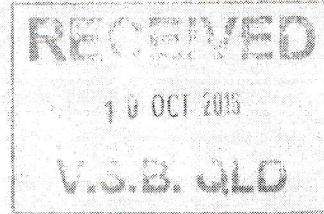


September 2016

Dear Ms Wright,



Submission response for Notice of Complaint

Thank you for the opportunity to submit a response to the complaint raised by Maria Kuljanic.

After reading the submission complaint form as submitted by Ms Kuljanic, the concerns raised appear to be summarised by the specific issues as listed in Part D of the submission:

- failure to provide correct advice in relation to nutrition in cats
- prescribing the incorrect diet to cats with diabetes
- failure to offer an alternative option of feeding the raw diet that vet prescribed and sold commercial food diet

Response to the specific issues as indicated above:

At the time of the consultation and advice in question, based on peer reviewed, evidence based medicine, the recommended diets for diabetic cats were (and still are) low carbohydrate, high protein diets, including the Hills Prescription diet m/d and Purina DM [Rand & Marshall, 2005; Behrend, 2015]. As Purina DM was not available in Australia at that time, the Hills product was recommended. As detailed in the International Society of Feline Medicine Consensus Guidelines, published in 2015, the wet preparations are recommended over the dry [Sparkes et al. 2015], in keeping with my recommendations to Ms Kuljanic. The dry food suggestion, in keeping with the peer-reviewed literature [Sparkes et al. 2015], was offered as an option (not a sole diet), when it was evidenced that Princess was not eating the wet food and was continuing to lose weight.

There was and is no peer reviewed, evidence based medicine research that advocates feeding a raw food diet to diabetic cats. Additionally, the American Veterinary Medicine Association [AVMA Executive Board, 2012] and the American Animal Hospital Association [American Animal Hospital Association, 2011] discourage the feeding of raw or unprocessed meat, eggs and milk to cats and dogs, due to the increased risk of infection in the pet and in the people exposed to them, especially elderly people (Ms Kuljanic had indicated that Princess lived with her elderly mother during the initial consultation). These reasons listed above are the reason a raw food diet was not specifically advocated for Princess at the time of the initial consultation, nor during her 3-day hospitalisation at Veterinary Specialist Services.

Response to comments within "The Record of Conversations"

During my conversations with Ms Kuljanic, her overwhelming concerns at the time were that Princess would not eat the wet m/d, and that she continued to lose weight despite being a poorly controlled diabetic. My conversations, including comments on "feeding anything", "recommending dry food", "she can

put on a little weight" were in direct response to her concerns that Princess was losing weight and not eating and she expressed significant concern regarding a hypoglycemic event. They were only ever considered to be short-term options to attempt to get her stable and try to reduce Ms Kuljanic's anxiety surrounding the weight loss and hypoglycemic episodes.

Please let me know if you require any further information from me or from Veterinary Specialist Services.

Kindest regards,

Danielle
BVSc (Hon) FANZCVS
Small Animal Medicine Specialist

References

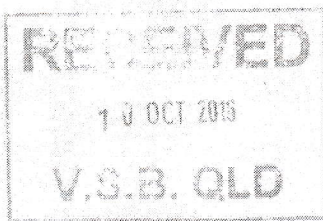
American Animal Hospital Association, 2011. *AAHA Position statement: raw protein diet*. Retrieved from https://www.aaha.org/professional/resources/raw_protein_diet.aspx#gsc.tab=0

AVMA Executive Board, 2012. *Policy on raw or undercooked animal-source protein in cat and dog diets*. Retrieved from https://www.avma.org/About/Governance/Documents/2012S_Resolution5_raw_food.pdf

Behrent, E. N. (2015, 1 September). The top 3 ways you can make life easier for the owners of diabetic pets. *Firstline: Essentials: Diabetes*. Retrieved from <http://www.dvm360.com/diabetesessentials>

Rand, J. S., & Marshall, R. D. (2005). Diabetes mellitus in cats. *Veterinary Clinics of North America*, 35, 211-224.

