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Informed Consent in Italy: Its Ethical and Legal Viewpoints and Its Applications in Veterinary Medicine

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Abstract

Passantino A, Quartarone V, Russo M. Informed Consent in Italy: Its Ethical and Legal Viewpoints and Its Applications in Veterinary Medicine. ARBS Annu Rev Biomed Sci 2012;14:16-26. During the last four decades the doctrine of informed consent (IC) has become a legal standard and an essential component of ethical guidelines in medicine, due to its relevance for basic human rights such as autonomy and respect of human dignity. Over the last few years, this legal formula has gained importance in veterinary medicine, thereby influencing the everyday activities of the veterinary practitioners. This paper briefly describes the ethical and legal background of IC in Italy and examines how it relates to the practice of veterinary medicine, considering the change in social sensibility towards animals. It also outlines the discussion that should take place between veterinarian and client before a planned procedure. In fact, with the growth in society's recognition and understanding of the importance of the human-animal bond, veterinarians have the opportunity to provide broader and more comprehensive services to clients who are more likely to invest in their pets' well being. In the veterinarian-client-patient relationship IC is an important concept, because it is part of what defines the boundaries of that relationship.

Keywords: informed consent; veterinary medicine; professional duty; law; ethics; veterinarian-client relationship; animal

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1. Introduction

In recent years, the consent of patients to medical treatment has particularly attracted the attention of legal doctrine and law, becoming the object of continual research and various interpretations and becoming so relevant as to gain independence from medical duty as a whole.

From a paternalistic perspective, when the physician was the sole depository of medical secrets and therefore the only one who could make decisions, physicians and patients have moved on to a new relationship as collaborating peers (Ferrando, 1998).

The principle of informed consent (IC), in fact, reflects the concept of autonomy and self-determination (Appelbaum *et al.*, 1987) of a person requiring and requesting specific medical and/or surgical intervention. The theory of autonomy is defined as self-governance or self-rule, an ability of people to reflect and make choices, and freedom to express individual aspirations and preferences (Dworkin, 1988).

Such a justification of IC also lies with the fact that, in most of Europe and beyond it (Council of Europe, 1997), physicians' ethical codes see the duty to ask for IC as an expression of professional correctness itself (Comitato Nazionale di Bioetica, 1992).

Like physicians, veterinarians have concerns about client confidentiality, and are troubled by ethical conflicts that arise when the interests of patients (children/animals) and clients (parents/owners) diverge. However, since animals are typically treated legally as a form of property, the ethical and practical problems for veterinarians have essential differences from those faced by physicians. From a legal perspective, the confidential relationship presumed between physicians and patients does not always explicitly apply to veterinarians and their clients. Courts in some states of America have explicitly refused to recognize a veterinarian client privilege (Hannah, 1991; 1996); other states do have confidentiality requirements pertaining to the veterinarian-client relationship.

Nevertheless there are circumstances where confidentiality requirements are explicitly waived to protect public or animal health. For example, the Italian Code of Professional Conduct of Veterinarians indicates that a doctor of veterinary medicine has an obligation to protect the privacy of clients, but make an exception if a veterinarian is required by law to reveal confidential information, or if it becomes necessary to protect the health and welfare of an individual, animals, and/or others whose health and welfare may be endangered[1].

Relating to IC, veterinarians have a rather unique position, because the law does not oblige them to have the patient-owner sign a document like in human medicine (Pizzamiglio, 2006). A veterinarian's only obligation is of a moral kind.

2. Basis of Informed Consent

IC is the process of obtaining the permission of the patient so he/she may make a decision about his/her health care. This definition originates from the legal and ethical right of the patient to retain autonomy and from the ethical duty of the physician to involve the patient in health care decisions.

A professional and his/her client are bound by a contract: the latter applies to the former for a professional service and, from the moment the former accepts, he/she is obliged to the client as to the use of certain means, not as to the outcome.

The client must be aware of the risk of the target being missed .

