

Access to Care

Position:

The Edmonton Humane Society (EHS) supports and encourages strategies that improve access to veterinary care through the practice of contextualized care and spectrum of care.

Definitions:

Access to Care: Access to care means that people living with pets have the economic, physical, social, mental, and emotional resources necessary to secure, communicate with, and benefit from the services of a trusted veterinary service provider as needed to optimize the health and welfare of animals in their care. Access to care requires affordable and consistently available services for clients irrespective of race, socioeconomic status, location, culture, language, gender, and ability.¹²

Contextualized Care: A way of delivering veterinary care that acknowledges that there are different ways to approach the diagnosis and treatment of an animal, depending on the circumstances of the individual animal and their caregivers, and the context in which the care is delivered.¹⁸

Gold Standard Care: A term used for treatments and procedures widely deemed to be the “best” or highest level quality of care. They are often the most advanced available, comprehensive, and use state of the art diagnostics and treatments. The gold standard is not a legal or regulatory requirement of veterinary professionals to prescribe to patients.

Spectrum of Care: The practice of providing a continuum of acceptable care that considers available evidence-based medicine while remaining responsive to client expectations and financial limitations.¹²

Summary

- Contextualized care and spectrum of care reduces barriers for people to access veterinary care for their animals.
- Implementation of contextualized care and spectrum of care benefits animals, caretakers, veterinarians, and accommodates individual needs and capabilities.
- Fewer animals may be relinquished or euthanized due to inability to afford care if contextualized care and spectrum of care are more widely practiced.

Rationale

- “Gold standard” care refers to treating medical conditions with the highest level quality of care using the most comprehensive, advanced, and “best” treatment. Implementation of the gold standard may require extensive

diagnostics, medications, and treatments that may not be financially feasible or realistic for all caretakers.

- Access to care is a complex problem influenced by a wide range of factors, including both veterinary-dependent barriers and community or individual barriers, including but not limited to:
 - Veterinary-dependent barriers: workforce shortage, increased patient load, underrepresentation of diverse backgrounds among veterinary professionals, and regulatory barriers.
 - Community or individual barriers: financial, geographic, language or cultural differences, and level of understanding of veterinary recommendations.
- An inability to access care negatively impacts animal caretakers, animals, and veterinary professionals:
 - Caretakers may face financial stress or debt, or may compromise or forego treatment, leading to distress and a strained veterinary-client relationship;
 - Animals may not receive treatment, be relinquished, or face economic euthanasia; and
 - Veterinary professionals may experience emotions contributing to burnout, poor mental health, moral distress and frustration, and in some cases, leave the profession.
- The “gold standard” is not legally required to be prescribed by veterinarians, however veterinarians may feel obligated to prescribe it and may also feel discomfort, frustration, fear of litigation, and moral distress when prescribing a treatment other than the “gold standard”.
- Spectrum of care and contextualized care consider caretaker, patient, and veterinarian context and factors to collaboratively determine the most appropriate treatment which are evidence-based and ensure an animal receives care best suited to their needs and the caretaker's capacity.
- Factors considered in contextualized care and spectrum of care include:
 - Caretaker factors, such as finances, travel requirements, mobility, availability of supports, schedule, and access to resources;
 - Patient factors, such as tolerance of invasive treatments, prognosis, age, and severity of condition; and
 - Veterinarian factors, such as clinic equipment, staff availability, and access to specialists and specialty equipment.
- Practicing contextualized care and offering caretakers a variety of evidence-based treatment options increases access to care, benefitting animals, animal caretakers, and veterinary professionals.
- Animal shelters also benefit from the practice, as it can prevent animals from being relinquished due to inability to access care or for economic euthanasia.
- The practice of offering a variety of treatment options informed by context is not new in veterinary medicine. However, the gold standard has traditionally been emphasized in veterinary education due to time limitations and to teach students the most current and “best” treatments. As a result, veterinary curriculum may not regularly emphasize training proficiency in prescribing outside of the “gold standard”.

- EHS encourages contextualized care and spectrum of care to be further incorporated into policies and practices, such as in veterinary medical training programs and continuing education opportunities, to ensure current and future veterinary professionals are equipped and empowered to practice them.

