**What’s in a word?**

**The RCVS *Guide* to Professional Conduct and the new *Code* of Professional Conduct for Veterinary Surgeons**

In 2012 the RCVS produced its Code of Professional Conduct, which replaced its earlier Guide to Professional Conduct. The Code is an important document with substantial moral significance. This Viewpoint examines the new Code and compares it with the Guide. Ethical codes are important in all professions because: i) they provide a framework for right action; and ii) they can also promote public confidence in the profession as a body.

The Code is more concise than the Guide. The Code is principles- and duties-based, whereas the Guide before it was duties-based. Both Code and Guide are therefore examples of a deontological ethical framework. This classification is important since different types of ethical framework can prescribe different courses of action. For instance, a utilitarian framework prescribes the maximisation of happiness (or welfare) of all parties concerned. In contrast, a deontological framework can prioritise the interests of certain parties. The Code and the Guidebothstate that a veterinary surgeon should act so as to prioritise animal welfare. For instance, in the Declaration of the Code:

“... ABOVE ALL, my constant endeavour will be to ensure the health and welfare of animals committed to my care.” (RCVS 2012a, p4)

The Guide states that veterinary surgeons are ‘to make animal welfare their overriding consideration at all times.’ (RCVS 2010, p4). Furthermore, the Guide*’s* ‘ten guiding principles’ include first animal welfare, and second, respect for animals, before listing duties to other parties (RVCS 2010, p5). The Code states ‘Veterinary Surgeons must make animal health and welfare their first consideration when attending to animals.’ (RCVS 2012a, p8).

In the Code, five ‘Principles of Practice’ have replaced the ‘ten guiding principles’ (which were in fact better described as duties) of the Guide. These principles are professional competence, honesty and integrity, independence and impartiality, client confidentiality and trust, and professional accountability. The Code and supporting guidance should be considered in the context of these principles of practice (RCVS 2012a, p6).

The advantage of deontological frameworks is they provide direction in terms of priority of duties to different parties in situations where conflicts may arise. This is particularly important for the veterinary surgeon, who may have many roles, e.g. companion, farm or laboratory animal veterinarian. In most cases, for a companion animal veterinarian, the optimal act for one party is the optimal act for all. A treatment which makes the pet feel better and extends its life is in the interests of the pet, the client and the veterinarian alike. However, a dairy cow will be culled when she cannot produce a calf within a timeframe decided by the farmer and influenced by the herd health plan of the veterinarian. The Code’s guidance to a Named Veterinary Surgeon is particularly problematic, since the experimental rabbit may have been bred simply to be harmed for others’ greater good.

 The Code recognises potential conflicts:

On occasions, the professional responsibilities in the Code may conflict with each other and veterinary surgeons may be presented with a dilemma. In such situations, veterinary surgeons should balance the professional responsibilities, having regard first to animal welfare.(RCVS 2012a, p5)

As set out in the Code, the responsibilities of a veterinary surgeon are (in order as written): animals; clients; the profession; the veterinary team; the RCVS; and the public (RCVS 2012a, p7). Whether these responsibilities (and the ‘ten guiding principles’ of the Guide) are intended to be in order of priority is uncertain. The legal academic Radford has written ‘This emphasis on welfare is reinforced in the RCVS *Guide to Professional Conduct*, by giving precedence, in what are described as the profession’s ‘Ten Guiding Principles’, to a client’s entitlement to expect that a veterinary surgeon will make animal welfare their first consideration’ (Radford 2001, p309). However, it seems unlikely that the intention in the Code is for hierarchical responsibilities. This is particularly because the responsibility to the public comes in at sixth and final place. A professional code of ethics for veterinary surgeons must be compatible with public morality at large. And public morality generally places human interests above those of non-humans. Furthermore, some would argue the most fundamental role of the veterinary profession is to safeguard public health, e.g. by preventing zoonoses in the agricultural sector.