Along with this main obligation, the professional is bound to fulfil secondary obligations. Italian law on contracts (article 1175 of the Civil Code) enforces the obligation to behave *"according to the rules of correctness"*: a specific application of this principle is the professional's "duty to inform".

Clients of nearly all professions, or rather beneficiaries of professional services, must, to a certain extent, make choices that involve weighing costs and benefits, which may be complex and hard to understand. To make decisions, they have to rely on their general learning and on correct information from the professional.

In the medical profession especially, IC is absolutely fundamental. At the present time, however, it is hard to exactly define its range and limits and to detail all of the many and various situations in which it is relevant (Mallardi, 2005).

[1] For more detailed discussion see the following site web http://www.fnovi.it/index.php?pagina=codice-deontologico Accessed September 10, 2011.

A conscious person, in full possession of his/her mental faculties, should not have to passively undergo any medical treatment (diagnostic tests, therapy, surgery, etc.); this concept derives from the constitutional principle of the inviolability of personal freedom and the right to health which lead to the legal claim to self-determination and the refusal of all illegitimate interference.

Articles 13 and 32 of the Italian Constitution make the valid consent of the person in question necessary, and he/she shall give it only after receiving appropriate information and sufficient elements to evaluate the treatment he/she will have to undergo and the consequent possible risks.

Clearly, IC involves the patient's participation, awareness, information, freedom to choose and decide.

Consent is valid only after complete information has been given: a physician is obliged to supply the necessary elements to inform the patient sufficiently about the kind of treatment, the therapeutic alternatives, the aims, the chances of success, the risks and side effects (Introna, 1998).

IC comprises not only the important and fundamental autonomy of the patient to decide, but also the essential objective element-information. The expression IC has been transposed in to Italian and translated somewhat ambiguously as "consenso informato" when it should rather be called "informazione per il consenso" "information for consensus". This expresses the concept better and certainly leads to a more correct and precise interpretation of the numerous concepts which underlie it. Information and consent may be viewed as two sides of the same coin; in fact Mallardi (2005) writes that "[…] *on the one hand, having obtained consent, following correct and sincere information interpreted and deciphered as an important phase and an essential indicator of correct, scrupulous medico-professional procedure and, on the other, the consensus itself conceived as a duty aiming at the maximum respect of the rights to self-determination, independence and autonomy of the patient, as a person*".

3. Informed Consent in Veterinary Medicine in Italy

In human health-care the doctrine of IC is grounded in both common law tort principles and in constitutional rights to privacy and liberty. In the language of bioethics, this principle is framed as "respect for autonomy" and generally trumps other competing principles in health-care decision-making for competent patients (Rosato, 2000). This important starting point for human health-care decisions has virtually no application in the veterinary field, where the animal patients have neither legal nor actual competence to make such choices. In fact, as much as we might consider our companion animals to be part of our families, the fact remains that they are animals. As nonhuman animals they may not be morally entitled (Tannenbaum, 1993), and are certainly not legally entitled to the same rights as humans. Legally, animals are still considered property, though there are trends in a number of areas of law that treat animals quite differently from inanimate property (Hankin, 2007).

The starting point for any reflections on IC in veterinary medical practice is the veterinarian-client-patient relationship (VCPR). The professional relationship in human medicine is bipartite (doctor and human patient), but in veterinary medicine it is tripartite (veterinarian, animal patient, and client-owner).

IC in a veterinarian-client relationship (VCR) is vastly different from IC in a medical doctor-adult human patient relationship since, in a VCPR, the patient is not capable of making a decision for him or herself. By contrast, in a relationship between a medical doctor and an adult human patient, the patient can do so.

Veterinarian-client IC is not based on the principle of individual autonomy, since it expresses the subject's self-determination.

The IC paradigm for human beings is in fact practically inseparable from its reference to autonomous moral subjects (Appelbaum *et al.*, 1987; Faden & Beauchamp, 1986). Since veterinary practice deals with morally non-autonomous patients, consent has a different meaning. In veterinary medicine, where no rule of law obliges the veterinarian to obtain IC, informing the client-owner is an obligation associated with Good Practice, justified by the ever-increasing technicalities and specialization of the veterinary profession and represents a standard documenting the qualification and performances offered by the Veterinarian.

