Is it malpractice or medical failure…? Legal analysis of veterinary errors from the perspective of veterinarians

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Summary

The paper presents the results of an analysis of theoretical aspects of errors in veterinary art and veterinary medical errors (malpractice). Definitions of fundamental phenomena, the authors' typology of errors, and subtypes and examples are presented. The legal analysis made it possible to state that veterinary error is an act (action or omission) by a veterinarian that is inconsistent with the principles of performing this profession, defined by scientific veterinary medical knowledge, by the legal provisions, and by professional ethics. Veterinary error is a deviation from the accepted standards of veterinary practice which leads to negative consequences. A veterinary medical error, often called malpractice, is an act in the process of diagnosis and therapy inconsistent with veterinary science. The point of reference is current scientific medical knowledge. A typology of the mentioned phenomena is presented. The proposed definitions and typology are intended to be universal, acceptable, and applicable in various legal systems. Errors are distinguished from similar phenomena and factual situations mistakenly considered errors by the general public and some scholars. Basic features and the epitome of veterinarians' responsibility for errors made are demonstrated.

Keywords: veterinary law, civil law, error, malpractice, contractual liability, professional ethics

It is a truism that is often stated in the scientific literature (8, 18, 22) that people make mistakes, are erroneous, and veterinarians are no exception to this rule. The actual scale of errors in veterinary medicine remains unknown (22). While an error of minor importance may have minor repercussions, errors potentially affecting the health and life of people and animals have severe and profound effects (12). In contrast, their impact and consequences are often unpredictable, while the effects are progressive (deepening or accumulating).

Veterinarians have always made, are making, and will always make mistakes, and managing such situations is one of the fundamental areas of activity of veterinary professional bodies, as well as one of the fundamental areas of research and areas of interest and practical use of veterinary forensic medicine and veterinary jurisprudence.

In this context, it is surprising that the world veterinary scientific literature is poor in works on errors (6, 14, 22). If any scientific texts on errors in veterinary medicine are published, they are usually sociological case studies conducted on small research groups (10, 18, 22).

Even fewer are general works that provide a precise definition of the problem of medical veterinary error – and distinguish it from similar phenomena (22). On the contrary, it is often indicated that veterinarians understand the phenomenon in question intuitively, implicitly, and in an unspecified manner (16, 19).

Thus, it is assumed that the concept of error in veterinary medicine is undefined, underdefined, or indefinable. However, this is an erroneous opinion. Individual legal systems often contain their national definitions of medical error. This applies especially to the so-called continental legal systems, but not only. Most often, these are not legal definitions in statutory acts but definitions developed by the judiciary (judicial definitions, precedent, case law) and jurisprudence

(doctrinal or scientific definitions). Nevertheless, these are primarily in legal literature concerning human medicine, not veterinary medicine (12, 16). Therefore, such definitions are limited in availability, not only for linguistic reasons but also because they are not adapted to the specifics of veterinary medicine.

In the authors' opinion, developing a general definition of an error in veterinary medicine is possible and necessary. Veterinarians cannot assess whether a given behaviour is or is not an error based on vague criteria and largely subjectively. Also, veterinarians cannot be held liable for a given action or omission based on ambiguous or unclear criteria. This is important because liability for an error in the veterinary art is both civil (pecuniary liability) and quasi-criminal, i.e., disciplinary (corporate professional liability, executed by the veterinary professional bodies).

The definition of a medical error should be general enough to be applicable in various countries and legal systems. The reason for this possibility is the global unity of the veterinary profession and the uniformity – despite the diversity – of the problems veterinarians encounter and the errors they are exposed to worldwide. Presenting this definition and making it precise is the goal set by the authors of this study.

The methodology appropriate to the analysis and interpretation of legal norms was used.

Results and discussion

Human and veterinary medical law regarding errors

The achievements of medical law and professional ethics regarding errors in human treatment can be applied and extrapolated to veterinary medicine. Moreover, they are already used in practice and constitute a significant basis for these considerations. Nevertheless, this can never be a complete transfer due to the differences in animal and human treatment and the different goods protected by law in the case of liability for the error of a human doctor and a veterinarian. In addition, unlike human medicine, scientific analyses of veterinary errors are few (22).

The research conducted made it possible to demonstrate the scope and reasons for the impossibility of fully applying the achievements of medical ethics and medical law from human medicine to veterinary medicine.

Above all, it was found that human and veterinary medical laws protect different legal goods and are based on different axiological premises (ethical values), even though these values remain correlated within one system of values.

