

1972

Wave Making

Iowa State University Veterinarian

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Recommended Citation

Iowa State University Veterinarian (1972) "Wave Making," *Iowa State University Veterinarian*: Vol. 34 : Iss. 3 , Article 3.

Available at: http://lib.dr.iastate.edu/iowastate_veterinarian/vol34/iss3/3

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Following is a portion of the speech made by Dr. Whittick to the S.C.A.V.M.A. on September 13th in the Great Hall, Memorial Union, Iowa State University entitled "Wave Making" and printed with his permission.

. . . The prime responsibility of a student is to assimilate as rapidly and thoroughly as possible, all the material presented by his teachers, and then a lot more about life and how the knowledge can be used to practice the best calibre of veterinary medicine possible, and at the same time, earn a living.

If you do not assimilate the technical knowledge and knowhow, then you fail at exam time and of course you are then no longer of any concern to the veterinary profession.

There are a few problems with a few individuals who do pass the exams and do graduate to practice in that these graduates for some unknown reason, elect to practice a calibre of veterinary medicine which may have been acceptable in this country in the Daniel Boone era. It is our responsibility to expose, report, activate ethics committees and eventually expel these individuals from our midst. Not a pleasant chore, but one which we must apply ourselves to achieve.

The second culprit is the student who passes—goes into practice and then, even though he has been taught better, commits the following crimes:

- a) becomes employed by a Daniel Boone era veterinarian
- b) becomes employed by a money mad veterinarian who sacrifices quality and patients for economic gain
- c) enters private practice and proceeds to "short cut" his way to success, eg:
—does not practice aseptic surgery
—offers an inferior service, but charges top fees.
- d) enters a phase of the profession, but fails to make any input. Does not join local, state or national organizations, but is the very first to complain of their deficiencies.

How do all these bad things come about in an individual? Maybe some of the causes are as follows:

You are enrolled in veterinary school. You require money. You apply for a position with a veterinarian. You allow yourself to be used as a graduate rather than a student. Your employer takes you on three farm calls, and all of a sudden you have your own car, bag, box of cigars, and you are a quasi-vet for a summer. When this happens to you, have you got the conviction to write and report this man to the licensing body for that State?? If you haven't, then I would submit you are well down the road of destroying a wonderful profession. By the way, stay away from my uncle's beef farm in that state, because if you commit any error in judgement which causes my uncle any financial loss, I personally will be waiting to appear for the plaintiff at your trial.

The mark of a truly intelligent person is one who capitalizes on his assets and recognizes personal incapacities, be they mental, physical or legal.

If you wish to stamp out the wrong in this profession, then you must accept the full weight of your individual responsibility to this profession. As a person who aspires to become a doctor of veterinary medicine, you are in a position now to build an image of that profession in the eyes of the public. Do not tarnish that image by holding your own graduation day in advance of your actual graduation.

There may also be a segment of young people today who are under the false impression that veterinary medicine is a lucrative business. I hasten to inform you that if it is money you are after, and you intend to practice veterinary medicine after the fashion it is being taught on this campus, I can only relate my sympathy for your monetary aspirations. This is not to say that one cannot or should not derive a

moderate income from veterinary medicine, but I fear that only centralization, specialization and the reduction in individual overhead that will result from these two innovations, may provide veterinarians in practice with incomes compatible to the other related professions.

It ill behooves me to predict or even speculate on the motives of each and every veterinary student. I am only pointing out some of the tragedies I have witnessed in certain individual cases.

Well, let's take a look at the final product now—the D.V.M.

When you do graduate, with whom should you associate? After all, if all the "undesirable types" in our profession are left without young men to impress or exploit or both, then these individuals will hopefully disappear. If you feel they deserve to be a part of our image, and condone their action—then work for them. For those of you aspiring to work for one of these individuals I will describe some of their more prominent features:

- 1) They usually do not own an AAHA approved hospital.
- 2) They usually do not own any rubber gloves, caps, masks, gowns or a hospital sized autoclave of any description.
- 3) They have seldom if ever, made any contribution in the form of a case report or scientific presentation to a recognized veterinary journal.
- 4) They have seldom accumulated more than five hours per year in continuing education.
- 5) They have made little or no contribution to their alma mater fund.
- 6) They do not provide after hours emergency service in their practice.
- 7) They are unable to invite you to see through their entire physical plant with pride as you open each door.
- 8) They have referred fewer than two cases in the past six months.
- 9) They have not had a case referred to them in the past year.
- 10) They have not purchased any new text books in the past six months.
- 11) They have probably never served the

profession by holding an office in the local state or national veterinary organization.