Article 32 of the Italian Code of Professional Conduct of Veterinarians (Duty to inform and informed consent in veterinary practice) states that the veterinarian, on undertaking contractual responsibilities, is bound to inform his client clearly on the clinical situation and the therapeutic solutions. He/she must inform clearly about the risks, the costs and benefits of the various and alternative diagnostic and therapeutic routes, as well the predictable consequences of the eventual decisions. On informing the client, the veterinarian will have to consider his/her degree of understanding, in order to allow them to give full

approval to the diagnostic-therapeutic proposals. Any additional information requested by the client must be given.

The veterinarian is bound to inform his/her client on the predictable suffering and pain of their animal and on the presumable duration of the professional operation. It is the veterinarian's duty to communicate to a client the need to perform particular actions, in order to avoid suffering, pain or prolonged illness in the patient animal.

In veterinary medicine, getting this IC typically means the veterinarian explains both the risks and benefits associated with a specific medical or surgical intervention.

As suggested above, IC is an important concept in the VCPR because it is part of what defines the boundaries of that relationship. In addition to defining how the veterinarian and the client together make decisions regarding the care of the patient, IC also defines how the veterinarian deals with the client. If the veterinarian does not give the client enough information to allow the client to give IC, the veterinarian has failed to uphold one of his or her duties to the client and to the patient. IC is rooted in the idea of protecting both the client and the veterinarian.

4. Obtaining Informed Consent

Obtaining IC from clients is a crucial element of ethical and professional communication in veterinary medicine[2]. In non-emergencies, obtaining IC requires the veterinarian to discuss with the client the clinical issues, the alternatives to the proposed diagnostic or therapeutic intervention (in addition to the benefits and risks of each option), and the possible adverse effects and long-term care associated with each option (Fettman & Rollin, 2002). In addition to the standard "clinical" elements of this conversation, the veterinarian should attempt to assess the client's preferences for and understanding of the choices available.

Most often, in the emergency setting there is not sufficient time to establish rapport and trust with a client to consider shared decision making. In such situations, the process of obtaining IC is necessarily abbreviated. The veterinarian may briefly inform the client of his/her animal's medical condition and important life-saving therapies that constitute the highest standard of care that can reasonably be offered.

There are different evaluations of the "level" of information to be offered to the client-owner.

Information must therefore be as complete as possible, true and objective.

In particular, it must comply with the following principles:

(1) Information must be proportional to the importance of the procedure or treatment method;
(2) Information, though complete, must be limited to the elements that a client can understand;
(3) Information must be objective and based on scientific evidence

More specifically, the entries in a clear and complete IC form will include diagnosis, therapy (medical and/or surgical), etc., as shown in Table 1.

These suggestions, however, do not exclude the inclusion of further data that might be necessary in specific cases.

One aspect which veterinarians often take into consideration before informing clients of the costs-benefits of a treatment or procedure deemed necessary for an animal is the duty to inquire about the usage to which animal is destined.

For example, when the veterinarian diagnoses pyometra in a bitch, on advising surgical hysterectomy, he/she will have to inform the owner that such treatment offers good chances of recovery, but will compromise the reproductive function for ever. In the absence of such information, the owner might report the veterinarian for its incompleteness, where he/she could prove that a different decision would have been taken on the basis of complete and correct information.

[2] In this context, let us remember that the term "informed consent" is often used in veterinary medicine to describe the legal and ethical obligations that veterinarians have to inform animal owners about treatment options for their animals. For example, a 2007 article in the *Journal of the Veterinary Medical Association*, titled, "The Informed Consent Doctrine: What Veterinarians Should Tell Their Clients" refers to a number of states having "mandatory informed consent statutes as part of their veterinary practice acts". And, as recently as 2007, the AVMA formally adopted a policy on informed consent. See, more details *AVMA Adopts Policy on Informed Consent*, JAVMA NEWS, May 15, 2007, *available at* http://www.avma.org/onlnews/javma/may07/070515e.asp

Table 1 - Kind of information offered to the client-owner.