The subject of legal protection in human medical law is not (only) life and health taken out of context but also their basis – the inherent and inalienable dignity of a human being. These goods and values are violated by medical professionals or other people who commit a medical error (7, 16).

In contrast, in veterinary medicine, it is not only (and not so much) the health and life of an animal protected from malpractice but also its value to the owner and the rights of that owner. It should be noted that it is not only about the animal's economic value but also emotional and other values. Nevertheless, all these values are important to people to some extent and are assessed through the prism of a human being.

Therefore, the achievements of human medical law, both from the juridical and medical-scientific perspective, can be applied to veterinary medical errors only in an appropriate manner, after the necessary modifications resulting from the very nature of animals, as well as taking into account the actual and legal position of their owners.

Definition of errors in veterinary medicine

The research conducted made it possible to state that veterinary error is an act (action or omission) by a veterinarian that is inconsistent with the principles of performing this profession, defined by scientific veterinary medical knowledge, by the provisions of law that specify it and are based on it, and by professional ethics. Veterinary error is a deviation from the accepted standards of veterinary practice, which leads to negative consequences. It should be noted that observing the existence of errors – i.e. deviations from some rules – is an additional argument emphasizing the importance of these rules.

A veterinary medical error, often called malpractice, is an act (action or omission) in the process of diagnosis and therapy inconsistent with veterinary science. The point of reference is current, scientific medical knowledge, yet – subjectively limited (within the scope available to the particular veterinarian due to his knowledge of foreign languages, availability of publications, etc.) (12, 16, 22). Although these statements are referred to in the case law and scientific literature for human medical professionals, these definitions can be fully applied to veterinary medicine.

It is worth emphasizing that to recognize any action or omission by a veterinarian as an error, the following cumulative conditions must be met:

– first, the conduct (action or omission) must be inconsistent with the generally recognized and scientifically proven state of veterinary knowledge,

– second, there must be an unintentional fault on the part of the perpetrator,

– third, the negative effects of the error made must be revealed (damage must occur),

– fourth, there must be an adequate causal relationship between the error and the negative effects observed (12, 16, 24).

These negative effects should be understood broadly, not only as negative consequences for the health or life of the animal subjected to the medical procedure but also as negative consequences for public health (7, 24), and various adverse pecuniary and non-pecuniary

repercussions for the animal owner. It was found that the last aspect does not occur in human medicine and is a factor differentiating both fields.

An adequate causal relationship means a necessary chain of connections between the making of an error and the occurrence of a negative effect (12, 16, 24). Only such a chain allows for the connection and deduction of a consequence from an error. At the same time, it was found that an adequate causal relationship limits the perpetrator's liability to normal, expected, typical consequences of an action or omission (12, 24). This legal limitation implies that a veterinarian is not responsible for non-standard, individual reactions of a given patient, e.g., to the administered medication, not recorded in previous studies.

It is important to note that all errors are – by their nature – realistically avoidable and preventable (9).

In addition, it was found that the standards of conduct of a veterinarian are determined by current medical knowledge and his/her professional experience, stipulated by applicable legal and deontological standards (11). These spheres interpenetrate and influence each other, just as the development of human medical law has its repercussions on veterinary medicine.

For example, it has been revealed that the obligation to obtain informed consent (11, 17, 19) originated and was developed from the dogmatic legal perspective in human medical law and then adapted to veterinary medicine. Moreover, it is an obligation derived from civil law (due fulfillment of obligations, contractual freedom of decision, etc.). It is currently widely recognized as a part of the professional deontology of a veterinarian and an element of due conduct in the provision of veterinarian services. Therefore, it constitutes an element of civil law and the law regulating the exercise of the veterinary profession, an aspect of professional ethics, and the scientifically specified provision of veterinary services. Liability for failure to fulfill or improper fulfillment of the obligation to obtain informed consent is, therefore, a medical error, an error in veterinaryart. Simultaneously, it constitutes a violation of civil contractual obligations.

The conducted research also allowed for identifying phenomena that cannot be defined as errors, which will be demonstrated further in the current study.

Scope of errors in art and medical errors in veterinary medicine

The analysis made it possible to distinguish between errors in veterinary art and medical errors in veterinary medicine, with the latter being narrower and entirely encompassed by the former.

Error in veterinary art can be defined as any non-compliance of the veterinarian's conduct with the profession's principles. Non-compliance with the art of veterinary medicine is a fundamental premise for professional liability.

