

## Colorado Veterinary Medical Association

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- Issue #3 – July 15
- Issue #4 – October 15

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**Jed Rogers, DVM**  
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### What's in a word?

Sometimes nothing—many words can convey

the same or similar meaning in certain situations. If I say “Wow! That was a long flight,” it means just about the same thing as “Wow! That was a long plane ride.” To the casual listener, there is no difference in those two statements—they both convey a concise point and leave little room for debate, misunderstanding, or harm.

Mark Twain once said, “The difference between the right word and the almost right word is the difference between lightning and a lightning bug.” In some situations, he's right! The choice of a word can be crucial to avoid misunderstanding.

In the 14 years I have been a veterinarian (not to mention the years I have spent as a husband and a father), I have learned that in many situations the way that I say things and the words that I choose are as important (or more important) than what I am saying. Two of the more important veterinary examples of this are the phrases “no-kill” and “low-cost”.

At the AVMA Leadership Conference in Chicago in January, a group of Colorado participants had a conversation about these terms that began as a dinner discussion and then moved into an e-mail exchange that covered several days. On reflection, I realized that my evolving understanding of these terms is due in large part to my involvement with the larger veterinary community and our extended partnerships in the world of animal health.

So let's start with “no-kill,” a term that thankfully has seen its heyday and is currently on the wane. What's wrong with it? On first pass, I think most of us wouldn't think twice about it—and the general public certainly does not. When you dig in and think about it, though, there really is no such thing as “no-kill”. Groups that use the term “no-kill” are attempting to describe their mission in saving animals, but the term

is deceptive at best. So-called “no-kill” shelters maintain their “no-kill” status by limiting the number of animals they take in based on the resources they have available at any given time. That's not necessarily a bad thing, but it means that these groups must regularly turn away animals for health reasons, behavioral reasons, or space constraints. In essence, these groups are simply transferring the responsibility for those animals they cannot handle back to the pet owner, onto a veterinarian, or onto a shelter that has an open-door policy.

Unfortunately, many of the animals turned away by so-called “no-kill” groups end up being euthanized. Just because these groups have decided not to euthanize does not mean that they have solved the overpopulation problem—they have simply shifted the burden of euthanasia to others in the community. Worst of all, “no-kill” implies that there are shelters that are “kill” as if that defines their mission, or that there is a population of folks out there who set out to have “kill” as an acceptable or desirable part of their strategy (rather than a painful reality).

Nothing could be further from the truth. I have worked with hundreds of great people over the years in shelters, and every one of them, without exception, hates the fact that we have to euthanize pets as part of the pet overpopulation problem (which is a community issue, not a shelter issue). If you have any doubts about that, just read the article “Impact of euthanasia rates, euthanasia practices, and human resource practices on employee turnover in animal shelters” (*JAVMA*, 230:5, March 1, 2007) to have your eyes opened to the realities.

So what is the solution? The more accurate, positive, and accepted terms to use when describing shelters and rescues are “open admission” for shelters that do not turn away any animal brought to them, and “limited admission” for shelters that turn animals away for various reasons (whether that is because they

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# Of note

## *President's Post from page 2*

have limited resources, have chosen not to euthanize, have decided to work only with certain species, or other reasons).

Ultimately, all shelters and rescue groups, whether they are open or limited admission, are after the same thing—getting as many unwanted animals into homes as possible and reducing euthanasia of unwanted, healthy pets to the lowest number possible. Although it may seem a small thing to say “limited admission” instead of “no-kill,” to our partners in the animal shelter and rescue world, it is a hugely important thing. Although there are a few groups in Colorado who continue to use the term “no kill” (either out of ignorance or an unwillingness to partner with the larger community), many local and national groups that used this term even five years ago have changed their terminology. To see more about this issue and some other groundbreaking work (involving significant Colorado influence), go to [www.asilomaraccords.org](http://www.asilomaraccords.org).

So, along these same lines, what's wrong with the term “low-cost”? Again, on first pass, most of us wouldn't think twice about it, and we have probably all used this term without giving it a second thought. And again, when you dig deeper, the term is fraught with problems. CVMA has become much more sensitive to this term through our Foundation's involvement with the charitable efforts of Harrison Memorial Animal Hospital (HMAH). At HMAH, the services provided may appear to the consumer (or to the veterinary community) as low-cost, but in reality these services are subsidized.

Confused? “What's the difference?” you ask? Again, although it may not seem like a big deal, in reality, it is. “Low-cost” implies that the actual cost of providing a service is smaller than in a typical veterinary hospital. In reality, that is not true—veterinary services largely *cost* the same no matter where they are delivered, whether that is at HMAH, through a sterilization grant, or at a private veterinary hospital.

The only real way to significantly decrease the cost of veterinary care is to

consciously skirt the standard of care. Cutting corners can achieve reduced costs, but it involves compromising the health of patients, and that is something that HMAH simply does not do.


So how can services be delivered to some Harrison Memorial clients (on an income-qualifying basis) at a lower cost to the client? Because resources are provided by someone else to offset the cost. At HMAH, there are donors who give cash and other resources to the hospital—these donations subsidize the veterinary care that HMAH clients could not afford at a typical veterinary hospital.

Even the hospital building itself (which was given to CVMF in 2007 as a generous gift from the Animal Assistance Foundation) is part of the subsidy. Without the gift of a building, HMAH would either not have a facility, or its facility

cost would offset the amount of subsidies it could offer to clients.

So now that we have had that discussion, what is there to do? My challenge to you is to eliminate the phrases “no-kill” and “low-cost” from your vocabulary, and from the vocabulary of your families, friends, and clients. Now that you have some background on why these terms are inaccurate, your participation is crucial. The next time you hear these terms come up, impress everyone in the room by using the terms “open admission” or “limited admission” and “subsidized”. Explain why you are using those terms—after you've done it a few times, it's like second nature. Ultimately, although you may think your participation is peripheral, it is vital to changing attitudes and perceptions.


In this case, you should be the lightning and not the lighting bug. ■



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