. That is addressed by [The No Kill Advocacy Center in a series of 20+ free guides on shelter reform](#).

The Role of a Shelter Veterinarian vs. a Human Hospital Medical Director



Shelter veterinarians rely on two primary sources for their claim that their medical decisions are not subject to review. First, they cite a Maddie's Fund position paper that likens their role to that of a medical director in a human hospital and calls for giving them similar autonomy. Specifically, Maddie's Fund says that "Hospitals employ both a CEO and a medical director who reports to the CEO but is responsible for overall patient care." They then claim that "shelter veterinarians should have the same authority to make decisions for patient care as the medical director in a human hospital."

I've argued [elsewhere](#) why Maddie's Fund is hardly a reputable source to look to for guidance (and is, to the contrary, [corrupt](#)). But *what* is right matters, not *who* is right, and even if another group was making the argument, the analogy to a human hospital still fails. The difference is that human hospital medical directors do not consider killing a "treatment option" alongside vaccinations, antibiotics, surgery, and fluid therapy. As such, they do not intentionally kill patients, especially those who are healthy or treatable. Shelter veterinarians do.

Moreover, under [American Hospital Association guidelines](#), "The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment

or plan of care to the extent permitted by law... In case of such refusal, the patient is entitled to other appropriate care and services..."

In cases where the patient cannot give "[informed consent](#)" as required by law, such as in the case of children or the incapacitated, a guardian for the patient provides consent or refuses it. Since animals fall into this category, they also have the right to refuse through a guardian (e.g., the shelter's director) when the proposed "treatment" is a lethal dose of barbiturates. In short, if one believes that a shelter veterinarian should serve in a similar capacity to a medical director, then like a medical director, they should not be able to impose their will on patients not capable of giving consent.

The Role of a Shelter Veterinarian vs. a Shelter Director



In addition to the inapt analogy to human medicine, shelter veterinarians argue that state law and American Veterinary Medical Association (AVMA) guidelines prohibit "interference with the professional judgment of a veterinarian." That argument, too, is wrong.

It does not constitute "interference with the professional judgment of the veterinarian" when an agency adopts policies requiring the veterinarian to get permission from the executive director or a committee to kill an animal. A veterinarian's judgment is their own: an *opinion* on how to proceed with a particular case. But this does not mean the client or employer must obey the veterinarian mindlessly.

Here's one example. When I took over as the director of an agency that contracted with all ten cities and towns in the county for animal control, I prohibited killing healthy or treatable animals. In addition to expanding foster care, I needed a way to humanely maximize space to save the lives of the hundreds of kittens – and thousands of other animals – coming into the shelter during the busy spring and summer months. One way to do that was to house unrelated kittens together, rather than tying up cages with small litters or even singletons.