Annotated Bibliography
Module VIII

The "Elephant" in the Room:
Money in the Veterinarian/Client Relationship

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Alexander, G. C., Casalino, L. P. & Meltzer, D. O. (2003). Patient-physician communication about out-of-pocket costs. *JAMA, 290(7)*, p. 953-958.

Objective: To identify both patients' and physicians' beliefs and practices regarding discussions of out-of-pocket costs.

Design: Cross-sectional paired survey.

Setting: Three academic general internal medicine practices in the Chicago metropolitan area and 18 community based affiliates of those practices.

Subjects: 133 general internists and 484 of their outpatients, 18 years and older.

Intervention: Patient and physician questionnaires. Both surveys included approximately 50 questions and took about 10 minutes to complete.

Measures: Patient survey examined whether they wanted to discuss out-of-pocket expenses with their physician, the burden of these out-of-pocket costs, and their experiences of discussing these costs with their physician. Physician survey examined physicians' understanding of patient burden from out-of-pocket costs, whether a discussion of these costs had ever taken place, and their beliefs about whether they believed their patients wanted to discuss out-of-pocket costs.

Results: Sixty-three percent (63%) of patients expressed a desire to talk with their physicians about out-of-pocket costs prior to receiving a test or treatment. Seventy-nine percent (79%) of physicians believed their patients wanted to discuss these costs. 90% of physicians said they should consider the burden of out-of-pocket costs as part of clinical decision-making. However, only 15% of patients and 35% of physicians reported ever having these discussions. Multivariate analysis showed that discussions were more likely to occur with patients burdened by their out-of-pocket expenses and with those patients seen in a community practice. Among patients burdened by out-of-pocket expenses, physicians were more likely to recognize this burden if a prior discussion regarding these costs had taken place. Common barriers to discussion reported by patients and physicians included discomfort discussing financial issues, insufficient time and a belief that there were no viable solutions.

Conclusions/Recommendations: Both patients and physicians believed that discussions of out-of-pocket expenses were important, yet these discussions were uncommon. This is especially significant given the finding that physicians were more likely to recognize the burden of out-of-pocket costs on patients when a prior discussion had occurred. Although heretofore neglected, physician communication with patients about out-of-pocket costs may be an important aspect of clinical practice. Greater discussion of unvoiced concerns about out-of-pocket costs among patients who have them may facilitate their participation in the physician- patient relationship and in clinical decision-making. Effective patient communication in other settings, regarding other issues has been associated with improved patient satisfaction and health outcome. Further research is recommended to identify the prevalence of this problem in broader populations, and evaluate the impact of improved communication about out-of-pocket costs on patient satisfaction, utilization of services and outcomes.

Bell, R. A., Kravitz, R. L., Thom, D., Krupat, E. & Azari, R. (2001). Unsaid but not forgotten. *Archives of Internal Medicine, Vol. 161*: 1977-1984.

Objective: Often patients leave requests and desires unspoken during clinical encounters. This study examines the patient, physician and health care system characteristics linked with unvoiced desires for action as well as the consequences of these unspoken requests.

Design: Survey. Patient surveys were administered before, immediately after and 2 weeks after outpatient visits. Physicians completed post-visit encounter forms.

Setting: Practices of 45 family practice, internal medicine and cardiology physicians working in a multi-specialty group practice or group model health maintenance organization.

Subjects: Data were collected from 909 patients. All were English speaking and 18 years or older. Mean age was 57, 56.1% were female, and 81% were white.

Intervention: None

Measures: Patients indicated in the immediate post-visit questionnaire if they had asked the physician for any form of resource or help and whether they had any type of request they wanted to make but did not. Patients also rated various aspects of the care they received during the visit. At the 2-week follow-up, post-visit use of health care was assessed, including whether patients had subsequently asked for resource or help from the physician. Patients' health concerns were also measured both immediately after the visit and at the 2-week follow-up. Following each visit, physicians rated their impressions of both how demanding the visit was and how satisfying it was in comparison with the typical visit. Trust between the patient and physician was also accessed.

Results: Approximately 9% of patients had at least 1 unexpressed desire. Desires for referral and physical therapy were least likely to be spoken. Patients with unexpressed desires tended to be young, undereducated, unmarried and were less likely to trust their physician. Patients with unvoiced desired evaluated their physician and the visit less positively and physicians evaluated these encounters as requiring more effort. Holding an unvoiced desire was associated with less improvement of symptoms but did not affect subsequent health care use. Multivariate analyses suggested that trust- a key component being clear and complete communication- may encourage patients to present their desires to physicians.