Indeed, this raises the issue of the clear priority of animal welfare in both the new Code and the old Guide. The Code makes animal welfare the overriding duty of a veterinary surgeon. Despite this laudable objective, there is a tension with what could be called ‘veterinary reality’. We live in a world where human interests almost always trump those of other sentient beings. Consider the early days of the BSE crisis. Cows were showing unusual progressive neurological symptoms. In the later stages of disease, cows clearly suffered as a result of this new disease. According to the Code, in similar situations (i.e. novel diseases of food animals), animal welfare must be the overriding consideration. In suffering animals without any known cure, this would necessitate euthanasia to safeguard their welfare. In practice, this would be very unlikely because some animals would be kept alive to learn more about the disease. One could argue that in this scenario, treatment would come under the Animals (Scientific Procedures) Act 1986. This might be true, but the welfare of the animals would still be relegated below that of public health, and the decision to move to a research framework under ASPA would have to be made by a veterinary surgeon under the framework of the Code. This is but one scenario where it becomes apparent that animal welfare often doesn’t trump the interests of other parties.

Perhaps then the words of the Code are intended to instil a spirit of idealism, a world to aim for rather than live in. But this could be a dangerous ploy. Whatever their role, practising veterinarians require direction in the real world, which can manifest a multiplicity of competing but mutually exclusive demands.

When sent to veterinary surgeons, the Code was accompanied by a special edition of *RCVS News* to introduce the new documents (RCVS 2012b). The *RCVS News* highlighted the main differences between the Guide and Code. One of these was to replace the word ‘should’ with ‘must’. The RCVS claimed that this ‘key change in language’ achieved ‘clearer obligations’ (RCVS 2012b, p4). However, the difficulty with this approach is that the purpose of the Code is to provide direction with flexibility, given a messy world. An improvement of the Code over the Guide is its recognition of the conflict of duties that veterinarians often face. But the choice of language is unfortunate: the word ‘must’ is imperatival, whereas the word ‘should’ is normative. ‘Should’ is therefore more appropriate to describe the context of the professional veterinary surgeon weighing duties to arrive at considered moral judgements (e.g. a clinical decision). The distinction may seem semantic, but in a profession with high levels of stress and high rates of suicide, we ought to avoid unnecessary dilemmas. When on the horns of a dilemma, the veterinary surgeon is gored by one horn no matter which option they follow. True dilemmas are insoluble and the agent cannot make a morally right decision. Such dilemmatic and imperatival language in the Code can tie veterinary surgeons’ hands and lead them into a dark place where they can do no right.

The new Code of Professional Conduct has been significantly reduced in size. Granted, there is much supporting guidance on the RCVS website, but the core ethical material, about the nature and duties of a professional veterinary surgeon are contained in a few pages of a laminated A5 booklet. The motivation behind this was that the Guide has become ‘unwieldy in places’ and because of ‘the way regulators in general publish professional conduct rules has changed.’ (RCVS 2012b, p2). No doubt the Guide needed review after a decade or so in existence, but there is a real danger in losing important information in producing such a concise document. We do not talk here about the supporting guidance, which can be updated online, but key points about the role and responsibilities of a veterinary surgeon.

Is a common Coderelevant for the veterinarian’s many roles? It is also noteworthy that the *RCVS Code of Professional Conduct for Veterinary Surgeons* and *Veterinary Nurses* (RCVS 2013c) are substantially the same, save for the substitution of ‘veterinary nurse’ for ‘veterinary surgeon’. Examination of the General Medical Council’s *Good Medical Practice* (2013) is instructive here. First, although it has also been shortened recently, it still has substantially more content than the Code. Secondly, it uses both the words ‘must’ and ‘should’ in its main text. Thirdly, the GMC *Good Medical Practice* (2013) and *The* Code*: Standards of Conduct, Performance and ethics for nurses and midwives* (Nursing and Midwifery Council 2010) are substantially different, as might be expected for distinct — but related —professions.

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