Hot Topics in Avian Practice

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1. Importation and Potentials of New Species Introduction to the Environment

Homo sapiens has done more to muck up the environment than all the other species combined. We go to the moon and leave our garbage. We put our garbage in landfills creating a banquet for Western gulls which thrive and multiply, and then decimate colonies of other shore and sea birds. We introduce aberrant species of plant and animal life without thinking - and then have to face the consequences. Pampas grass was introduced to the United States as an ornamental and now is a pest requiring heavy earth moving equipment to dig out the 5-25 foot diameter clumps of this tenacious plant. The mongoose and rat in Hawaii have decimated many species of birds.

In 1890 two hundred European starlings were used for a production of Shakespeare's "A Midsummer Night's Dream" in Central Park in New York. At the end of the production the birds were set free. There are now in excess of two hundred million starlings in the United States. They are a pest species and have in many areas replaced many of the native American birds. I need not remind my Australian brothers and sisters of the European rabbit or the cane toad and their impact on Australia. I know there is a desire to import a variety of avian species for avicultural endeavors. Can we be sure that this will not result in an "Australian starling"? Can safeguards be developed if active importation occurs?

2. Exportation of Native Species

There is an irony in the fact that the United States has laws to protect all species of native birds but, except for CITES-listed species, allows citizens of the United States to import and possess other nations' birds - species that sell for thousands of dollars in the United States may be considered a pest elsewhere. I find this to be an ethical dilemma. I admit to having a bias. I am an active avian practitioner who would

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prefer to see birds only through a pair of binoculars or telephoto lens. If a native species is an agricultural pest we need to determine what dynamics created the problem and find other solutions than slaughter or export.

3. Our Responsibility as Societal Leaders and Educators

Health care providers are first and foremost educators. Secondly we are facilitators of decision making on the part of our clients. Occasionally we have a positive influence on the course of a disease or pathological process. The physician has a license to practice on only one species. We as veterinarians have all the others. We are the gentle doctors, healers, shamen and, foremost, stewards. This comes with our license to practice. We must do more than just consider cash flow. If we, the well trained caretakers of the living world, do not speak out and set an example, who will? For each patient we see, we also see 1.8 people. We see more people per patient visit than any other health care professional. We need to take advantage of this captive audience. We also need to visit schools and talk to children's classes about stewardship. Like the Catholic Church, we must "catch them while they are young". We need to talk to adult groups, service clubs, and the like. By word and act we need to set an example, demonstrate a reverence for life, show respect for all life forms and take ethical stands on issues involving the keeping of animals, birds, and other life forms.

4. Second Opinions, the Ethical Issues

"Reckless words pierce like a sword, but the tongue of the wise brings healing." Proverbs 12:18

Clients often come to us for second opinions. They may be referred by a colleague or come of their own volition. In either case it is most appropriate to obtain copies of records from each and every veterinarian who has seen the patient prior to the consultation as well as copies of all laboratory tests and radiographs. It would also be wise to telephone and discuss the case with previously involved colleagues. All this information is invaluable in assessing the case and developing a diagnostic and treatment plan. Diplomacy is vital in these cases. Clients often ask why did Doctor X not do or see what you do. "I can only evaluate the patient as I see it now. I did not see it then and was not present, so I cannot comment on the matter" is an appropriate response. Clients often want you to add fuel to their fire. This must be avoided at all costs. Your job in giving a second opinion is to assess the patient and presenting problem, using all the material available and your skill and experience. Remember, "When you only speak well of people, you need not whisper". A follow up phone call or report to the previous practitioner(s) is appropriate.

5. **Working with Wildlife - How and Why**

People often bring us injured and debilitated wildlife for care. The end of the Twentieth Century has seen a development of organized rehabilitation centers for wildlife. Working with them has proven to be most valuable for a number of reasons. Just as the physician in past times spent part of each month at "charity clinics" seeing cases they would not normally see in private practice, wildlife care allows us to hone our skills for our fee for service clients. It creates good will in the eyes of the public and is a priceless advertisement for the profession. It is also good "mental health medicine". There is questionable value from a biological point of view in rehabilitating wildlife unless the individual creature is an endangered species. To be of biological value, the creature must be releasable, functional and complete at least one reproductive cycle. It was said in the nineteen seventies by a biologist working with the California condor, "The reason for saving condors is not so much that we need condors, but in learning to save condors man may learn to save himself".

6. **Specialists, Experts, and Board Certified Practitioners**

One of my pet peeves is our sloppy use of language. We wonder why the public seems ignorant and lacks understanding of our training, skills, and professional standings. We shoot ourselves in the foot. Some of us have done advanced study and completed work and passed examinations qualifying us as being board certified. One of my closest friends, upon passing the boards, said to me, "It does not make me a specialist or expert. It did teach me how much I do not know."

Some of us have special interests in various aspects of patient evaluation and care. We have spent much time in this particular area and studied and practiced and developed skills to this end. We do have special interests, we are not specialists. Some of us have expertise in areas of medicine, surgery, and the like. This does not make us experts. An expert is someone with a carousel of slides more than 50 miles from home. Let us use the jargon correctly and educate our clients. "I am referring you to a board certified colleague for a second opinion." "I would like you to see my colleague who has a special interest in these types of cases or has expertise in these matters." And, finally, we take radiographs, not X-rays!

English is a wonderful language - let's use it properly.