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"Can't You Do Anything Right?"

The Shocking Realization That I Was Not Perfect

My father likes to introduce me as the vet who put the parrot's leg on backwards.

Having invested so much emotional and financial capital in my education, I am perplexed that my parents should find amusement in this embarrassing moment of my budding veterinary career. Surely they should inform their friends of my years of training, or all the letters following my name, or my position as a professor of surgery. But I am doomed to being defined in my family's eyes by one small yet highly visible complication (I think there were extenuating circumstances, but you can make up your own mind later).

Having evolved from a childhood dream of palaeontology (which lost its appeal once I realized dinosaurs and humans never cohabited the planet), I cycled through visions of African exploration to becoming a marine scientist, a forensic pathologist and – finally – a jet-setting equine veterinarian (Figure 1.1). Veterinary science would suit me, I decided. I preferred animals to people: people were too focused on themselves, they held silly ideas and misconceptions, and they complained too much. Ironic then, that the first harsh criticism of my career came directly from one of my animal patients.

Mrs. Sofel was a long-term client of the small animal practice that employed me immediately after graduation. She was probably only in her mid-sixties but looked about a hundred to a young veterinarian fresh out of university. Our relationship did not get off to a particularly good start, as she took one look at me when I entered the consulting room and wanted to know what I had "done with Dr. Davidson."

"Dr. Davidson is on holiday for 2 weeks," I replied.

"Well, I suppose you'll just have to do, then," she sniffed. She usually came in trailing a Cushingoid Maltese with more warts than teeth, but this time she swung a large birdcage onto the examination table. I realized her frail appearance belied great strength; a conclusion that did little to sooth my new-graduate nerves. The birdcage contained a huge, sulphur-crested cockatoo.

"Oscar has a lump," said Mrs. Sofel.

For a moment, I was speechless; not because Oscar was a bird, or because his beak resembled a large pair of garden shears, but because he was almost completely bald. I quickly diagnosed him as suffering from beak and feather disease. Actually, it was just about the only disease I could remember from my avian medicine lectures at that particular moment. I stared at Oscar, who stared back; his beady black eye encircled by leathery grey skin. He looked little like a bird, and much more like some form of mutant dinosaur. The effect was complete when he raised the lone yellow feather on the crest of his head, and screeched. I practically hit the ceiling.

"It needs to be removed," Mrs. Sofel announced.

My heart already pounding, I was further horrified to realize she was talking not about the single head feather which had so captured my attention, but about a large, egg-shaped mass protruding from Oscar's rump.

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Figure 1.1 A young "Dr. Hunt," quite obviously destined to become a small animal surgeon.

My main comfort at this point was that I had so little experience I did not yet know what to be frightened of. I knew how to anesthetize birds: we had knocked out chickens in a practical class at uni and successfully woken most of them up again. And I'd had a good training in basic surgery, so I had a rough idea of how to remove lumps. I wasn't quite sure how I was going to get Oscar out the cage in order to do either of the above, but I was sure I could cross that hurdle when I came to it.

"Well, um, yes … we can do that," I said.

"When and how much?" These were the days before computerized medical records, appointment systems, or account-keeping programs, so I made a quick escape to the reception desk to find the answers. Thank goodness for Theresa, our wonderful receptionist and long-term backbone of the practice. She gave me the information I needed (I suspect she would also have been able to tell me what drugs and surgical instruments to use, had I only asked).

Mrs. Sofel and I agreed on a price, and a date when Dr. Davidson was back in clinic, and she swept Oscar's cage up and turned on her heel. But Oscar was not finished. He craned his neck to look back at me, and the crest feather slowly elevated again. I braced myself for the parting screech, but instead Oscar said in his parrot's voice (closely resembling that of an old woman), "*Can't you do anything right?*"

I stared at Mrs. Sofel, who said nothing. I had the uncanny sense that Oscar and his owner had formed a telepathic bond. Mrs. Sofel sniffed again and sailed from the waiting room, leaving me struggling for words. I suspect that particular phrase was heard frequently by those in her company, and never received a satisfactory answer.

Whatever the explanation, Oscar's question proved sadly prophetic when we masked him down two weeks later, and he promptly died. In retrospect, we should have asked Theresa to do it. She later told me that parrots "always died" when anesthetized and left me wondering how many times Dr. Davidson had proven that particular theory.

Needless to say, Mrs. Sofel blamed me for Oscar's death simply by virtue of my proximity to the saintly Dr. Davidson on the fateful day, and refused to allow me near any of her "*other* pets *ever* again." Although such banishment was a blow to my ego, it was not an entirely unwelcome outcome, all things considered.

After incubation in primary school, hatching from high school, and being "fledged" at university, I had spent 18 years in the educational nest, so to speak. Surely that rendered me capable of doing a lot of things "right," contrary to Oscar's observation? Having finally launched into my career with the tenuous belief I would become airborne, I quickly realized I had not flown from the nest so much as staggered out of it, and been fortunate enough to bounce when I hit the ground.

I am sure I was a great success at many things in my early days as a veterinarian. But for some

reason the comfort of our successes fades quickly, while our failures remain to irritate us, as surely as Oscar's diseased feathers had irritated him. At least Oscar was able to pull his feathers out. Looking back on all those mystery patients, unfathomable clients, the questions for which the textbooks provided no answer, all those mistakes I made, and all the things I had to learn the hard way, I do wonder how different my years of practice might have been if I had the knowledge then that I have now.

If only I had known!