- 12) Their fees are unusually low or unusually high for the area.
- 13) They may have had at least one misconduct or ethics charge laid against them.
- 14) They have not had lunch with a neighboring colleague in the past month.
- 15) They do not have a surgery log.
- 16) They do not utilize a commercial clinical pathology lab, and the value of their own laboratory equipment is under \$800.00.
- 17) Their X-ray machine has not been calibrated, and the quality of the first five films picked out of the X-ray file leaves something to be desired in at least three out of five films.
- 18) They seldom subscribe to more than two journals, and when questioned, they would be pressed to give you the subject matter of the last two articles they have read.
- 19) They have not visited any other veterinary hospital in the past two years.
- 20) They are usually well rested and wealthy, or overworked and poor.

If you are contemplating entering the employment of a veterinarian, play twenty questions with your prospective associate. If more than 65% of the above questions are answered unfavorably, then you are going to work for an inferior individual.

If these dedicated teachers have spent their lives and the past four years to educate you to work for an inferior individual, then you have taken advantage of some fine men and women. You have dragged a worthy profession one more step downward and you really should have considered a non-professional vocation.

I want to talk very brief about our responsibility to our patients.

Our patients deserve the highest calibre of diagnostic and therapeutic procedures available today. When you cannot provide the necessary diagnostic or therapeutic procedures then you are obligated to:

- 1) Inform the owner.

- 2) Inform the owner and suggest referral of the case.
- 3) Inform the owner and insist on referral of the case.

In a majority of our institutions and most practices, the tonsillectomy operation consists of removal of the tonsils from the patient and storage of those tonsils in a garbage pail instead of some formalin solution and the pathologist's eye. Is this good for our patient?

Many practices employ pen-strep combinations. Patient receives pen-strep injection at 10 a.m. Is streptomycin then given at 10 p.m. to booster the twelve hour blood level of streptomycin?

Watch the surgeon and assistant scrub for ten minutes, gown and glove up, enter a beautiful operating room containing sterile instruments, and there, in the center of the room, is the patient—dirty! The

patient is the dirtiest object in the room and yet all the asepsis is for the benefit, supposedly, of the patient.

If I was a dog, and wanted to get sick, and wanted to get better, I would arrange to take ill at 9:15 a.m. on a Monday. Never at 2:15 a.m. on a Sunday. Is the quality of veterinary medicine equal at 9:15 a.m. Monday to 2:15 a.m. on Sunday?

Dog admitted with compound fracture of left tibia. Tibia is radiographed in lateral and anterior-posterior position. Thorax not radiographed as clinician did not notice any compound fracture. Dog succumbed two hours later due to punctured lung. Moral—scout radiographs of the entire patient are indicated in all trauma victims who are unable to talk.

This list could be added to, but by this time, I fear I have created sufficient ripples on what a few minutes ago was no doubt a calm body of water.

Progress on the New Veterinary Facility

After nearly five years of planning, delays, and disappointments the new veterinary facility is finally becoming a reality. From a distance (no student or staff members are allowed on the site) one can see the large earthmoving equipment carving out the foundation of Phase I of the "new" College of Veterinary Medicine at Iowa State University which will be located just east of the present Veterinary Medical Research Institute south of the main campus.

Ground was broken in mid-July on Phase I. This portion of the facility, which will include the Departments of Anatomy, Biomedical Engineering, Microbiology, and

Physiology, as well as Central Teaching, is scheduled to be completed during the summer of 1975. At this time Phase II of the veterinary facility has not yet received federal appropriations. 1972 Health, Education, and Welfare Department funds for veterinary construction have gone to Louisiana for the construction of a Veterinary College in that state. The administration here at Iowa State is hopeful that the \$7.9 million yet needed to fund Phase II (about 80% of its total cost) will be available to the college from 1973 H.E.W. appropriations.