Zoran, D. L., & Rand, J. S. (2013). The role of diet in the prevention and management of feline diabetes. *Veterinary Clinics of North America, Small Animal Practice*, 43, 233-243.



Response to additional comments

In Response to Veterinary Specialist Services, Couper Geysen Family and Animal Law document

Heading: Veterinary Specialist Services Springwood (VSS)

The dot points which directly address my consultation with Ms Kuljanic or the time that Princess was hospitalised at VSS have been addressed below. They are numbered in the order they appear in the document.

Dot point 10 – Periodontal disease is a progressive condition and the fact it was diagnosed on the 11th August 2015, 14 months after our last physical visit with Princess does not mean it was present at the time of the initial consultation. Ms Kuljanic did not present Princess to Veterinary Specialist Services on the 12th June 2014 and thus a physical examination was not undertaken. On her subsequent visit to VSS on the 16th June 2014, it is noted in the record that a physical examination was difficult due to the fractious nature of the patient. Additionally, Ms Kuljanic was informed of the limited handling that we would do with Princess due to our desire to minimise the stress she experienced while in hospital to help improve the reliability of the glucose curve, given the feline propensity to stress hyperglycaemia [Rand et al. 2002]. Of note, peer reviewed research has shown that cats fed a raw food diet was not protective against periodontal disease in cats, with them still have a high incidence of periodontal disease [Clarke & Cameron 1998; Verstraete et al. 1996].

Dot point 11 – The human grade hospital monitor (continuous interstitial glucose monitor) is charged as a once off fee of \$320.25+GST (total \$352.27), not \$400/day as stated in the legal document (see “Summary of Invoices for Maria Kuljanic document, page 1).

Dot point 12 – The clinical record shows that Princess was taken to a consultation room multiple times a day to eat. In an email received later from Ms Kuljanic (dated 23 June, 2014, page 10, AI consultation record for Princess Kuljanic) she states that Princess was no longer eating the Hills m/d food, indicating also that she did voluntarily eat Hills m/d during her time in hospital at VSS and that Ms Kuljanic was aware of this. If she was fed by hand this in no way indicates she was “force fed” as the hand feeding is considered a gentle way to encourage cats to eat when they are in a different environment.

Dot point 15 – The clinical record and Ms Kuljanic’s “Conversations with VSS” record show that Ms Kuljanic attended 2 subsequent 1 hour consultations with Dr Danielle Bowles, over the subsequent 2-3 months, with the last consultation being dated 29 August, 2014.

Dot point 18 – Every vet during the 2014-2015 year recommended Hills m/d diet because at the that time, it was (and still is) a recommended commercial diet as detailed in the Submission document “Response to Complaint”.

Response to additional comments

Dot point 20 – As detailed in the Submission document “Response to Complaint”, there is no peer reviewed scientific evidence that a raw food diet is the recommended diet for diabetic cats and this would be the reason none of the approximately 20 veterinarians consulted recommended a raw food diet for Princess.

Dot point 23 – Insulin resistance, its contribution to the type II diabetes of cats, and the reasons for it (including feline obesity, acromegaly, infections, etc.) was discussed at length and specifically in the initial consultation with Ms Kuljanic. Diagnostic tests were recommended to rule out the major contributors to insulin resistance and perpetuation of diabetes but were declined at the time apart from a urine culture. It is interesting to note that Ms Kuljanic was very focussed on Princess’s weight loss during the time Princess was under the care of VSS and wanted her to gain weight, despite her numerous comments that obesity was the cause of her diabetes. It was also discussed that the weight loss was possibly also related to her poorly controlled diabetes, rather than the amount she was/wasn’t eating and that improving her glycaemic control would aid in stabilising her weight.

Dot point 25 – VSS stocks Hills products for inpatients however it is not the only food we have available for patients. VSS also stock Royal Canin and Felix as well as food prepared in the hospital. The VSS policy is that we are happy to feed any reasonable diet that a client requests while the patient is in the hospital, provided it is in the best interest of the patient. Hills m/d was recommended as the commercial food for Princess because it was the only commercial feline diabetes food available in Australia at the time.

