

thérapeutiques des problèmes fréquents et pourraient ainsi orienter leurs études vers des faits de pratique réels. « La honte, le ridicule et la crainte de poursuites judiciaires poussent les médecins à cacher les problèmes qu'ils pourraient corriger en se perfectionnant », et de tels profils de pratique pourraient grandement améliorer leur pratique quotidienne (2). Les auteurs recom-

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mandent donc d'élargir le concept de l'ÉP et d'y faire entrer à côté des classes traditionnelles d'ÉP, les profils de pratique individuels et la recherche immédiate de renseignements sur des questions précises se rapportant aux maladies de leurs patients. Sur ce dernier point, vous trouverez dans le numéro de mars de la

Revue des explications sur les outils informatisés de diagnostic, offerts sur le marché aux vétérinaires.

L'ÉPV affronte plusieurs défis, mais « l'instant de grâce est à notre portée » (2). Nous avons besoin de coordonner les cours et activités des facultés vétérinaires, des associations régionales et provinciales et de l'ACV. Les membres de notre profession sont disséminés, nos ressources en personnel sont limitées et nous ne pouvons nous payer le luxe de reprendre ce que d'autres font.

Grant Maxie

Références

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2. Manning PR, Petit DW, The past, present, and future of continuing medical education — achievements and opportunities, computers and recertification. J Am Med Assoc 1987; 258 : 3542-3546.



LETTERS TO THE EDITOR

LETTRES À LA RÉDACTION

Animal Health Week must stay

Dear Sir:

I am writing to you regarding National Animal Health Week and its future. I feel that using the number of orders for materials for AHW as a gauge of the participation of veterinarians and the success of AHW is not a good choice. I am sure some veterinarians will not order any materials but will still be promoting Animal Health Week in different ways.

I practised for 2 years in Abbotsford and I am practising in Chilliwack and have seen that the veterinarians in both areas have put a tremendous amount of energy into assuring that AHW is a success. I am sure that many other areas are the same. It is a valuable public relations tool for our profession and the rewards will take many years to show themselves. The media has been advocating no smoking and no drinking when driving for the past 15 years or so and we are now seeing the effects of this in our present day society. Being that we are such a small profession with limited resources it is going to take longer for us to have an effect on the attitudes and values of the public but we *must* try. We cannot sit back, bury our heads in the sand and do nothing to promote the value of animals in our society and the importance of our profession. At present our future looks bleak. Our present image is mediocre in the view of the public and the present status of animals is low.

I strongly believe that to improve the status of animals and veterinarians in the future we must increase the public's awareness of animal issues and

hope that they see fit to improve the status of animals in the eyes of the law and in their own backyard.

As a profession we must be dedicated to AHW for many years to come. It's very, very important.

Yours sincerely,

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Misuse of xylazine

Rozovsky, in the June CVJ (1) has described the three legal threats that a veterinarian could face. All three might be brought to bear in cases where drugs, even if they are not under the Narcotic Control Act, are unwisely prescribed.

A recent call from a farmer has prompted me to indicate some of the risks involved with the use of the immobilizing agent xylazine (e.g. Rompun Haver-Lockhart, Etobicoke, Ont). The farmer called because he had failed to sedate a bull elk for antler removal. It turned out that he had used half the recommended dose. He had done this on the advice of another farmer who had little experience with the drug. Furthermore it turned out that he had obtained his supply of Rompun from a third farmer. There are instances of non-veterinary individuals who own darting guns and

make a practice of catching runaway stock, using xylazine as the immobilizing agent.

There have been four "incidents", or accidents to humans, related to the misuse of xylazine that should be recorded both for the veterinarians that prescribe this drug and for all that use it. While four seems on the surface to be a very small number, they almost certainly represent only the tip of a large iceberg. Most such accidents never reach the ears of anyone else. It is impossible to say what proportion of the true number they represent, but like an iceberg the surface is a deceptively small representation of the whole. This is not surprising as a mixture of embarrassment and fear seem to prevent the reporting of these accidents.