DIAGNOSIS
Description of the diagnostic course
Benefits
Risks
Prices
Moral and other implications of the course chosen
Diagnostic hypothesis, if any, and differential diagnosis
THERAPY (medical or surgical)
Description of the recommended surgery and reasons for its choice
Benefits
Risks
Materials used
Complications and consequences of the therapeutic procedure from the point of view of both man and animal
Prices
Therapeutic alternatives or no operation
Difficulties in dealing with the patient or convalescent
Ethical or other implications of the therapeutic course
Unexpected events taking place during the therapeutic deed, where it is impossible to communicate with owner
ANAESTHESIA
Proposed or alternative anaesthesia
Preliminary tests
Benefits
Risks
Costs
Ethical implication

A practical aspect of the IC form relates to the possibility of including the costs of treatment among its entries. Although details about costs make information complete, they should be kept separate from the rest, because, for their purely economic value, they represent a proforma invoice for the veterinary professional service. The aim of IC is to inform the client of the costs and benefits of a given service.

Unlike in human medicine, where consent must be given in writing, in veterinary medicine the written form is not obligatory, although there is a practical tendency to identify IC with a written form.

At this point, we can distinguish between various ways of expressing consent:

1) Tacit or implicit consent, when the subject's will is inferred from his/her behavior, not from an explicit statement.
2) Explicit consent, when someone's will is expressed, either in writing or orally.

We can usefully consider whether it is advisable for a Veterinarian to use written forms, since there is no obbligation as to form..

Obtaining an IC form for any service a veterinarian may perform is of course out of the question. On the basis of what is the custom in human medicine, we can distinguish between:

a) routine activities (e.g. vaccination), to which implicit or oral consent is sufficient;
b) extra-routine activities, or those which may provoke irreversible consequences (i.e. euthanasia, castration, caudectomy, horn-abrasion, amputation of a leg) or a risk (surgery), for which IC in writing is advisable, though not necessary.

Box 1 shows a facsimile.

This facsimile consent form includes the name and address of the client (owner) and the name, species, breed, sex, and date of birth of the patient.

Box 1. Consent to medical treatment and the related diagnostic tests (facsimile).

Date.....
Owner/Owner's Agent: ..... Mr/Mrs. Surname: ..... Name: .....
Address: .....Town: .....
Contact Telephone Number(s): ..... Mobile: .....
Animal/Herd/Flock ID(*): ……. Animal Name: ……..…….
Species: …… Sex: Male/Female Breed: ..... Colour: ..... Age: .....
Reason for the medical examination: .....

- Authorizes Doctor ..... and his/her staff to examine and/or treat and/or carry out the diagnostic tests they deem necessary on the basis of the examination and the related tests.
- Allows them to administer sedatives and/or anesthetics to carry out the necessary instrumental tests, declaring he/she has been informed of the fact that such tests are not exempt from general complications, even if made with skill, diligence and prudence.
- Reaffirms his/her IC to Doctor....., who has clearly explained the reasons for which the aforesaid treatments and/or tests are necessary, also illustrating the risks of the potential contraindications, complications and/or reactions.
- Confirms having read and perfectly understood this authorization form, for carrying out medical treatments and diagnostic tests on the above identified animal, according to the current norms.
- At the time of the release of the animal from the veterinarian's consulting rooms, the owner will take on the job of scrupulously watching it and immediately communicating to the responsible Veterinarian any complications or accidents that may have arisen or that can negatively affect the outcome of the surgery or treatment done.
- The undersigned also declares he/she will fully pay the costs of the veterinary service that is to be done on his/her animal, presumably between a minimum of ..... Euros and a maximum of ..... Euros, if no events, not foreseen in the estimate, take place.
- Gives permission for the possible after-death inspection, in case of death of his/her animal.

(*) If the dog is not microchipped, the owner/holder of the animal is informed of his/her obligation to have the animal electronically microchipped, according to the Law no.281/91.

Date .....