References

1. Access to Veterinary Care Coalition. (2018). Access to Veterinary Care: Barriers, Current Practices, and Public Policy. In *TRACE: Tennessee Research and Creative Exchange*. https://trace.tennessee.edu/utk_smalpubs/17/
2. Access to Veterinary Care in Canada. (2024, December 11). Canadian Veterinary Medical Association. <https://www.canadianveterinarians.net/policy-and-outreach/position-statements/statements/access-to-veterinary-care-in-canada/>
3. American Animal Hospital Association. (2022, November 28). *Why do we need to talk about spectrum of care?* <https://www.aaha.org/newstat/publications/why-do-we-need-to-talk-about-spectrum-of-care/>
4. American Association of Veterinary Medical Colleges. (n.d.). *The Spectrum of Care Initiative - AAVMC*. <https://www.aavmc.org/the-spectrum-of-care-initiative/>
5. Ashbran, K., Brodsky, J., Branse, H., Eckman, S., Englar, R., Fedesco, H., Grguric, M., Huston, C., Khosa, D., Noyes, J., Read, E., Stull, J., Warman, S., & Zimmel, D. (2024). *The Spectrum of Care Education Model*. American Association of Veterinary Medical Colleges. https://www.aavmc.org/wp-content/uploads/2024/02/SOC_Education_Model_January_2024-2.pdf
6. Canadian Veterinary Medical Association. (2020). *2020 CVMA Workforce Study Final Report*. <https://www.canadianveterinarians.net/media/ak3lonad/2020-cvma-workforce-study-final-report.pdf>
7. College of Veterinarians of Ontario. (2022, December). *Balancing Available Health Care Options and Client Access to Veterinary Care*. <https://www.cvo.org/standards/balancing-available-health-care-options-and-client-access-to-veterinary-care>
8. Englar, R. E. (2023a). Recasting the gold standard – part I of II: delineating healthcare options across a continuum of care. *Journal of Feline Medicine and Surgery*, 25(12). <https://doi.org/10.1177/1098612x231209855>
9. Englar, R. E. (2023b). Recasting the gold standard – part II of II: communicating healthcare options along a continuum of care. *Journal of Feline Medicine and Surgery*, 25(12). <https://doi.org/10.1177/1098612x231215639>
10. Evason, M. D., Stein, M. R., & Stull, J. W. (2022). Impact of a Spectrum of Care Elective Course on Third-Year Veterinary Students' Self-Reported Knowledge, Attitudes, and Competencies. *Journal of Veterinary Medical Education*, 50(5), 590–598. <https://doi.org/10.3138/jvme-2022-0010>
11. Fingland, R. B., Stone, L. R., Read, E. K., & Moore, R. M. (2021). Preparing veterinary students for excellence in general practice: building confidence and competence by focusing on spectrum of care. *Journal of the American*

Veterinary Medical Association, 259(5), 463–470.

<https://doi.org/10.2460/javma.259.5.463>

12. Greenberg, M., McCants, D., Alvarez, E., Berliner, E., Blackwell, M., McCobb, E., Price, T., Robertson, J., & Stambolis, M. (2024). 2024 AAHA Community Care Guidelines for small Animal practice. *Journal of the American Animal Hospital Association*, 60(6), 227–246. <https://doi.org/10.5326/jaaha-ms-7464>
13. Jacobson, L. S., Janke, K. J., Probyn-Smith, K., & Stiefelmeyer, K. (2024). Barriers and lack of access to veterinary care in Canada 2022. *Journal of Shelter Medicine and Community Animal Health*, 3(1). <https://doi.org/10.56771/jsmcah.v3.72>
14. Kivneen, G. (2024, June 14). Is “gold standard” always the best option for veterinary care? Vet Help Direct. <https://vethelpdirect.com/vetblog/2024/01/19/is-gold-standard-always-the-best-option-for-veterinary-care/>
15. Lem, M. (2019, August 1). Barriers to accessible veterinary care. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6625179/>
16. Molgaard, L. K. (2025). Creating practice-ready veterinarians: integrating spectrum of care pedagogy into veterinary education. *Journal of the American Veterinary Medical Association*, 263(4), 550. <https://doi.org/10.2460/javma.25.02.0071>
17. Neal, S. M., Anderson, M., & Greenberg, M. (2024). Mapping veterinary care in Canada: An index of care accessibility. *PubMed*, 65(4), 325–333. <https://pubmed.ncbi.nlm.nih.gov/38562985>
18. Royal College of Veterinary Surgeons Trust. (n.d.). Contextualised care. RCVS Knowledge. <https://knowledge.rcvs.org.uk/evidence-based-veterinary-medicine/contextualised-care/>
19. The Humane Society Veterinary Medical Alliance. (n.d.). *Guiding Principles to Ensure Access to Veterinary Care*. https://www.hsvma.org/guiding_principles_to_ensure_access_to_veterinary_care
20. Varnhagen, C. (2023, July). It's Not Black or White and Certainly Not Gold: Contextualized Veterinary Care. *Alberta Veterinary Medical Association*. https://abvma.in1touch.org/document/6137/391322_ABVMA_Magazine_JulyAugust_23_Web%20Addendum.pdf