
STUDENT—FACULTY

Class of 1983

Dave and **Sandy Baum** announced the birth of their son, **Ryan**, March 30, 1983.

Duane and **Inge Lerdal** became the proud parents of a baby son, **Erik**, March 28, 1983.

Robert and **Penny Kadlec** are the parents of a son, **Richard**, born on March 29, 1983.

Lisa Nelson will marry **Rick Yoder** on June 4, 1983.

Sarah Garst announced the birth of her son, **Reuben**, March 13, 1983.

Class of 1986

Phyllis and **Tim Leidall** became the proud parents of a baby girl, **Michelle**, December 4, 1982.

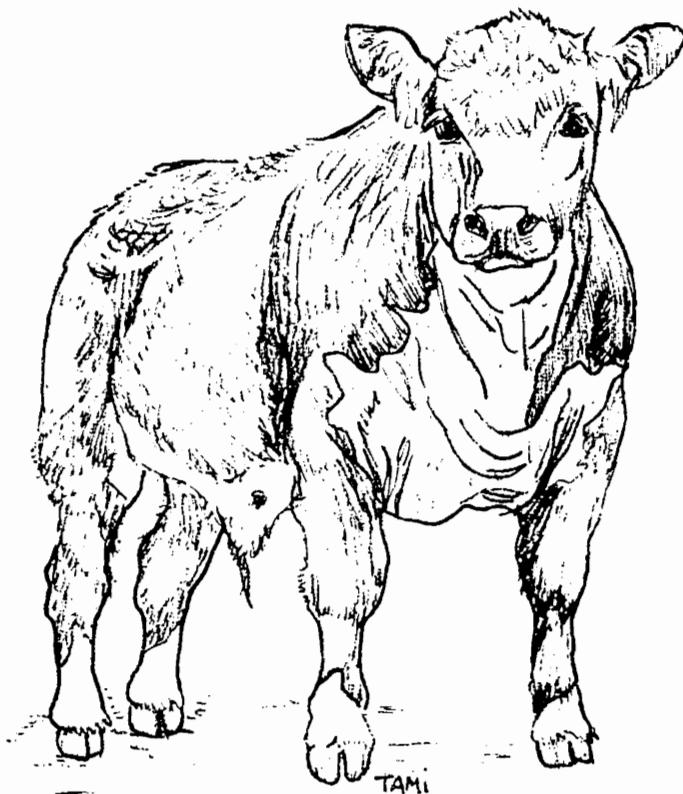
In Memoriam

We are saddened to learn of the following deaths:

Dr. Allan Miesner (Class of 1977): auto accident on November 13, 1982.

Sean E. Kaliher (Class of 1985): accident on April 9, 1983.

Mark R. Main (Class of 1985): accident on April 9, 1983.



Junior Pharmaceutical Trip

by Ronald M. Kelpé*

Following a long week of final examinations ("mental gymnastics") and a full night of celebration at a favorite local establishment, the Class of '84 embarked on "The Drug Trip." Our 12 hour journey to Kalamazoo, Michigan, started at 6 a.m. on December 16, 1982. Also on board the bus were a few spouses, *Chivas Regal*, and Drs. Richard Riese and Alan Conley from the Department of Theriogenology.

The Upjohn Company spared no expense during our two day stay. Upon arrival, we were treated to a dinner at the Sheridan Hotel. Later, some took advantage of free movie passes, while others opted to enjoy the night life of Kalamazoo.

Morning came much too early for most of us. Following breakfast at the hotel, the group

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was bused to the Upjohn facilities. A discussion of Upjohn's current veterinary-related research and development programs was followed by donuts, rolls and much needed coffee. We then toured some of the animal research barns where the pharmaceuticals are tested. In the afternoon, an Upjohn orientation/ history presentation was followed by an impressive look at Upjohn's massive production plant. Interspersed among the tours was food, food, and more food.

Back at the Sheridan, a steak banquet was prepared in our honor, once again courtesy of Upjohn. The evening was completed with drinks, dancing, and a repeated rendition of "Sun Spot Baby." The return and recovery from the trip were uneventful.

Special thanks to the Upjohn Co. for a well-planned and enjoyable visit.



A Case Study in Veterinary Ethics

Cases with ethical implications, such as the one below from the 8th symposium on Veterinary Medical Education, will be presented by ISU clinicians at noon discussions sponsored by the Vet Ethics/Animal Welfare Interest Group.

A four-year-old male laborador was hit by a car and presented to you. Physical examination reveals that the dog has a fractured left femur and pulmonary contusions. The dog is stabilized and surgery is performed. The fracture is reduced by intramedullary pinning.

Six weeks later, the bone has not healed and is considered a non-union. The owner is upset and takes the dog to another veterinarian. He/she refers the dog to a veterinary orthopedic surgeon whose clinic is located just 5 miles from your practice. The orthopedic surgeon repairs the leg by using a bone plate, and it heals uneventfully.

The owner decides to sue you because you did not inform her that an orthopedic specialist had a nearby clinic and could have performed the original surgery.

ETHICAL ANALYSIS

This case illustrates the importance of and relevance to the veterinary profession of the ethic of getting an adequately informed consent from the client before executing medical procedures.

Getting informed consent involves explaining the basic alternatives for dealing with the problem; what they consist of; how much they cost; what risks and benefits may be expected from each; any discomforts, deformities or disabilities that might be expected for the patient, etc. It further involves allowing the client to choose which alternative is to be pursued and paid for, instead of presenting only one option.

Veterinarians who are routinely introduced to the principle of informed voluntary consent as a part of their professional training will hopefully form the habit of explaining the options to their clients. This will better enable them to avoid the hassle and expense of such law suits, as well as to have superior ethical relations with their clients.

Following the ethic of informed voluntary consent requires that clinicians spend a little more time communicating with their clients than they might otherwise want to spend. The neglected option could have been presented in this case in less than five minutes, and the rewards for both parties would have been great.





