

production medicine

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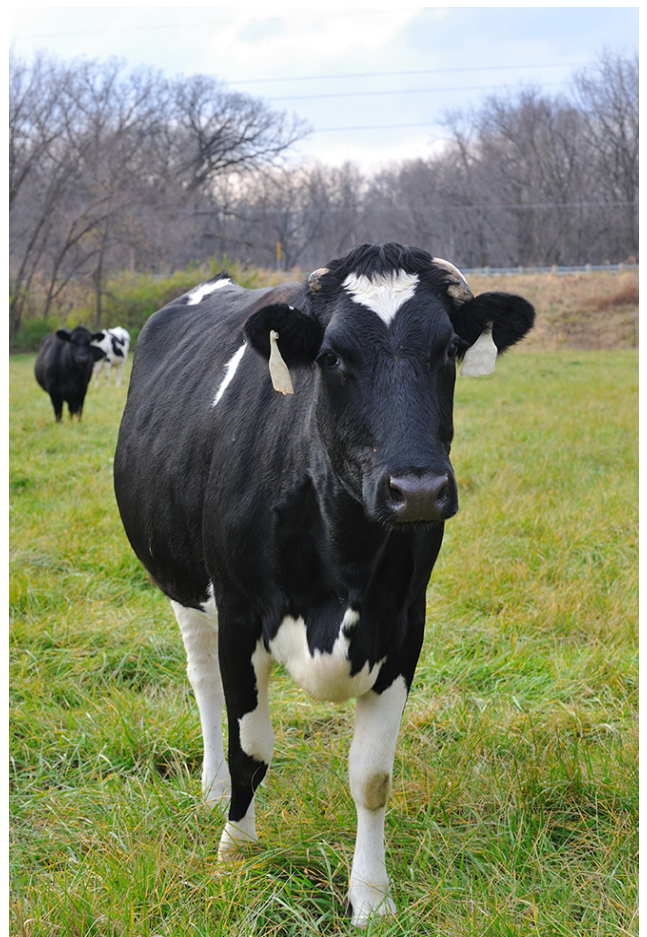
Staying on Top of Your
Profession

Production Medicine Claims

Avoiding Medical Errors in Production Medicine

Production medicine practitioners face a unique set of risks compared to other veterinary disciplines. They often work with herds and flocks where multiple animals—or the product of those animals—could potentially be affected based on veterinary treatment or recommendations. Also, these animals may have a high monetary value. The Fair Market Value (FMV) of an adult beef or dairy cow can average \$1,000 or more, depending on the price of beef at the time of the loss and the unique qualities of the individual animal. The FMV is also influenced by breed registry, bloodlines, and production records, all of which can drive the animal's value higher.

Treating high-value patients comes with an increased likelihood of malpractice claims, board complaints, and lawsuits, the latter of which can take multiple years and thousands of dollars to resolve. Circumstances that can trigger insurance claims include miscommunication, unfortunate outcomes, negligence, and human injury. Also, a significant percentage of production medicine complaints are particularly associated with adverse events resulting from veterinary treatment that led to a farmer or rancher suffering economic loss. Examples of common adverse events include chute and alley injuries, surgical complications, herd consulting issues, health certificate errors, human injuries, and medication complications.



Protecting Yourself in the Event of Medical Errors

The AVMA Trust has identified four “Pillars of Prevention” for reducing veterinarians’ risk of complaints and increasing their protection if a claim arises:

- Practicing good medicine
- Using good communication skills
- Maintaining complete medical records
- Keeping people and patients out of harm’s way

However, even when all four of these guidelines are adhered to, unfortunate outcomes can still happen. Some of these outcomes are inherent risks and others may be alleged as mistakes by the client. But regardless of an allegation’s merit, the veterinarian must be prepared to defend themselves against a potential malpractice claim. Because of the nature of the profession and the fact that a veterinarian can practice high-quality medicine and still be held accountable for unintended outcomes, securing appropriate coverage is essential.

Production Medicine Closed Claims

The following closed claims serve as examples of inadvertent yet costly medication errors.

Owner Demands \$227K for Post-vaccination Abortions

Dr. A was called out to a farm to vaccinate a herd of 220 cows with the RB-51 Brucella vaccine. Prior to administering the vaccination, Dr. A palpated the cows and confirmed pregnancy. Multiple heifers later aborted, and the owner inquired if the vaccine was the cause. Dr. A obtained blood samples from the heifers and collected aborted fetal tissue and placental tissue and submitted them for testing. Histopath from the state laboratory supported that some of the

abortions were related to the vaccinations. Dr. A’s State Department of Agriculture had announced that the adult vaccination of cattle with Brucella abortus Strain RB-51 Vaccine was permitted for the first time in the state; however, the announcement included a reminder that it is best to vaccinate when cows are not pregnant since abortion is a vaccination risk.