The discussed profession involves not only the protection of animal health but also the veterinary protection of public health (human health) and the environment (4). These are the three most general scopes, which include all types of veterinary practice, whether in clinical, administrative, laboratory, experimental, scientific, educational, or other work. As wide as the scope of work of veterinarians and as diverse as the places of work of these people can be, so many can be situations in which they can make mistakes. In all cases, professional liability can occur (4).

An error in the veterinary art may be, therefore, committed by veterinarians working in a diagnostic laboratory, in a research institute, in a slaughterhouse, in a feed plant, in a pharmaceutical company, in education, or in public administration – unless they comply with all the rules of performing this medical profession.

Due to the multifaceted nature of veterinary work, high qualifications, and the importance of the matters it deals with daily, all veterinarians are required to exercise due diligence and utmost care (2, 12), appropriate prudence, and to be careful in the tasks they undertake and cautious in the decisions they make. As mentioned, such activity is associated with bearing a particular type of responsibility, namely professional liability.

Although these scopes concern not only the examination of the health status of animals, diagnosis, prevention, and control of their diseases, including the performance of surgical procedures, and the issuing of opinions and decisions – these are the most common scopes in which an error in the veterinary art constituting a medical error (malpractice) may be committed.

Concerning human medical law (16), the authors agree that medical error is a more correct concept than a 'doctor's error' – veterinarian's error. Nevertheless, in the authors' opinion, one should not be replaced by the other, because each of these terms (similarly to errors in the art) means something different. Medical veterinary error should be defined as an error in the art strictly related to diagnosing and treating animal diseases. Therefore, a veterinarian's error is a common area of the two remaining technical terms: it is a medical error that is also an error in the veterinary art.

As already indicated, an error in veterinary art should be considered a broader concept in terms of object matter than a 'doctor's error' or medical error, as it may concern not only the diagnostics and therapy of animal patients. At the same time, it has been shown that medical error may be considered a broader concept in terms of subject matter, as it may concern not only veterinarians but also other persons and entities.

A medical error may be committed by natural persons (e.g., a veterinarian, veterinary technician or nurse, director of a company, director of a clinic, head of an animal health facility, rector of a university, head of a laboratory, laboratory technician, IT service worker, diagnostic equipment service worker, electri-

cian, cleaner, etc.) (10, 16), and legal entities (e.g. university, laboratory, clinic, animal health facility) (16, 24).

Further considerations in this article will only concern a narrower scope – medical errors in veterinary medicine.

Typology of medical errors

The conducted research allowed the authors to state that neither medical law nor human medicine, or even more so in veterinary medicine, have there been developed or established uniform criteria or classifications of medical errors. Typologies based on the criterion of actions that led to its occurrence are most often adopted (7, 16). Other typologies are based on, i.a., the reasons for filing the lawsuit, the type of procedures the lawsuit involved (name of the specialization, e.g., surgery, endocrinology, dermatology), the entity being sued (veterinarian, clinic, head of the clinic, etc.) (7, 18, 21).

In the further part of the paper, the typology of errors developed by the authors will be presented, based on literature and their own experience. The proposed typology is undoubtedly not the only and exclusive one. However, the authors tried to include the entirety of medical errors made. In addition, examples of typical situations for each subgroup are included.

Iatrogenic error is considered to be the most general category. This type of error occurs when a veterinarian has a negative effect through their improper conduct. In particular, when decisions made instead of improving the patient's health, have worsened it. These consequences may be physical or psychological, concern the animal or its owner (unlike in human medicine), or public health. They may be related to, among others, failure to provide the client with necessary information, improper transfer of such information, incorrect attitude towards the patient, lack of knowledge, empathy, or psychological skills in the veterinarian's contact with the client. Examples of such an error include chasing after an animal patient and causing pain, improper transfer of medication recommendations to the owner, causing pain to the animal during restraint, but also the so-called healthcare-associated infections (HAIs) and surgical site infections (SSIs) (19) or removal of a healthy paired organ instead of a sick one. This is strictly a 'doctor's error'; it does not apply to people who are not veterinarians but laymen.

A decision error (decision-making error, erroneous decision) occurs when veterinarians fail to make a correct clinical diagnosis or use an inappropriate treatment method; even though the erroneous decision could have been avoided if they had followed the dictates of doctrine and knowledge (12, 16).

This error covers two aspects: diagnostic error (incorrect diagnosis) (11, 12, 16, 19) and therapeutic error (incorrect treatment). Every decision-making, diagnostic, and therapeutic error is a purely subjective and strictly medical error and can only be committed by a veterinarian.

