

Practice of the Month

Dr Bruce Irvine-Smith called it the "brashness of youth" when in 1969, with the help of his brother, he built and opened the Bryanston Veterinary Hospital. Regardless of the better-established clinics already within the area and unconcerned as to his ability to compete, he was determined to set up shop in a middle to upper class area where "the financial limitations of the clientele wouldn't cause me undue professional frustration". Dr Irvine-Smith called it the "brashness of youth" - we call it knowing what you want, and getting it!

It's safe to say that it was no accident either that he became one of only four veterinary specialist surgeons in private practice in the country - three of whom operate within the PWV-area and one who runs his practice in Durban.

But, as Dr Irvine-Smith explained, the term "specialist" is a term only recently defined by the Veterinary Council. "Essentially, there are two kinds of specialists," he continued. "There are those veterinarians who restrict their area of practice to certain species for example equine, small animal, companion animals, poultry or pig production. This usually comes about as a matter of personal preference and the area in which that practitioner has his practice, may also influence the decision. Secondly, there are the veterinarians who have specialised in various clinical disciplines, doing additional study in either the field of medicine or surgery and obtaining further recognised academic qualifications."

So it was that after some five years of running his Bryanston practice, Dr Irvine-Smith developed an avid interest in surgery, both the orthopaedic and soft-tissue side, and undertook to start a six-year part-time course at Onderstepoort. "I found the surgery side a lot easier and more satisfying than the area of various medicines. I considered these added academic qualifications essential in furthering my career - and studying for my masters degree was also a way of forcing myself to try and keep up to date with the ever-increasing scientific and technological advances taking place in veterinary surgery."

In 1978, he made the specialist register and started to accept referrals. Apart from the cases that his own practice generates, Dr Irvine-Smith relies solely on referrals from other veterinarians who, at times, send him cases from distant



Dr Bruce Irvine-Smith is one of only four specialist surgeons in private practice in the country. He told Claire McCall about some of the problems - and delights - peculiar to his position

parts of the country. He is quick to point out however that, at this stage of the game, a specialist surgeon is unable to make a living solely from these cases. He estimates that on average, he treats about four to eight animals a week as a result of direct referrals.

"All specialist veterinarians who are in private practice are in general practice as well, as the concept of referrals is still in its infancy."

This is possibly one of the biggest problems a specialist veterinarian has to face. Unlike

SPECIAL CARE FOR SPECIAL SITUATIONS

the medical profession where, the various specialists practice in their speciality only, in veterinary practice, there is no clear cut set of 'rules' which govern referrals - when to and when not to. Some animals come to him because the referring practitioner in question dislikes a particular type of surgery, others are simply difficult cases, which the referring vet has tried to handle, but due to lack of expertise or lack of the necessary equipment, has passed on.

This is not an ideal referral condition because, as Dr Irvine-Smith points out, "Sometimes I have to unravel what's been done before and this is when complications set in. The owner becomes disillusioned with the situation and the standing of both the referring veterinarian and myself suffers."

"The cases I like to accept are those in which the referring practitioner has made an accurate diagnosis and has realised the need for a specialist. This way, the referring veterinarian gives the preliminary treatment, informs me of the case history, and I am given the case at the right time - when there is an opportunity for me to do my best for the animal. Also, the risk of complications is then minimised and we can achieve better results with greater satisfaction all round."

Dr Irvine-Smith's main concern though lies with the developing of close working relationships between the referring veterinarians and himself.

"Not only do we have the specialised skills and expertise here but we have all the facilities in our hospital and the best instrumentation. Those practitioners who refer to me regularly appreciate the mutual benefit to be gained from the situation. I feel that as the standard of veterinary practice improves, the need for referrals will become more obvious."

He feels that some veterinarians are reluctant to refer their cases to him, until they have seen how well the system works.

"I certainly do not take over the client altogether and in 95 percent of the cases I have done, the animal's owner continues to consult their local practitioner for everyday problems such as vaccinations etcetera. The follow-up treatment of the animal is almost invariably also done by him with constant communication between us.

give a daily report back on the case to the referring veterinarian and much prefer to communicate with him rather than the client."

Dr Irvine-Smith contends that there is definitely a need for more veterinarians to become specialists. For one thing, he points out, referring vets should be offered a choice of specialists and for another, he firmly believes that competition is healthy in that it will go towards improving the standard of veterinary practice. As a specialist, he considers it his responsibility to make general practitioners aware of any new techniques or methods available - so that they in turn can offer this information to the client.

Apart from the problem of acceptance within the veterinary profession, difficulties also sometimes arise from the part of the clients.

Overall however, most pet owners appreciate what the referring veterinarian is doing for their animal.

"Careful explanation of costs and fees to the owner is essential and in most cases, this is accepted by the client. Computerisation and as a result, fully itemised invoices, have resulted in greater

client acceptance of the higher fees. The risk of complications and the type of results to be expected are all explained to the owner, yet the final decision on whether the client can afford the procedure rests entirely on the client and no cheaper short-cuts are offered.

"I consider that, as a veterinarian in small animal practice, we are servicing the client's possession, in other words his pet, which with its sentimental value (or lack thereof) has a different financial value in every owner's eyes. It's the owner's prerogative and his alone, to decide how much he can afford to spend on each of his pets. It is, in my opinion, our duty to offer them, either in our own practice or via referral, the full range of veterinary services currently available. Whether the client makes use of these facilities is entirely his option.

"As veterinarians we must be wary of pre-judging or deciding for him as to whether the case should be referred and investigated further - and whether the client is willing or able to pay."

However, even though there are many obstacles to be faced as a specialist, Dr

BELOW : Patients are special, too, in this specialist practice. ...a familiar and comforting lead are allowed in the ward.

Pictures Amanda Lourens



Irvine-Smith has met , conquered and obviously enjoyed, the challenges. But, what of the man himself - and how did he come to reach his present position in veterinary circles?

Born, bred and schooled in Johannesburg (he trained at Onderstepoort), he qualified in 1965 and at first practiced as the after-hours consultant at what was then the old Sandown Clinic before venturing overseas to the UK and Ireland for a year in 1967. He found that the extremes of veterinary standards in those countries were much wider than they are here. They ranged from exceptional to very poor. However, after a year of braving the bombs in Londonderry, he returned to the less-explosive climate of the Randburg Clinic where he and Dr G Frost (featured in our July issue) worked together. Dr Frost was also later to study for his masters degree.

Following the footsteps of his grandfather, a stint at the Johannesburg abattoirs in 1969, as a public health officer where he undertook to inspect the meat, came next. It was during this time that his veterinary hospital was being built.

Later, he also became involved in starting up a veterinary clinicians group within the South African Veterinary Association.

"This mainly caters for small animal practitioners. The emphasis is definitely on education and we try to arrange both local and overseas speakers, to share their views and knowledge with our members."

The Bryanston Veterinary Hospital - a one hundred percent small animal concern has now been in existence for almost twenty years and in his role as specialist, Dr Irvine-Smith has seen many complex cases come and go.

"I think that what separates a good surgeon from a bad one is the ability to make the correct decision of when to operate and when not to. As with everything in life, there is always a grey area and this sometimes makes the decision difficult. It's not simply a case of rushing in and fixing the damage.

"The living organism is an intricate and wonderful creation. Without the body's amazing powers of recuperation, even the best medical and surgical skills could not produce the near-perfect recoveries we achieve these days."

Yet perfection is a thing to which Dr Irvine-Smith surely strives. Perhaps it is this, that puts the "special" into our hardworking and affable specialist.