Dot point 26 – The statement “eventually” is erroneous. As documented in the clinical record, there are multiple references in the communication with Ms Kuljanic, including the initial consultation, where I suggested she feed anything in addition to the m/d to improve its palatability to help stabilise Princess’s weight if she was not eating sufficient Hills m/d, as a temporary measure (Email conversation dated 17 June 2014, page 7, AI consultation record document). Of note, the website provided by Ms Kuljanic as evidence towards a raw food diet [Pierson, 2014] states “I would much rather see a cat eat *any* canned food verses *any* dry food – regardless of the quality level of the canned or dry food” and “try not to drive yourself nuts when picking out a canned cat food....so just do the best you can” and “I would much rather see a cat eating an all-by-product canned food than any dry food. This is because even the cheaper canned foods have the ‘big three covered’, high in water, *usually* low in carbohydrates, the protein is from animals not plants”, correlates very closely to my recommendations for Princess.

Response to additional comments

Dot point 30 – During all of the communication with Ms Kuljanic, I recommended she feed AAFCO standard feline food to Princess. A raw food diet was not recommended for the aforementioned reasons.

Dot point 31 – The internet sites provided within this evidence are personal opinion websites and are not referenced, therefore provide only opinion, which is a low level of evidence for evidence-based medicine [Gostelow et al. 2014, Table 1, p 213]. Of note, Dr Tom Lonsdale's website is <http://www.rawmeatybones.com>. The website hyperlink provided within the evidence document does not exist (<http://www.rawmeatybones.com.au>).

Dot point 35 – It is noted that at the time of the consultations in question, Princess weighed 5.82kg (as noted in the clinical record, AI consultation record document, page 5). At this weight Ms Kuljanic was "very concerned" and stated that she "felt 5.82kg could lead to a loss of energy" (Email conversation, dated 17 June 2014, page 6).

Dot point 36/37– As described in depth to Ms Kuljanic in the initial consultation, cats that do not enter remission in the first 6 months of treatment are unlikely to enter remission [Gostelow et al., 2014]. Additionally, the aim of insulin treatment is to achieve a stable insulin dose and not continue to increase it and the majority of cats do eventually achieve this. A systematic review published after the last consultation with Ms Kuljanic [Gostelow et al. 2014], the highest level of evidence available [Gostelow et al. 2014, Table 1, p213], showed that there was no single diagnostic test, or cat characteristic, including diet type (low carbohydrate, ultra-low carbohydrate (<7% carbohydrates)) that could reliably predict remission. They do state that achieving tight glycaemic control (something that greatly concerned Ms Kuljanic due to the risk of hypoglycaemia, (Email communication, AI consultation record, p 12, and my response p 11)) is likely a factor in achieving remission. They concluded that "diabetic remission can occur with a variety of treatment protocols in cats" [Gostelow, et al. 2014, p220].

References

- Clarke, D. E., & Cameron, A. (1998). Relationship between diet, dental calculus and periodontal disease in domestic and feral cats in Australia. *Australian Veterinary Journal*. Vol 76, no 10, pp. 690-693.
- Gostelow, R., Forcada, Y., Graves, T., Church, D., & Niessen, S. (2014). Systematic review of feline diabetic remission: separating fact from opinion. *The Veterinary Journal*, vol 202, no. 2, pp. 208-221.
- Pierson, L. A. (2014). *Feeding your cat: know the basics of Feline nutrition*. Retrieved from <http://catinfo.org/>

Response to additional comments

Rand, J. S., Kinnaird, E., Baglioni, A., Blackshaw, J., & Priest, J. (2002). Acute stress hyperglycaemia in cats is associated with struggling and increase in concentrations of lactate and norepinephrine. *Journal of Veterinary Internal Medicine*, vol 16, no. 2, pp. 123-132.

Verstraete, F. J. M., van Aarde, R. J., Nieuwoudt, B. A., Mauer, E., & Kass, P. H. (1996). The dental pathology of feral cats on Marion Island, Part II: Periodontitis, external odontoclastic resorptive lesions and mandibular thickening. *Journal of Comparative Pathology*, vol 115, pp. 283-297.