The basis of a decision error may be, in particular, lack of theoretical knowledge and practical skills, ignorance of current medical achievements, an insufficiently conducted interview, failure to order basic or additional tests, incorrect interpretation of the results of such tests, and above all, lack of insight and due diligence in assessing the entire material concerning a given clinical case. Another basis for such an error is postponing essential tests and procedures, especially surgical ones, and additional tests, such as imaging, in specific periods, such as vacation time or weekends.

An example of a decision-making error would be diagnosing a dog with an allergic skin reaction instead of a fungal infection caused by *Epidermophyton floccosum*, and the use of immunosuppressive treatment with oral doses of Dexamethasone and Hydrocortisone cream (instead of oral Itraconazole and intravenous Amphotericin B).

As mentioned, decision errors include diagnostic errors, which consist of incorrect diagnosis, incorrect assessment of the animal's condition, ignoring symptoms, or incorrect interpretation of diagnostic test results (despite objectively correct results). It may also be related to failure to perform, order, or act on tests, incorrect performance of the test, or non-diagnostic test results. In addition to lack of diagnosis and misdiagnosis, delayed diagnosis may also occur. The direct cause may be an inaccurate interview with the owner or guardian of the animal or an incorrect analysis of test results.

Not every testing-related or laboratory error constitutes an error in veterinary art and is a diagnostic error. It may be caused by the actions or omissions of other people, e.g., laboratory technicians, diagnostic equipment service technicians, receptionists, etc. (10, 16).

As indicated, a type of decision error is a therapeutic error involving a medical action in the scope of treatment or failure to perform it if this action or omission of a necessary action was inconsistent with the veterinary science within the scope available to the veterinarian. Therapeutic errors can be divided into minor subtypes:

– pharmacotherapeutic errors, also referred to as medication errors (19),

– and technical errors, including surgical errors.

The first of these may consist of using the wrong medicine, or in the wrong dose, or administered by the wrong route, or not using the right medicine, or in the correct dose, or administered by the right path. It should be remembered that adverse effects are implied by both prescribing and administering the medicine in a dose that is too low (no therapeutic effect, antibiotic resistance) and too high (poisoning). An example would be the introduction of Clotrimazole into the urinary bladder, a therapeutic agent intended for

use on the skin, not on mucous membranes. The cause of a medication error may also be a lousy drug label, a poorly written, indistinct, or misread prescription, an error when entering the medication into the clinic's electronic system, IT system errors, incorrect use of abbreviations or their ambiguity, calculation errors in the dosage or concentration of the medication, similar names of different substances (including human and veterinary drugs), an error when preparing the medication in the pharmacy, or even ineffective communication between the participants of the treatment process (veterinarian, client–animal owner, veterinary nurse, pharmacist, etc.) (9, 10, 17, 19).

A technical error is an error in execution (12, 16, 19), which can occur both at the diagnostic and therapeutic stages. It can occur during all types of procedures, especially surgical ones. It can be caused by, i.a., improper use of diagnostic equipment, improper diagnostic techniques, improper methods or surgical instruments. An example of this can be an improperly performed resection of the head and neck of the femur in a dog. Often, a factor that eliminates surgical errors is the so-called 'time out', i.e. a break just before the start of the procedure, intended for reflection and rechecking of the procedure protocols, counting surgical instruments and materials, making sure of the patient's health condition, as well as the purpose and place of the surgery.

Similarly, opinion-making errors have subjective and individual characteristics. It is related to issuing various documents by a veterinarian, such as rulings on the health status of animals and expert opinions (3-5, 16). This category was distinguished from diagnostic errors (which are closely related) because issuing veterinary decisions and expert opinions is a mixed obligation (2). It includes not only diagnosing the animal but also issuing a decision and including it in a written opinion. A veterinarian's due diligence can be insufficient, and errors in the veterinary art can be committed at both discussed stages.

It is controversial to distinguish a separate category of 'cognitive errors'. According to some scholars, such errors are caused not by the lack of knowledge of the veterinarian but by various types of burdens, biases, work overload, the need to act quickly in emergencies, distraction, and stress (6, 12, 18). In the authors' opinion, the need to cope with stressful situations is an inherent component of a veterinarian's clinical work, and it does not justify any departure from accepted standards of knowledge or procedural protocols, nor does it constitute a factor exempting the veterinarian from the obligation to maintain above-average due diligence.