Conclusions/Recommendations: Patients' unvoiced needs affect evaluations of patients' and physicians' visits and patients' subjective perceptions of improvement. This study highlights the need for clinicians to give attention to both what is said and what remains unspoken and to improve communication so as to promote patient openness about their perceived needs.

Brown, J. P. & Silverman, J. D. (1999). Current and future market for veterinarians and veterinary medical services in the United States: Executive summary. *JAVMA, Vol 215 (2)*, July 15, 1999, p. 161-183.

Description of Context: This report is a summary of the comprehensive study, commissioned by the AVMA, AAHA and AAVMC in April 1998 to analyze the current state of the veterinary profession as it entered the next century. The three organizations felt it important to understand the expectations and needs of the future and so ensure that the veterinary profession remains productive, responsive and economically successful.

Topic/Scope: The full Mega-study, over 700 pages long, contains in-depth analyses and insights regarding issues of supply, demand, income, gender, market forces and characteristics of successful practices. The executive summary highlights key findings, central economic issues, forces having impact in the veterinary market, other factors affecting the market, non-private practice areas, skills and knowledge and other aspects of veterinary practice.

Conclusions/Recommendations: The study disclosed compelling evidence for change and a need to-- pro-actively-- develop and implement concrete and effective strategies to ensure that the veterinary profession advances in responsiveness, capacity and economic health. Six critical issues were identified as needing immediate attention and action.

1. Veterinarians' income: the income of veterinarians lags behind that of similar professions; pricing of veterinary services may not be appropriate relative to the real cost of the service and the value being delivered.
2. The economic impact of large numbers of women in the profession: the income of women veterinarians falls seriously below that of their male colleagues, they work fewer hours, are less likely to be practice owners and may price their services below that of men; these factors may be reducing the income levels of all veterinarians.
3. Global demand for all categories of veterinary services: there is a potentially significant global market for veterinary services that is not being tapped.

4. Inefficiency of the delivery system: the majority of animal care is being delivered through a highly fragmented and inefficient system; related issues are excess capacity, staff utilization and capital resources.
5. Supply of veterinarians: there is an excess of veterinarians; additionally, the supply may not closely match the demand.
6. Skills, knowledge, aptitude and attitude of veterinarians and veterinary students: While scientific and clinical skills remain very high, veterinarians lack some business-related skills and aptitudes that result in economic success; veterinarians' self-perception of their value to society may limit the professional and economic growth of the veterinary medical profession.

Calhoun, A. (2004). Money talks. The American Prospect, Web exclusive: 1.16.04. Retrieved 1/30/04 from http://www.prospect.org/webfeatures/2004/01/calhoun-a-01-16.html

Description of Context: A review of *Abundance*, an off-Broadway play produced in 2004 dealing with Americans' often fraught relationship with money.

Topic/Scope: *Abundance* is the culmination of a 4-year project by Marty Pollenger, a playwright and performer. Pottenger interviewed more than 60 people—half millionaires and half minimum wage earners—and hosted workshops throughout the country in which more than 600 participants discussed their finances in a group-therapy-like setting. Some of the script is taken directly from those interviews and workshops. Abundance covers a great deal of group. No official position is taken on any of the subjects raised, but the play is targeted to get discussion started.

Conclusions/Recommendations: In the course of her research, Pottenger discovered that both millionaires and minimum-wage earners spent time thinking about money and both wished it would be better for everyone. Neither had a place in their lives where they could have meaningful discussions about money. Pottenger, in her play, advocates ending the silence and taboo that surrounds monetary issues.

Dimen, M. (1994). Money, love and hate: Contradictions and paradox in psychoanalysis. *Psychoanalytic Dialogues, 4(1)*: 69-100.

Description of Context: Within a psychoanalytic framework, this essay addresses money's unconscious and emotional resonance, and its cultural meaning.

Topic/Scope: Psychoanalysts (and by extension, other clinicians as well) depend on a relationship being established and maintained, as well as the fee the interaction generates. They are professionals whose identities are shaped as such. The traditional ideology of the professional class is that they work for love, not money or power. Psychoanalysts want to nurture their image as beneficent purveyors of good rather than individuals who are involved in commerce. However, fee-for-service is still commerce. The tension between these aspects, the subsequent insecurity, and the resulting anxiety these transactions generate cannot be banished from the consulting room. Money and love, twin engines turning the world, do not go together. They negate, contradict and undo one another. This contradiction and paradox is central to the psychoanalytic relationship and must be dealt with as such.

Conclusions/Recommendations: An understanding of this complex psychological dynamic informs all helping relationships. It would be useful for clinicians to consider the matter of money systematically and appreciate its meaning and resonance within their practices.