We acquire knowledge in many different ways. We have different learning styles. We memorize things by rote, but we truly learn them when we have the chance to apply them. Our profession is a fluid mix of thinking and "doing"; very much dependent on the type of case and its unique circumstances. Some patients fit the textbook description perfectly, whereas others break all the rules. Clients have particular needs and restrictions when managing their pets, and there is always the issue of finance. Sometimes, I suspected the tides or phase of the moon dictated whether things went according to plan. Were the stars aligned? Did I wear my lucky socks to work that morning? Faced with such a complex system, there is only so much our university professors and textbooks can teach us.

Our successes involve a large portion of "seat of our pants" intuition and good luck. Scientific and evidence-based as our profession has become, we will always have to learn some things by trial and error, by simply seeing what works and what does not. Textbooks give us a definitive description, a clear way to proceed with diagnosis and treatment, and a neat explanation for cause and effect. We try to make cases fit the textbook description, or vice versa, and mentally file away inconvenient pieces of information that don't fit in the hope that the abnormalities will either go away on their own or make sense once the patient gets better, or maybe when we've got more experience. What textbooks usually don't show us, though, is the process their authors went through to evolve the crisp conclusions they share in print. They tell us about the sum total of their experience, and tend not to dwell on the cases that broke the rules.

Speaking to a group of general practitioners in rural Australia some years ago, I shared the story of a truly perplexing case. This case had no fairy tale ending, we made many mis-steps along the way, and the ultimate answer was only revealed in the postmortem room. Standing beside me in the lunchtime coffee line, one of the older vets said:

"I liked your lecture. It gave me a lot of hope."
"That's good to hear. And why was that?"
"I realized you specialists don't have all the answers, either."

I have heard this many times since; from students, junior academics and vets in practice. There is an impression that after a certain level of training, when you achieve fellowship or diplomate status, somehow you know all there is to know, and you never screw up.

It is comforting to the people reading the textbooks, and listening to the lectures, that they aren't the only ones who scratch their heads, find test results that defy explanation, draw the wrong conclusion, agonize over their treatment plan, or struggle for ideas when their plans don't work.

When I ask my colleagues in specialty practice whether they have made mistakes, most of them are quick to say, "Hell, yes!" or "My oath!" (depending on which side of the Pacific they come from). But that is not always the impression we give when we deliver our lectures or write our textbook chapters. We talk about our successes, show the best photographs, sanitize our complications, and generally present a stylized version of what can be a slow, frustrating, confusing, and sometimes downright messy process.

Unpalatable as it is to admit, our cases don't always go well. Most of us are happy to learn from someone else's mistakes, but it is particularly intimidating to confront your own mistakes honestly. Gruelling as it can be, through

my years as an academic and a teacher of veterinarians, I have reaped an ironic reward from sharing my low moments with others and thus allowing them to learn.

Of course, being a veterinarian is not just about the animals. In a perfect world, desperate clients would bring an ailing pet to us and take a healthy one home again after showering us with gratitude and admiration, and full payment of their bill. Reality, however, is not quite so Disneyesque. My experience with Mrs. Sofel was more than simply a lesson in how easily I could fall foul of others. In Mrs. Sofel, I had my first encounter with the client whose sole aim seemed to be to make my life miserable. These clients rarely had a kind word to say, and were capable of finding fault in the most benign of circumstances (Oscar's death aside, which was understandably devastating for everyone). I wondered what it was about me that caused some people to be so very difficult, and I wanted so very badly to defend myself. Couldn't they see that I was trying my best to help them and their pets? Where was the gratitude? The admiration? How dare they tell me how to treat their pet after I spent five years in veterinary school?

I stormed into the treatment room one day after being lectured on how to clip a Yorkshire Terrier's nails.

"Looks like that appointment went well," my nurse, Karen, commented wryly as I hurled the nail scissors into the sink.

"That woman is such a …," I bit my lip. My suspicions about the human race were being confirmed, but my plan of avoiding interpersonal conflict by becoming a veterinarian was rapidly unraveling. "What did I do to deserve that?"

Karen said nothing, merely tapped a photocopied page stuck to the wall above the telephone. It was titled, "Why It Is Not About You." One of the practice partners posted it after attending a management course. The gist was that when people become aggressive, it is more often about their personality, or what is happening in their lives, than a personal attack on you. It recommended taking time out to think about things from the other person's perspective, and suggested some explanations:

1) In pain
2) Fearful
3) Stressed
4) Grieving
5) Financial trouble
6) Mental illness.

When we had a difficult interaction, we would take refuge in the back room and try to work out which explanation might best fit that person. It was a great way to defuse the angst, refocus ourselves on the patient and what it needed, and alleviate the often overwhelming desire to march back out and tell our clients why they were being so totally unfair. In the years before "doctoring" and "client management" courses in vet school, these client hostilities took me by complete surprise, and this simple printout was my first introduction to the complex and fascinating science of human behavior.

Naturally, we had some clients who did not seem to fit any of the categories on the printout, and thus someone had penciled at the bottom:

7) Just plain mean
8) Absolute nutter.

As time went on, I discovered that this was only one small piece of a far more complex puzzle, and as my career took me deeper into the specialty of small animal surgery, with its milieu of emotion-charged circumstances and highly invested clients, I would face gradually escalating surgical challenges, accompanied by rich opportunities for honing my people skills.

In the following chapters I share my experiences about the "pitfalls" of small animal surgery: the things I learned the hard way, the cases that still haunt me, the clients I worked hard to "unpuzzle," and some bright successes when things went exceptionally well. And mine is not an experience confined to the ivory towers of the university, as you will hear from others who have contributed their own stories and insights to this book.