In total, 64 abortions and 25 premature births occurred with the vaccinated pregnant heifers. The farm owner alleged that the vaccine caused the loss and that Dr. A was negligent. The owner demanded more than \$227,000 for damages and lost future income. After reviewing the case, Dr. A’s insurance carrier recommended settlement due to the concern of vaccinating pregnant heifers without discussing the abortion risks with the owner. Dr. A consented to settle the case. The insurance carrier advised that speculative future losses were not compensable and negotiated a settlement of \$69,000 with the owner.

Modified Live Vaccine Leads to 25 Lost Calves

A herd owner purchased a modified live vaccine from Dr. B’s practice. Three weeks after the vaccinations were administered, multiple heifers aborted. After reviewing the herd’s vaccine history, Dr. B realized that the herd owner had not previously used this vaccine. The warning label advised against administering the vaccine to pregnant heifers that had not been previously exposed to it. A necropsy of an aborted calf suggested a viral infection related to the vaccine.

The herd owner demanded reimbursement for the aborted calves. After reviewing the case, Dr. B’s insurance carrier recommended settlement due to Dr. B not verifying the herd’s reproductive status and vaccination history before dispensing the modified live vaccination. Dr. B consented to settle the case. The insurance carrier requested documentation from the herd owner to substantiate the value of the loss. The owner

Beyond the Individual Patient

When considering production patient losses, it’s important to take into account the product at risk. Consider a scenario in which a veterinarian accidentally dispenses a restricted drug to an entire dairy herd, resulting in the farmer having to discard all the milk for an extended period of time. This error would result in a significant economic loss for the dairy farmer and, depending on the legal outcome, for the veterinarian, too.

Scenarios like this demonstrate how essential it is for production medicine veterinarians to understand not only the monetary value of their patients but also the value of the product they represent (beef, dairy, etc.). Without this information, you may not secure the appropriate amount of professional liability coverage.

Stay on Top of Your Profession

One way to reduce your risk of medical errors is to regularly participate in continuing educational opportunities. Ensure that you're practicing on the forefront of veterinary medicine. Stay current with new drugs, procedures, vaccines, protocols, and guidelines in order to reduce your risk of error. Find continuing education opportunities from the AVMA [here](#).

demanded \$15,700 for 25 lost calves and the medical expenses incurred when the new veterinarian examined the herd. After reviewing the documentation including the herd's sales history, Dr. D's insurance carrier agreed with the valuation and settled claim for \$15,700.

Pregnant Heifer Mistaken for Open Heifer

Dr. C was called out to a farm to perform pregnancy checks on a group of beef heifers. Once Dr. C finished with the checks, the client requested Dr. C administer a reproductive hormone to an open heifer to short cycle it. Dr. C misidentified the cow and inadvertently administered the hormone to a pregnant cow. Dr. C realized the error and administered an NSAID. At a herd pregnancy check the following month, the cow was found open. The aborted fetus lost from the accidental hormone treatment was from an embryo transfer, and the owner claimed it was valued at \$5,000. Dr. C reported the claim and consented to settle the case for the misidentification. Dr. C's insurance carrier requested documentation from the owner to substantiate the value. The owner produced a contract with the buyer who committed to purchase the calf for \$4,500 if it was a bull or \$3,500 if it was a heifer. The insurance carrier and the owner agreed on a settlement of \$4,000.

Bull Dies from Xylazine Overdose

Dr. D was called out to a client's farm to exam a mature Simental Gelbvieh cross bull for a foot lameness. The client did not have adequate fencing or enclosures. The bull was coaxed into an alleyway but was too large to fit in the chute. Dr. D recommended sedation in the field to examine the foot. Dr. D prepared the Xylazine injection for sedation based on the bull's estimated weight of 1,800-2,000 pounds. Dr. D attempted to inject Xylazine in the tail vein while walking behind the bull in the alley but was unsuccessful. Dr.

D then administered 800 mgs of Xylazine intramuscularly. After the bull was briefly recumbent, its head was tied to its back leg. However, the bull jumped up and walked out into the field. Dr. D administered an additional 200mgs of Xylazine IV in the tail vein and recumbency was accomplished. Dr. D diagnosed an infected interdigital fibroma and walked back to the vehicle to obtain more supplies. When Dr. D returned, the bull was apneic, and though reversal was administered, the bull died. The farmer demanded reimbursement for the bull's value, and Dr. D reported the incident to their professional liability insurance carrier. Dr. D agreed that a high dose of Xylazine had been administered, and after an internal review of the incident, it was determined the cause of death was due to a Xylazine overdose (bull received approximately 3X the recommended dose). The carrier recommended settlement due to the overdosing of the bull with xylazine. The case settled for \$1,800.

Wrong Bottle Results in Sudden Death

A dairy cow presented for a displaced abomasum surgery. Dr. E decided to administer a 500 ml bottle of dextrose IV to help support the cow post operatively, but inadvertently administered a 500 ml bottle of calcium solution. The cow immediately died of cardiac arrest resulting from the calcium overdose. The farmer demanded reimbursement for the value of the animal. Dr. E notified their insurance carrier of the drug error, and the carrier agreed to settle with the client for the market value of the cow, \$1,400.

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