Eliot, V. S. (2003). *AM News*: June 23, 2003. Doctors use new cues to get patient history. Retrieved 1/11/04 from http://www.ama-assn.org/amednews/2003/06/23/hll20623.htm

Description of Context: Most physicians have been taught how to take a medical history—just get all the facts out of a patient. However, recently many physicians are finding a better way to communicate with their patients, a method that improves patient satisfaction, increases their adherence to treatments, strengthens the physician-patient relationship and reduces feelings of physician burnout. This article introduces the concept of an open interviewing style that encourages patients to reveal more than just the biomedical facts.

Topic/Scope: A growing number of medical communications experts advocate building rather than taking patients’ medical histories. The emphasis of this approach is on maintaining patient perspectives and taking into account their worries and goals. Having swung so far to the biomedical, technical side of things, the pendulum is now swinging to emphasize more of the biopsychosocial dimension. Patients come into the medical interview with views about what is happening and what they need. Before treatment can be decided, all the data—both biomedical and biopsychosocial-- needs to be understood and taken into account. This method, officially titled narrative-based medicine, requires that physicians do more than just ask questions. In order for patients to really tell their stories, physicians must paraphrase patients’ statements, initiate requests for clarification and sometimes just remain silently listening. Additional information is included on constructing a medical history using conversational devices to engage patients in a more narrative approach. Weblinks are also included.

Conclusions/Recommendations: This movement toward better communication is making inroads into clinical practice. Anecdotal evidence indicates that an increasing number of medical schools are embracing this narrative approach. Although physicians may worry that this method takes too much time, in fact experts says physicians experienced in the narrative style can interview patients as quickly as if they were conducting a traditional interview. A more open style may also result in time and cost savings in the long run. Studies cited in this review indicate that the small investment of additional time up-front yielded significant information and increased patient satisfaction. Additional studies indicate that fewer of these patients end up in the emergency room, they get fewer tests and their physician makes fewer referrals. Some small studies indicate that better physician-patient relationships can produce better health results for patients with some chronic conditions and less law suits. Even with limited scientific evidence, common sense and anecdotal experience offer support for the use of improved communication techniques between physician and patient.

Flaim, D. (2003). Weighing dollars vs. dogs/A good relationship with your pet's vet is worth paying for. *Newsday*, 24 June 2003.

Description of Context: This article is in response to a Consumer Reports July 2002 cover story, "Pets & Vets", whose recommendations included comparison shop for medicines, get second opinions, and consider fewer vaccinations.

Topic/Scope: The Consumer Report feature article generated a large response from both veterinarians and users of veterinary services. Some responders reported being thankful for the advice on how to acknowledge and control "runaway" veterinary costs, while others reported great concern that choosing veterinary care was portrayed as equivalent to buying a car.

Conclusions/Recommendations: Flaim reports on the controversy generated by the article and ends with her opinion that price is only one factor to consider when choosing veterinary care; choosing a veterinarian needs to be as much an emotional decision, based on the veterinarian's accessibility, education, and philosophy, as an intellectual one.

Greto, V. (2003). Pet lovers pay a price to keep animals fit. *The News Journal*, 8/3/03.

Description of Context: This article is written in response to a Consumer Reports July 2002 cover story, "Pets & Vets", whose recommendations included comparison shop for medicines, get second opinions, and consider fewer vaccinations.

Topic/Scope: Because of technological innovations, complex surgeries, rising costs of prescription medications and newer options such a kidney transplants and chemotherapy, pet owners are spending more money than ever for veterinary care. According to the Consumer Reports article, U.S. dog and cat owners spend $18.2 billion on veterinary care, triple what was spent just a decade before. Veterinarian groups who declare their value should not be measured solely by cost have leveled criticism at the Consumer Report article. They declare they give clients information about what is available, including the cost of each choice. The decision as to how to proceed is in the client's hand. The emotional bond between owners and their pets is a strong component of this trend. Pets are often seen as more than just pets; they are members of the family. Individuals who have chosen expensive, life-extending treatments, often describe the money they spend as secondary to the opportunity to provide what is considered essential treatment.

Conclusions/Recommendations: As options for more extensive veterinary care become available, individual pet owners and veterinarians will be faced with decisions about how much they can and want to pay for care of their animals. Pet owners may want to consider pet insurance to cover the rising costs of their pets' health care needs.

Herron, W. G. & Welt, S. R. (1992). *Money Matters: The Fee in Psychotherapy and Psychoanalysis.* The Guilford Press: New York.

