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Comments on the dilemma in the October issue: ‘Accounting for a lame cow’

Siobhan Mullan

University of Bristol

Abstract

The dilemma in the October issue concerned a farm's account which, at year end, included bills that were higher than usual. The farmer's wife asked to speak to the senior partner and find a reason for this. It was found that one case stood out: treating a pedigree embryo donor cow that had gone lame. This had had numerous examinations and treatments, and the cow had been seen by three separate vets, but was still significantly lame at year end (*IP*, October 2015, vol 37, pp 485–487). Richard Brown suggested that the senior partner should get all the relevant information on this case. A possible way forward would be to transfer the cow to a centre of excellence, eg, a university veterinary school. If this was not possible, and the senior partner decided that the practice should treat the animal, the agreed treatment plan should be acceptable from a welfare perspective. Euthanasia was an option if a treatment plan could not be decided upon. If the problem could be solved amicably, an agreed protocol should be decided with the farmer for future cases, taking welfare into account. For example, the farmer should contact the vet if an animal had been treated for 48 hours with a poor response.

It seems that the escalating bill has mainly arisen as a result of the ‘mission creep’, partly facilitated through poor continuity of attending veterinary surgeons. However, this mission creep could also have been facilitated through the apparently irrational phenomenon of commitment bias, recognised in the familiar phrase ‘throwing good money after bad’. This bias, also known as ‘escalation of commitment’, has been well studied in economic or business settings, but also for day-to-day decisions and social settings, and there are several proposed mechanisms for it. One possible explanation, to which veterinary surgeons may be particularly susceptible, is the justification of previous behaviours. By continuing to treat an animal, even after a more dispassionate view would consider it irrational, the vet, and the owner, may feel more justified in their previous actions and better able to maintain their credibility as either a competent professional or caring owner respectively. Indeed, people are more likely to escalate their commitment when they need to justify their decisions to others and when their previous decision has had a poor outcome. Perhaps surprisingly, individuals who approach problems with a more rational, less emotional or intuitive response are more susceptible to escalation of commitment as they perceive their previous decisions to be rational and valid.

Once aware of this potential bias within veterinary decision-making, it may be possible to counter it in a couple of practical ways. First, before commitment has escalated, setting treatment boundaries at the start, for example humane end-points, may be useful. Secondly,

reflecting on one's core values, self-affirmation has been shown to reduce escalation of commitment, as long as the core values reflected upon do not relate to decision-making processes themselves. This could be employed by veterinary surgeons within practices on a regular basis, and with individual clients before embarking on a case with the potential for escalation.