Full signature of the owner/holder to testify information and acceptance .....

Additionally, it should include a clause indicating that the person signing the form is the legal owner of the patient and has the authority to consent to treatment[3]. Following that clause, another clause has spaces to identify the veterinarian, the veterinary hospital or office, and the treatment(s) being administered to the patient. Next is a clause indicating that the client has been informed of the possible risks and complications of the treatment, and indicating that the client is aware that unforeseen problems may arise which require further treatment. Then, there is a clause which authorizes the use of anaesthesia or pain medications as needed before or after the procedure(s). After that, a sentence indicates that the client is aware that other personnel may be required in order to assist the veterinarian. Finally, signature lines are provided for the client and/or a person acting as an agent on behalf of the client.

When the client signs the document, he/she declares that he/she has understood the risks and benefits. By giving IC to a procedure or treatment, it is assumed that the client has both read and understood all of the terms in the statement. Once IC has been given, the patient-animal may be treated according to the conditions listed within the statement.

[3] Animals without owners may be treated without human consent if it is in their "best interests". Legally, 'best interests' are more than just 'medical best interests', and include other social and financial factors. If an animal-patient lacks an owner, veterinarians must make a clear record of the grounds on which they have reached their treatment decision and show that it will be in the patient's best interests.

In the case of oral consent veterinary professionals responsible for communicating with clients must be sensitive to cultural differences for it to be satisfactory. They should be aware of the possibility that individual words may carry distinct meanings in different regional dialects of the same language. Further, there is the potential for two-way prejudice (veterinarian versus client and client versus veterinarian) based on race, gender, age, sexual orientation, religious or spiritual beliefs, social status, economic status, or literacy level. Conflict in these situations is nearly always communicated nonverbally; thus, veterinarians should be vigilant in observing any evidence of client discomfort or the possibility of being misunderstood.

The emergency setting can place several constraints on the procedure of obtaining IC. In emergency situations, where there is often insufficient time to establish rapport with the client and/or easily explain the complicated medical condition of the animal, the veterinarian should be truthful, exercising care and flexibility.

In settings involving the communication of bad news, especially when there is no appropriate biomedical response, the fundamental skill needed is empathy (Suchman *et al*., 1997; Travaline *et al*., 2005). In fact, expression of empathy, if appropriate, can encourage the client to maintain realistic hope about the bad news.

The client may also be so affected by his/her emotional response to the situation that he/she is unable to make informed decisions. In such situations, the veterinarian, like the trained medical professional, provides only the information that is perceived to be required and asks for the client's trust and approval of a medical plan that is outlined as quickly as possible. For example, the veterinarian may briefly inform the client about the life-saving therapies, the probable long-term outcome from the medical condition and important life-saving therapies that constitute the highest standard of care that can be reasonably offered. This conversation should include a realistic estimate of the likelihood of success or failure associated with treatment, and a calculation of cost associated with the immediate medical plan. In extreme cases (severe mitral valve endocardiosis, metastatic mammary carcinoma, etc.) euthanasia should be offered as an option for consideration for the welfare of the animal (Passantino *et al*., 2006).

Fallowfield & Jenkins (2004) suggest that the way in which bad news is delivered can have a significant impact on the VCPR, decrease the stress for the deliverer of bad news, and improve several important outcomes from the receiver's perspective.

5. Informed Consent and Duty

A Veterinarian's duty regarding IC is two-fold. A Veterinarian has a duty to inform the client and obtain the client's consent. The legal approach to establishing this duty is pragmatic. Although the client has the right to refuse, it is recognized that the Veterinarian possesses more information and, as a consequence, more power to control the circumstances under which the two parties meet. In addition, the Veterinarian has a duty to respect and promote the animal-patient's best interest[4]. As such, it is the Veterinarian who is held to a higher standard and thus a greater duty. On the basis of this consideration, professional practice standards should encourage a Veterinarian to bring up the issues outlined in Table 2.