Description of Context: Money has always been a difficult and curious issue for psychoanalysts and psychotherapists. Comparable to their patients, they need money for their physical and psychological well-being, but beyond that, they need to get it from their patients. This latter need creates a vulnerability to possible criticism that one became a psychotherapist, not to help people, but to make money. Therapists, and by extension other helping professionals, are often uncomfortable about being noticed as paid service providers, and subsequently have a difficult time talking with their patients or clients about money. This can distort or damage the therapeutic relationship.

Topic/Scope: This book was written in order to get what the authors describe as "the last great taboo" to fall. Increased awareness of the key role that money can play in a therapeutic relationship and increased competition among providers for dollars have led therapists to acknowledge their concerns about making a reasonable financial living from their work. Developed from their earlier work, the authors provide grounding in the economic realities of the psychotherapy profession integrated with an appreciation of the significance and varied meanings of money. There are four major sections: the meaning of psychotherapy fees, patients' fee attitudes, therapists' fee attitudes, and effective fee policies. Although written in psychologically sophisticated language primarily for psychotherapists and psychoanalysts, the premise of this book- understanding the meanings of money, how charging money conflicts with a helping provider's self-image, and how and why to discuss money issues openly with clients- is accessible reading for anyone who charges fees to clients and wants to better understand both the process and practice of talking about it more comfortably and successfully.

Conclusions/Recommendations: Therapists struggle with integrating their duel images as both helper and paid provider. They like the helping part but worry that detection of the paid part will somehow destroy their perceived helpfulness. Subsequently, therapists have been reluctant to discuss money matters with patients, particularly fees, and therapists and patients have suffered because of the resulting secrecy. As competition increases, and insurance payments cover fewer services, therapists are increasingly thrust in the role of marketers. Inherent in good marketing is honesty and integrity, which both call for a frank and open discussion of fees. This book calls therapists to accept the fact that they are in business and helps them understand the need to integrate their helping skills with their economic needs. Although it deals substantially with understanding the underlying complexities and conflicts of being a helping professional who charges fees, it does provide the reader with guidance on how to start and maintain a doctor/patient relationship that is open and responsive to money matters.

Jackson, C. (2001). *AM News*: May 21, 2001: It pays to listen: The importance of doctor-patient communication. Retrieved 1/22/04 from http://www.ama-assn.org/amednews/2001/05/21/bisa0521.htm

Description of Context: In the hopes of increasing efficiency, reducing frustration, improving rapport and maintaining their businesses, physicians are learning better ways to communicate with their patients.

Topic/Scope: In group meetings, physicians listen to presentations about ways to influence change in patients, watch videotaped scenarios of doctor-patient exchanges, talk about how to deal with particular patients, and interact with professional actors brought in to play difficult patients. They exchange suggestions and try new techniques. Although it is very difficult to measure, there is some evidence that these programs help increase both physician efficiency satisfaction. Patients are more satisfied as well. They have more trust and confidence in their physicians and are more likely to follow prescribed treatments. Consequently, there may be economic benefits to the physician, as healthier patients are less costly to treat and satisfied patients do not need to be replaced. Some health systems are pushing for improvement in physicians' communication skills and are requiring its physicians to take classes. Skills include asking patients to tell their stories and listening more closely. Included is a list of communication schools to contact for further information or to attend a workshop.

Conclusions/Recommendations: Many people, including physicians, are unhappy about the breakdown of communication in health care. Although there remain many unanswered questions (i.e. how much can a physician many years into his/her practice can take away from a ½ day to 1 week workshop, will physicians successfully implement the skills taught in the workshops, will the impact on the patient really save money or make the patient healthier) some clear evidence as to the effectiveness of improved physician-patient communication is being gathered. Feedback from physicians taking the workshops has been positive. Trying to meet standards expected of other medical interventions, experts from various physician communication entities continue to review outcomes and evaluate the programs' effectiveness.

Lagoni, L. & Durrance, D. (1998). *Connecting with Clients: Practical Communication Techniques for 15 Common Situations*. AAHA Press: Lakewood, CO.

Description of Context:

Cultivating the human side of veterinary medicine, this book is designed to give those in veterinary practice access to the most useful and effective communication strategies. Based on the principle that connecting and communicating more effectively with clients will enhance both the veterinary practice and clinician satisfaction, its goal is to give its readers applicable, easy-to-understand information about what to say and what to do in a variety of common veterinary-client situations.

