

Feedlot Session

Dr. Al Edwards, *Presiding*

Preventive Medicine Concepts

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Background

Veterinary medicine has seen many changes in the demands for service and in the capability of our profession to respond to these requests in this century. Today we speak often of "Herd Health" or "Preventive Medicine" practice philosophy in attempts to sell our services. To some this appears to be a new trend in practice; probably this is not so, as it is actually a return to some of the services that were provide in the 1940's and 1950's. The system was different then as our appearance on the farms was prompted by the need to perform routine immunization and surgery, for example, hog cholera vaccination. With this frequent exposure to the herd on the farm, veterinarians were in a position to share information we might today consider consultation. The trend away from this type of business arrangement began, for swine, in the 60's, when hog cholera eradication became a reality. With intensification and specialization of swine production there was little need for routine immunization and surgical procedures and the veterinarian became less and less involved with herd operations. In beef cattle production, this same trend has developed in recent years with less need for routine service leading to increasingly infrequent on-farm association of veterinarians with the herds. Preventive medicine requires familiarity with herds gained only by attending animals on the farm.

In swine practice a dramatic increase in demand for veterinary service has occurred in recent years. Information, guidance and advice are the services most in demand, not physical involvement in primary care. Such a trend may be developing in bovine medicine as well as it has, to a certain extent, existed in dairy practice for years. The peculiarity of dairy practice lies in the intense amount of primary care still needed, yet there is acceptance in the dairy industry of preventive medicine services on a fee basis as well. In preventive medicine efforts, a veterinarian serves producers

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as the link to technology and information and as an assessor of production. From this service the hope is to avoid foreseeable negative influences on production.

Preventive Medicine

"Holistic" medicine, in human medical practice, is perhaps the concept we wish to embrace in attempts to define preventive medicine for veterinary patients. Knowledge of nutrition, environment, genetics and disease is taken into consideration and evaluated. Possible changes for the long term well being of the patient are considered and decisions made on a course of action. In veterinary medicine the information required is the same but possible action must be within the constraints of economic merit.

Capabilities and compatibility of the people involved determine the existence and success of a veterinary/producer partnership in preventive medicine practice. Producers must be able to document production records, communicate their goals and desires and be capable of implementing change. The veterinarian must be soundly versed in medicine and have a working knowledge of production systems and economics as well as be able to communicate, in writing, the dialogue and summaries of the preventive medicine efforts.

Approach

1) "You must attend!" *James Herriot*

All programs have as their base regular on-farm visits to assess the herd, evaluate performance and, most important, to discuss and plan the next steps and review the last ones. In swine practice, preventive medicine schemes usually rely on monthly or twice-monthly farm visits. Arm chair experts are nearly valueless in this effort.

2) Records defining biologic performance must be established and maintained. This is a dual responsibility of producer and veterinarian.

3) Written communication, the veterinarian's responsi-

bility, is the diary and record of the scheme. Factual, prompt and concise, this is the commitment that binds a program together.

4) Objective assessment must be accomplished whenever possible through records, postmortems, laboratory documentation, slaughter examinations and physical examination. Correlated with production, this information sets the base for improvement. A diagnosis must be a matter of fact, not a matter of opinion.

Economics

Many think of a preventive medicine program as an endless list and schedule of immunizations, medications and procedures. This is not so. Prevention, in economic terms, means limiting product and procedures to the minimum required to achieve the most economically efficient production. It may be in this area that the greatest pitfall exists for veterinarians as it may be hard to avoid conflict of interest. The sale of medication, feed premix and vaccines does not necessarily conflict with unbiased, objective evaluation of production. Without scrupulous care and careful communication, however, greed on the part of either party ruins all efforts towards objectivity.

Veterinary costs are most easily understood if a subdivision is made.

1) Direct veterinary costs include travel, time, diagnostic services, laboratory fees, surgery and communication.

2) Indirect medical costs include medicines and supplies. This cost should depend on need, source and price of product and not be tied unconditionally to direct veterinary fees.

The Future

Sophistication in livestock production and in veterinary medicine will become an accepted part of most production operations. The scope of veterinary training and experience is inadequate to deal with nutrition, economics, genetics and environment and it is a part of preventive medicine efforts to assist in production decisions. Both the veterinarian and the producer need to accept and utilize specialists in the fields of genetics, nutrition, environment and economics. The country veterinarian isn't the only source of production counseling anymore. Referral to authority is difficult at first but strengthens preventive medicine programs.

Within the veterinary profession itself, many changes will take place. The data base available for production decisions regarding health is, today, lacking. Epidemiology as a science has led to the understanding of population health in people and will become the backbone of veterinary preventive medicine as well. We await trained professionals in the area and acceptance of epidemiology as a tool to improve food and fiber production. Veterinary education will, of necessity, also provide post doctoral training to equip veterinarians for the role of advisor.

The strength of food animal medicine is the adaptability of its member veterinarians. Eagerness for education and the desire to improve performance goes beyond the goal of economic security. By communicating as we do through AABP, AASP and AS&GP we establish the base of veterinary food animal practice. Preventive medicine programs will continue to develop in our practices and on the farms and, as long as we communicate, will remain the province and ability of our profession.