The first point to make is that this drug is controlled under schedule 1 part 1 of the federal Food & Drug Act. As such it may only be used on animals "under the direct supervision of a licensed veterinarian". If anything untoward occurs to a farmer who has the drug in his possession and is using it when the veterinarian is not present then it is **the veterinarian who is liable and may lose the license to practice.**

The incidents to which I refer have involved injection, ingestion and oral absorption of the drug. Only one has been recorded in the scientific literature. It is evident that the drug can be effective through mucous membranes as well as by injection. Xylazine is not used in human medicine, so it is difficult to be certain what effects it will have on anyone exposed to the drug. It is impossible to accurately predict what amount of xylazine will have any effect upon a human. The incidents outlined below merely give us some idea of a dose, and confirm that the effects in people are somewhat similar to those observed in animals.

High Dose

Case 1. In Ontario an individual is reported to have self-administered an injection of xylazine. The dose is not known, but thought to be about 10 mL of the large animal compound. When he was found he had completely collapsed. By the time he reached hospital he had stopped breathing. He remained on a respirator for 60 hours before recovering (1). Apparently this was not the only time that he had tried the drug, both as a sleeping aid and even for a suicide attempt.

Small dose

Case 2. In Western Canada a farmer inadvertently placed a needle cover in his mouth. The needle cover had been on a dart that had misfired. Presumably some of the drug had leaked into the plastic cover. He has extensive clinical experience and described to me the symptoms. Within minutes he felt "woozy". His face went numb and began to feel heavy. He says it felt just like the effect of "G" forces when flying a jet plane. His legs and arms began to feel heavy. As he lost control of his limbs he asked if anyone in the room knew how to carry out CPR. Even when he was down on the floor he was aware of conversations, but quite unable to take part or move. An individual in the party had the presence of mind to get him to a local hospital. As he was moved to the truck he was able to talk again and began to brighten up. He soon felt

drowsy again as the truck moved along. In hospital he spent 24 hours under observation before fully recovering.

Case 3. A veterinarian in the USA accidentally self-administered a small dose subcutaneously when a horse reared and hit him. He soon became very sleepy and was taken to hospital by the owner of the horse. He spent 24 hours under observation.

Minute dose

Case 4. Another case in the USA involved a situation in which an elk was sedated with xylazine before being slaughtered for a feast. Two people at the feast suffered effects. It is thought that both of these people ate cuts of the roast taken from the leg where the injection had been given. Apparently one of these people was somewhat "hyper" for several hours. The other also had peculiar sensations for several hours after the feed and the next day drove over 100 km. and then fell asleep at a job interview!

Behavioral toxicity

One feature of cases 1 & 2 was that in neither instance was there any appreciable slowing of the heart rate or decline in blood pressure. In this the cases differed from the usual course of events in other animals and from reported effects of this drug when it was being tested for possible use in humans. Case 4 illustrates what may be the single greatest risk associated with accidental exposure to this drug; both patients were unaware that they had been drugged. Their bizarre behavior was typical of what has been called "behavioral toxicity" which can lead to all sorts of unpleasant consequences, especially when vehicle driving is involved.

If you plan to use xylazine, and indeed some of the other drugs used in animal restraint, it is certainly worth informing your nearest medical center of what you are doing. As doctors do not have this drug in their armamentarium they have no experience with it. Even calls to poison centers have proved to be quite fruitless. There is virtually no information available.

The issue is of course much wider than merely the misuse of xylazine. Another class of drugs with abuse potential would be prostaglandins — even if they are not effective abortifacients in women. It is up to the provincial bodies to decide what truly qualifies as "under the direct supervision of a veterinarian". In my opinion handing out xylazine in a barely supervised situation is at least foolhardy, if not unprofessional.

References

1. Rozovsky LE. Professional discipline and the veterinarian's rights. *Can Vet J.* 1988; 29: 532-534.
2. Carruthers SG, Nelson M, Stiller CR and HR. Xylazine Hydrochloride (Rompun) overdose in man. *Clinical Toxicology.* 1979; 15(3): 281-285.

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