Topic/Scope:

Although directed to veterinarians, this book could be beneficial to other veterinary professionals (technicians, receptionists, and office managers) as the techniques are most effective when an entire veterinary team uses them consistently. Although differences among people must be taken into consideration, the techniques are designed to be effective with the majority of clients. Verbal techniques include: acknowledging, normalizing, giving permission, asking appropriate questions, paraphrasing, self-disclosure, gentle confrontation and immediacy. Non-verbal techniques include: structuring the environment, attending, active listening, responding with touch, demonstrations and written information. Situations described include 15 common situations such as indecisive, fearful, complaining or grieving clients; clients with financial complaints; when to say no, to use humor or apologize. The book is intended for use as a personal reference as well as a model for staff development. Feedback forms, resources and a glossary of terms are included.

Conclusions/Recommendations:

A succession of positive communication exchanges leads to deep connections or bonds between clients and veterinarians. Knowing how to build solid and robust client bonds is the heart and soul of a flourishing veterinary practice. Those in veterinary practice can use this book to increase personal knowledge about the results of effective communication, improve client-relations skills, provide staff/co-workers with training to better incorporate effective communication into daily work; and deal with communication challenges. Utilizing the practice methods and recording and reviewing personal notes will further help develop one's unique vocabulary and individual communication style.

Lagoni, L., Butler, C. & Hetts, S. (1994). *The Human-Animal Bond and Grief.* W.B. Saunders Company: Philadelphia, PA.

Description of Context: As medical technology advances and more is learned about the human-animal bond, veterinarians need guidance and information as regards caring for the human clients who come along with their animal patients. This book proposes the development of a bond-centered veterinary practice, in which the human-animal bond is recognized as significant and is always acknowledged and respected.

Topic/Scope: This book has four sections and a resource appendix. Section I acquaints the reader with the theoretical underpinnings of a bond-centered veterinary practice. Section II discusses the effective use of a helping model and provides descriptions of various communication techniques. Section III applies these communication techniques to euthanasia procedures. Section IV examines pertinent management issues, including that of handling clients with financial constraints.

Conclusions/Recommendations: This book is meant to be a guide for those interested in pet loss and client grief. Encompassing both theory and practice, it provides information specific to establishing bond-centered veterinary practices. It is not meant to make veterinarians into grief counselors, but rather is meant to help veterinarians become professionally and personally more able to deal with client emotions in more scientific and compassionate manner.

Laporte, D. (2003). Policies help tame pet-care costs. *Toronto Star*, 18 September, 2003.

Description of Context: Pet insurance help owners avert the tragedy of "financial euthanasia" but still only .5 % of Canada's dogs and cats are insured.

Topic/Scope: Technology is changing the options for dogs and cats that need medical treatment. Along with these advances in treatment, however, come significantly increasing costs. Although still a very small percentage, a growing number of Canadian pet owners are responding to the financial repercussions of increasingly sophisticated care by taking out pet insurance. Pet insurance has long been considered a viable option in the United Kingdom; in Canada a five-fold increase in pet insurance is expected within five years. Insurance carriers are variable and differ as to coverage and deductibles. Pet owners need to weigh the alternatives carefully. Veterinarians recommend pet insurance for those who would need to consider euthanasia for their pet if faced with a $1500-2,000 treatment.

Conclusions/Recommendations: Pet insurance is a growing alternative for those pet owners who want to take advantage of the best treatment for their animals, but cannot afford the best course of treatment.

Levinson, W., Goraware-Bhat, R. & Lamb, J. (2000). A study of patient clues and physician responses in primary care and surgical settings. *JAMA, 282(8)*: 1021-1027.

Objective: To assess how patients impart clues to their physicians and how physicians respond to these clues in primary care and surgical settings.

Design: Descriptive, qualitative study.

Setting: Office visits to primary care physicians (54) and surgeons (62) in community-based practice in Oregon and Colorado. Interviews audiotaped and transcribed in 1994.

Subjects: 116 randomly selected patients.

Intervention: None

Measures: Frequency of presentation of clues by patients during office visits, nature (emotional versus social) and content of clues, and nature of physician responses to clues (coded as positive or missed opportunity).

Results: Patients routinely present clues- direct or indirect comments- to their physicians about their lives and emotions. These are hints, meant to tell the physician about their psychological and social concerns. A growing body of literature suggests that by exploring these clues, physicians can deepen the therapeutic relationship with the patient and potentially enhance clinical outcomes. Yet, physicians often change the topic from the patient's emotional concerns to a biomedical issue. In doing so, they close the window of opportunity for responding empathically in a way that demonstrates respect and care for patients. The results of this study showed that although physicians sometimes responded to patient clues, more frequently physicians (79% primary care, 62% surgery) missed the opportunity to respond to these clues. In contrast with the fears of many physicians- that responding to patient clues takes too much time- it was shown that office visits were shortest when physicians made at least 1 positive response compared with when they missed the opportunity or when the patient repeatedly brought up the clue.