Regarding working in the animal-patient's best interest[5], many times the interests of patients and clients are concordant, but sometimes there may be situations in which the interests of patients conflict with those of their clients (either explicitly stated or assumed). Veterinarians feel divided loyalties (Williams, 2002) and grapple with balancing their responsibilities and negotiating these conflicts.

[4] A best interest standard sounds like an appealing starting point for veterinary treatment decisions, but the factors that weigh in to the benefits-risk calculus may be different from those for human patients. There is little question that sentient non-human animals experience pain and pleasure, and thus the pain or discomfort entailed in any treatment choice must be taken into account. However, unlike a competent human patient, an animal is not able to understand that it may have to be subjected to a painful or uncomfortable procedure "for its own good". This distinction argues for factoring such inability to understand into treatment choices and could weigh in favour of opting against a treatment that could cause short-term pain even where there is a long-term benefit.

[5] Rollin argues that "over 90 per cent of veterinarians are inclined toward the paediatrician model", which places the interests of animals at the forefront (Rollin, 1999).

Table 2. Information to be disclosed during discussion of consent.

1. Results of pertinent diagnostic studies
2. Probable outcome of surgery
3. Likely benefits of surgery
4. Explanation of what surgery will entail
5. Probable complications
6. Temporary complications (e.g., pain, infection) and therapeutic steps to correct them
7. Permanent results and complications (e.g., paralysis, plegia)
8. Other risks that are reasonably foreseeable
9. Reasonable alternatives to the proposed procedure

Veterinarians routinely face situations where they are "called upon to serve as an advocate of both parties' (owner's and animal's) interests, even when these interests conflict" (Rollin, 1978; Tannenbaum, 1993) because there are occasions when clients may wish to manage or treat their animals in ways that do not conform to the veterinarian's conception of patient welfare. Rollin describes the tension veterinarians feel in serving both patient and client as the "fundamental question in veterinary medical ethics" (Rollin, 1978; 1999). Conflicting responsibilities to patients (to promote animal welfare) and to clients (to respect client autonomy) can give rise to moral concern for clients, professionals, and those members of the public concerned about animal well being. Competing responsibilities create what many refer to as veterinary dilemmas (Tandy, 1989; Swabe, 2000; Sinclair, 2000). "Dilemma" is a conflict between responsibilities or obligations of equal moral weight.

The clients should consider the interests of their animal and consequently evaluate them reasonably, but frequently resources for medical treatments (e.g. money and/or time) are limited. Veterinarians hold different beliefs about the type and level of responsibility clients have to their animals. Financial constraints frequently limit the level of care an animal will receive. Although clients may prefer that their animals be afforded the best medical care possible, they may have competing interests such as to pay their suppliers, pay for rent, buy food, etc., rather than pay for medical care of their animals. Veterinarians recognize financial constraints as part of practicing veterinary medicine.

Rollin (1999) suggests that the treatment of animals can no longer be left to the discretion of the animal owner as there are societal norms governing their care.

Humane treatment and care of the animal should be the priority of the veterinarian because he/she is its advocate. The primary role of the profession is animal protection and as individual practitioners the responsibilities of veterinarians centre on furthering the welfare of their patients.

Hewson (2006) argues that animal welfare is a public good and that the veterinary profession should lead in promoting the welfare of animals.

Among veterinarians, it is widely held that acquiring IC means protecting themselves from a legal point of view. Written consent does not guarantee this. A signed consent form may supply evidence that consent was given, but not that counselling was necessarily sufficient, appropriate and not negligent.

There are few actual legal requirements concerning IC, as that term is understood in human medicine (Beauchamp & Childress, 2008). Legally the obligations are derived from the owners' right to control their property and the fiduciary responsibilities that veterinarians, as professional with specialized knowledge, have to their clients (Flemming & Scott, 2004).

Some IC forms that are used in the veterinary field contain clauses that exempt them from responsibility for surgery carried out without any previous diagnostic tests.

In truth, such a form, though signed by the client, can never protect a Veterinarian from non-voluntary responsibilities, caused by negligence (*culpa in omittendo*), imprudence *(culpa in agendo)*, inexperience (*culpa in adempiendo*), or breach of laws, regulations, orders and disciplines (Passantino, 2002).

