acting indirectly with a client in failing to report suspected abuse.

The federal proposals contained in the Bill remove the requirement of the Crown Attorney to prove that the abusive conduct of the accused was intended to cause harm to the animal. Even within the context of an accepted activity, abuse can still occur. For example, the failure of the practitioner to properly administer an anesthetic may result in criminal prosecution for cruelty. Others in the clinic may, out of anger or otherwise, strike out at or kick an animal while in possession of the veterinary hospital, which could result in charges being laid.

In addition, the importance of the new role as "health care professional" for veterinarians carries with it the potential risk of exposure to prosecution for the failure to report abuse. As the proposed offence does not require evidence of intention, then the attending veterinarian treating an animal for injuries sustained as a result of suspected abuse may be obstructing justice if he or she fails to report such suspicions to the police (15).

The veterinary community must thoughtfully consider all of these issues in order to avoid being charged with animal abuse under the proposed criminal law amendments.

Conclusion

The proposed changes to the criminal law relating to animal abuse in Canada may have a profound impact on the veterinary profession; not only in its perceived role in society but for the exposure to prosecution that individual veterinarians may have. If the veterinarian's status has been altered to be included with other "health care professionals," the prudent practitioner will be aware that such elevated status is attended with increased legal obligations as a reflection of society's expectations. The veterinary profession in Canada must thoughtfully

consider these issues and participate actively in the current social debate.

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CORRECTION

Ligature slippage during standing laparoscopic ovariectomy in a mare

Dwayne H. Rodgerson, R. Reid Hanson

Can Vet J 2000; 41: 395-397

Due to a production error, the wrong photo was published as part of the article listed above. The correct Figure 1 and its legend are reprinted here. The editorial staff of the CVJ apologizes to the authors and to the readers for any inconvenience caused by this error. CVJ eds.

Figure 1. The right ovary has been completely transected from its mesovarium and is held with laparoscopic forceps (F) in the background. This allows easier identification and coagulation of the hemorrhaging vessels in the mesovarium.