Conclusions/Recommendations: Patients offer clues about their psychological and social concerns that present opportunities for physicians to express empathy and understand patients' lives. The majority of the time, however, physicians pass up these opportunities. They avoid pursuing clues about emotional issues because they perceive that are unable to fix or cure the patients' emotions and they are concerned that addressing patients' emotional issues may increase the length of the visit. Bypassing these clues causes physicians to miss potential opportunities to strengthen the physician-patient relationship and possibly positively impact patients' clinical outcomes. Medical training provides little guidance for physicians in this area. Research on teaching communication skills demonstrates that physicians can learn better communication skills. These authors suggest that patient clues and physician responses to those clues be recognized as interdependent and key to building a trusting relationship and that communication training be an integral part of physician training

Levinson, W., Gorawara-Bhat, R., Dueck, R., Egener, B, Kao, A., Kerr, C., et al. (1999). Resolving disagreements in the patient-physician relationship: Tools for improving communication in managed care. *JAMA, Vol 282(15)*: 1477-1483.

Objective: To understand the specific types of disagreements emerging in the patient-physician relationship as a result of managed care. In response to these disagreements, suggest communication strategies that physicians could use and organizational strategies physicians could implement to decrease the potential for these disagreements.

Design: Focus group

Setting: Not stated

Subjects: 12 participants representing 6 distinct constituencies considered stakeholders in the patient-physician relationship: 2 patient/consumer representatives, 4 leaders of health care organizations which have shown a commitment to communication skills training for physicians, 2 practicing physicians, 2 communication experts, a health policy analyst, and a health care ethicist.

Intervention: None. Prior to the meeting, participants were asked to list the types of patient-physician disagreements they believed most frequent and most difficult. During the meeting, the group agreed on the most common types of disagreements and selected a hypothetical example of each type in order to illustrate feasible communication strategies.

Measures: Category and type of disagreements articulated: allocation of resources (length of stay in hospital, specialty referral, and request for tests or treatment); access to care (time limitations, calls to the physician answered by assistant); financial arrangements of the health plan (what the physician charges, disclosure of incentives).

Results: The group noted 2 general principles that should apply to the process of disagreement resolution. First, the physician must believe that he/she is on firm ethical grounds or, in other words, trust in the physician must be warranted. Second, there are communication skills that should be used to resolve/avoid disagreement or conflict. These skills include understanding the patients' worries, expressing empathy, encouraging the patient to take an active role in decision making, and negotiating differences of opinion when necessary. The purpose of the communication skills is to understand the patients' concerns and make decisions acceptable to the patient and physician.

Conclusions/Recommendations: The focus group articulated the most common situations for patient-physician disagreement and formulated hypothetical examples of each one. Principles for resolution of disagreement were established. The group then examined each situation and discussed communication techniques that would be helpful in solving or avoiding disagreements. The discussion group had the greatest difficulty agreeing about how to address financial disagreements- especially financial conflicts of interest that could affect decision-making. While strategies focused on what physicians could do to resolve disagreements, the group felt it imperative for health care organizations to build a culture and environment that actively values and supports the importance of excellent communication. Agreed upon was the importance of trust between physician and patient and the importance of learning effective communication skills to develop and maintain that trust.

McConnel, B., Wilson, J. & McCormick, L. (2004). Veterinary attitudes toward pet health insurance. Priority Veterinary Management Consultants. Retrieved 1/0/04 from http://www.pvmc.net/Publications/Pet_Insurance__Vets/pet_insurance__vets.html

Objective: To understand veterinarians' attitudes regarding pet insurance and other third-party payment options (discount groups and health maintenance organizations).

Design: Survey- randomly mailed to 360 veterinary practices.

Setting: United States

Subjects: 103 surveys were returned from practices all over the country: 20% west coast, 24% midwest, 11% rocky mountain, 30% southern, and 15% eastern seaboard. 94% were from private practices, while corporate conglomerates accounted for 2.9% and emergency specialty practices 1%. Practice owners answered 82.5% of the surveys, while practice managers answered 10.7%. Associate veterinarians and support staff answered the remainder.

Intervention: None

Measures: Recognition of established pet insurance companies as well as other non-insurance third party players; understanding of the impact of financing methods upon veterinary profits; view of pet insurance; understanding of long-term consequences of pet insurance.

Results: Veterinarians are more aware of issues related to pet insurance than they are of other third party payment systems. Generally, veterinarians believe pet insurance will benefit pet owners and their pets, as well as their veterinary practices. Several points stood out: the majority of veterinarians believe that pet insurance offers clients real value, pet insurance will increase the use of diagnostic care while decreasing the instance of economically based euthanasia, and pet insurance will increase practice profits. However, also shown was that many veterinarians have difficulty distinguishing insurance from other third party options, particularly managed care.