An IC form can be used as evidence when a lawsuit is brought on the charge of missing, incomplete, incorrect or untrue information. However, such a form could easily prove that the veterinarian has adequately informed the owner, both from a qualitative and a quantitative point of view, but it could also become ruinous, if it proved the veterinarian has rashly omitted some information.

So, IC acquires a legal value only if it can prove that a veterinarian, though using diligence, caution and skill, and complying with laws, regulations, orders and disciplines, has not reached the expected target for other reasons (either because the ordinary risks and dangers the client had been informed of have

actually come about, or because the fortuitous or unforeseen events inherent in any medical activity have taken place).

6. Concluding Remarks

Taking into consideration the change in social sensibility and on the legal front towards animals (Anon, 2007; Camm & Bowles, 2000; Passantino, 2008), veterinarians have an ethical obligation to respect the animal-patient and consequently the owners' autonomy - that is, their right to be involved in decisions that affect their animal. In medicine, this is reflected in the requirement to obtain consent for treatment, which can only be valid if adequate information is supplied and the patient has the capacity to understand and make a balanced decision, free from coercion (White, 2004).

Considering that the patients in veterinary medicine are not capable of making a decision for themselves, it is necessary to give a "voice" to animals to consent through their owners.

In this case, the need for consent is emphasised as being central to the VCPR, as noted in the previous paragraph. Animals without owners may be treated without human consent if it is in their "best interests". If an animal-patient has no an owner, veterinarians must make a clear record of the grounds on which they have reached their treatment decision and how it will be in the patient's best interests. Owners also have an interest in knowing what is going to happen to their animals and what they should expect during a course of treatment or other medical procedures. It is a professional courtesy to explain such things to owners, to give them the opportunity to ask questions, and to provide honest answers. Obtaining IC also recognizes that it is the client that has ultimate responsibility for decisions about the welfare of the animal. Veterinarians should view the acquisition of IC as a process of communicating with clients and of documenting that communication as appropriate.

With regards to the expression "informed consent", the American Veterinary Medical Association has recently modified the phrase changing it to "owner consent" in order to convey that owners must be supplied with sufficient information to make appropriate decisions regarding care for their animal(s)[6]. This shift of emphasis also reminds practitioners of the importance of establishing an accurate understanding of the legal owner-animal relationship when obtaining consent for treatment.

In the author's opinion, it is preferable to use the term "informed owner consent" to better define that IC has been given to a veterinarian by an animal's owner for the medical and/or surgical treatment of said animal(s), thus including both aspects of the consent process.

It is important to remember that drawing up a form and having it signed does not in itself exempt a physician from legal and/or disciplinary responsibilities, while real and concrete information given to the patient and the consequent concession of the necessary IC can.

Although there are no specific norms on the matter, Italian veterinarians should keep pace with the new European ethical principles. This is the trend of the Code of Good Veterinary Practice with the purpose of setting European standards for veterinarians' ethical and behavioral principles "*vets must gain their clients' trust by providing exhaustive communication and supplying appropriate information*".

In overview, information takes over the main role, as a way to solve problems or, at least, make all the people involved feel responsible, and consequently mitigate possible conflicts between Veterinarian and their clients.

On the basis of the aforesaid considerations, we hope legislators will take the initiative to regulate the matter throughout the country with specific norms, which require veterinarian to apply for IC not only for the Italian Ethical Code, but by a special law. At present there are no such laws.

This would give a greater dignity to patient-animals[7] and, in line with the national and European rules concerning well-being and protection of animals, would confirm their status as "sentient beings" (Anon, 2007; Camm & Bowles, 2000) and confer moral rights (Passantino, 2008).

[6] See www.avma.org/issues/policy/owner_consent.asp for the AVMA's current policy document.

[7] Animals are still considered the legal property of their owners (or "guardians"), and the only legal limits, if any, on veterinary treatment choices may reside in an animal cruelty statute's requirement for "proper veterinary care (Passantino, 2008).

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