Conclusions/Recommendations: Follow-up studies should be pursued. The veterinary profession stands at a turning point. Increasingly sophisticated treatments are coalescing with stronger human-animal bonds. As people become more willing to spend more on their animals, there is a corresponding opportunity to improve the quality of animal healthcare. However this growth is dependent on clients' ability to finance this care. It will be essential for veterinarians to understand and provide more financing choices. Third payment options may usher in a new era for veterinary medicine.

McCullough, S. (2003). Vetting a vet. *The Washington Post*, 7 December 2003.

Description of Context: Picking a veterinarian should be done with care, before an animal gets sick.

Topic/Scope: Describes 5 questions to ask yourself when choosing a doctor for your animal. 1) Is the facility pleasant? 2) Is the staff up-to-date 3) Is it convenient? 4) How are emergencies handled? 5) Do we all get along? This is the most important question, as, like any relationship, rapport is needed for it to work.

Conclusions/Recommendations: People often put off picking a vet until an animal gets sick. However, in emergency situations, a veterinarian can get picked haphazardly. Planning can help avoid such indiscriminate selection.

North Shore Veterinary Services-FAQ (2004). Retrieved 1/6/04 from http://www.capdvm.com/faq.html

Description of Context: Understanding how various veterinary practices respond to common situations may be helpful information to others in practice. Among other kinds of frequently asked questions, this on-line fact sheet regarding North Shore Veterinary Services provides clear, direct answers to commonly asked financial questions.

Topic/Scope: North Shore responds proactively to common, financially related questions. Questions answered include: 1) What is your payment policy? 2) If my veterinarian doesn't clear up my pet's problem, can I get a refund? 3) What about terms…a payment plan that's fair to both parties? 4) Isn't the cost of veterinary medicine out of sight and unreasonable? I mean, we're just talking animal care. I thought my doctor really cared and would go the extra mile for me? 5) Why does spaying and neutering cost what it does? 6) I recently took in a stray that appeared injured, possible hit by a car. I took him to my veterinarian and paid the initial bill. I am unable to afford further treatment. Is this my reward for trying to do the right thing? 7) Why can't veterinarians advise, diagnose and/or prescribe over the phone and save me a whole lot of time and money? 8) Why is there such a wide range of prices for the same procedure(s) among veterinarians? 9) How much should I anticipate spending for veterinary care for my new puppy or kitten? 10) Why is veterinary care so expensive? Sometimes I believe I'm spending more on my pet's health than on my own. 11) I barely have enough money for my own needs but my pet needs to be seen by a veterinarian. What do I do? 12) Is pet insurance available? Is it good for me?

Conclusions/Recommendations: It may be useful to review other veterinary practices' when deciding how best to handle difficult financial situations.

Orman, S. (1997). *The 9 Steps to Financial Freedom*. Crown Publishers: New York.

Description of Context: This nine-step process to financial freedom begins with understanding one's fears and attitudes about money. It is only when individuals understand their past relationship with money- understand that old messages and memories about money are still telling them who they are- that they can take control of their financial future.

Topic/Scope: Guide to financial self-management. Target audience includes those who want to learn both practical and spiritual steps to increased financial freedom.

Fundamental premises of this book include: individuals' pasts hold the key to their financial future; facing ones fears about money creates new truths; self reflection, honesty, being responsible to others and respectful to oneself are essential steps to financial success; trusting oneself is more important than trusting others; being open to giving allows money to flow; and maintaining perspective about what really gives underlying meaning to life is the essence of financial freedom. Further, this book shares personal stories and provides useful practice exercises.

Conclusions/Recommendations: Sustenance comes from both money and spiritual understanding. The powerful force of money can create fears that can paralyze. This book teaches individuals how to look deep inside, silence those fears and take control of their financial lives.

Smith, M.T. (1994). The wild new world of health care for your pet. Money, April 1994: 147-158.

Description of Context: More than half of all U.S. households have pets- many regarded as full family members. As veterinary care becomes increasing sophisticated; this emotional tie creates difficult financial and ethical choices.

Topic/Scope: Americans spend over $10 billion a year on health care for their pets. The range, scope, and complexity of medical treatment for animals have increased dramatically. Available are new and better treatments for aging pets, such as hip replacement, dental care, chemotherapy, MRI's, and treatment for depression. Consequently- similar to the health care problems facing many people- issues such as soaring medical bills, limited insurance coverage and expensive care for the aged and critically ill are becoming health care issues facing those with beloved pets. Some veterinarians are concerned that medical breakthroughs are outstripping pet owners' ability to pay. This article provides an overview of how veterinary dollars can be spent. Included are the costs of basic veterinary physicals and vaccinations as well as less common treatments like orthodontia, plastic surgery, psychological support, cataracts, deafness, lose of the use of limbs, hip dysplasia, diet supplements and alternative therapies. Contact information regarding pet insurance, veterinary societies and animal defense are given.

Conclusions/Recommendations: There are ethical and economic dilemmas facing pet owners' who are being offered increasingly sophisticated and costly treatments options for their pets. People are weighing their options carefully and asking searching questions of their veterinarians. Pet insurance is one option that some are considering.

Stone, D., Patton, B. & Heen, S. (1999). *Difficult Conversations: How to Discuss What Matters Most.* Penguin Group, Inc., New York, NY.

Description of Context: A difficult conversation is anything we find hard to talk about. These difficult conversations can happen anytime we feel vulnerable, our self-esteem is implicated, the issues at stake are important but the outcomes are uncertain, or when we care deeply about what is being discussed or about the people with whom we are conversing. While tact is good, it is not the answer to difficult conversations. Changing the way we deal with difficult conversations takes work- like learning a new language. And, because breaking out of our comfort zone is never easy, it can feel threatening as well. This book utilizes insights from social psychology and communication theory to present the underlying structure of difficult conversations and describes ways to turn them from difficult conversations toward learning conversations.

Topic/Scope: Each difficult conversation is really three conversations happening simultaneously. One is the "what happened" or "what should have happened" conversation. Difficult conversations are almost never about getting the facts right. They are about conflicting perceptions, interpretations and values. They are not about what a contract states, but what it means. They are not about what is true, but about what is important. In this conversation we often assume we know the other's intentions, when we don't. In this conversation we often leap to unfounded assumptions. Another concurrent conversation is the feeling conversation. Difficult conversations are not just about what happened, but often involve emotion. Feelings, sometimes scary and uncomfortable, arise and can cause anxiety and a sense of vulnerability. In fact, difficult conversations do not just involve feelings- they are at the very core about feelings. The question is not whether strong feelings will arise, but how to handle them when they do. The third conversation is the identity conversation. During and after any difficult conversation the identity conversation is what we are saying to ourselves about ourselves. It is all about who we are and how we see ourselves. This is a subtle and challenging portion, but understanding this portion of the conversation helps to manage our anxiety and improve our skills. Understanding these basic elements provides a powerful first step in improving how we deal with difficult conversations. It also provides a foundation to help us move toward a more learning conversation- one in which the point is to understand the other and work together to figure out a way to manage the problem going forward.

Conclusions/Recommendations: Learning new ways to deal with difficult conversations can take work and can feel threatening. However, the rewards are worth the effort. As one better handles difficult conversations- as one moves toward learning conversations- anxiety is reduced, satisfaction is increased and relationships are strengthened.

Tannenbaum, J. (1995). *Veterinary Ethics: Animal Welfare, Client Relations, Competition and Collegiality, Second Edition*. Mosby: St. Louis, Missouri.

Description of Context: A guide to the world of ethics as applied to the theory and practice of veterinary medicine. Analyses of various ethical situations, including challenging cases, provide an opportunity for problem-based learning.

Topic/Scope: A comprehensive treatment of veterinary ethics. As veterinarians serve both people and animals, they continually face professional conflicts. This dual function can put veterinarians into compromising and difficult situations when what is good for the patient is not good for the client, or when helping the client means harming the patient. Veterinarians are concerned about how economic considerations affect medical choices. This book summarizes salient points of view on different sides of numerous topics, proposes solutions or further questions, and challenges the reader to respond and come to his or her own conclusions. Two chapters concentrate specifically on financial issues and considerations. Chapter fourteen includes sections on reasonable fee and payment arrangements and the significance of free or reduced-cost services. Chapter twenty focuses on setting fees and collections and includes information on the ethical dimensions of a fair fee, taking responsibility for one’s fees, making exceptions for certain clients, explaining fees, legal and official approaches to setting fees, and collections.

Conclusions/Recommendations: Ethics has a moral center but is, simultaneously, deeply personal. This book establishes a common framework that people with varying experiences and views can use to communicate with each other about veterinary ethics. It can be used as a general reference guide for people who need information about ethical veterinary issues, for more extensive information on a particular ethical issue, as a teaching text in a course in veterinary ethics, or read as a comprehensive treatise on veterinary ethics. It facilitates the reader to participate in the dialogue- both internal and external- about veterinary ethics and come to important personal choices.