The systematics proposed herein also includes an organizational error. This covers all types of incorrect decisions made by managers of veterinary clinics, as well as the short- or long-term repercussions that have caused negative effects. An example could be an unconsidered arrangement of work schedule in a 24-hour clinic, generating excessive workload for a particular veterinarian, not providing technical support (lack of necessary drugs, unmaintained equipment giving false results of additional tests), or inability to provide essential care for animal patients (lack of internist, surgeon or anaesthesiologist). It applies to all entities providing veterinary services larger than one-person practices.

Unlike iatrogenic, decision, or opinion-making errors, this type can be committed by veterinarians and other (lay) people. Moreover, it is not strictly related to the art of veterinary medicine but to organization and management. Therefore, it is a medical error, but not an error in the veterinary art.

Other irregularities in the process of caring for an animal patient, unrelated to diagnosis or therapy, may also constitute an organizational error (18, 21).

Laboratory errors, testing-related errors, and errors in documentation can be listed as examples of medical errors, not being typical 'doctor's errors'. Errors in documentation include incomplete or incorrect documentation, as well as computer errors such as copy-and-paste and IT system errors. Such errors may be caused by actions or omissions of veterinarians (potentially working as clinicians and laboratory workers), support staff, receptionists, nurses, IT specialists, subcontractors, and service technicians.

Many of them are systemic errors whose factors remain unnoticed due to their multiplicity, diversity, and lack of a holistic approach (8, 10). Another general reason is the lack of a golden mean between physician's decisive autonomy and adherence to protocols, procedure algorithms, and checklists (10).

Error-like phenomena and differentiating criteria

The conducted research made it possible to demonstrate that not everything that seems to be an error in veterinary medicine is one. This observation concerns especially situations that commonly seem to be errors in veterinary practice (21).

Considering the above-presented definition, scope, and typology of errors, based on the analyses performed, phenomena that remain outside the scope of defining a medical veterinary error were also distinguished. First, situations to which, in the authors' opinion, the nature of a medical error is wrongly attributed. Second, phenomena similar to errors.

An example of the first category is the lack of the intended effect of therapy. From the perspective of a human patient or the owner of an animal patient, this constitutes an 'error' (21). On the contrary, science and law unanimously and undoubtedly state that this is an effect unrelated *ex definitione* to error. Moreover, it should be emphasized that no veterinarian can promise anyone that they will cure their animal. It is impossible to oblige oneself to cure, because this would be

an obligation completely, initially, and permanently impossible from the point of view of the contract law. One can only promise that the animal will be treated properly and according to the veterinary art.

Another example is the 'patient fall', relatively often noted in the English-language literature on the discussed problem in human medicine (19). The classification of such situations as errors is based solely on the occurrence of the effect of the patient's sudden fall. The etiology and causes of such a state of affairs may differ but are irrelevant. The authors' intention is not to determine whether and to what extent it is possible to speak legitimately about falls of animal patients but to demonstrate that such a situation is not a medical error at all. The error may be, at most, one of many possible causes of the patient's fall. This error may be very diverse and may affect, in principle, the entire typology of errors presented above. However, a fall itself is undoubtedly not an error, and there are also situations when a patient falls regardless of the performance of all procedures *lege artis*.

The second group (error-like phenomena) includes the following:

– adverse events (7, 11, 12, 16, 21), including many undesirable and negative situations such as medication events occurring due to the client's fault, and many adverse drug events (ADEs), e.g. of allergic origin or related to drug's side effects;
– so-called 'near misses', or harmless events (8, 10, 19, 22);
– medical failures (12, 16);
– negligence;
– complications, including severe ones (11, 16).

For example, a so-called 'treatment failure' or 'medical failure' – understood as the ineffectiveness of the therapy applied in a given case, taking place despite the highest qualifications of the veterinarian – is not an error. Negligence in leaving dressings or a piece of a broken scalpel in a stitched wound after surgery is also not an error. Not all situations referred to as 'medication errors' or 'medication events' are, in fact, medical malpractice or errors in veterinary art. Situations in which the client himself made a mistake and administered the wrong medicine to the animal, by the wrong path, or in the wrong dose are not related to the liability of the veterinarian.

It has been revealed that scientific literature often refers to mistakes that do not reach the patient or do not cause harm (harmless events). This refers to the so-called 'near miss' (8, 10, 19, 22). This means a situation in which there were no negative consequences for the patient or client of the veterinary clinic because the mistake was detected and eliminated early enough. This approach is often noted in the literature (6-8, 10, 22). It is entirely wrong. The definition of an error implies that damage and negative effects of the act must occur. It is important to emphasize that there is no error if the negative consequences are prevented and no damage occurs. Therefore, there is no liability on the part of the veterinarian.

In addition, it was found that most complaints about the veterinarian's conduct were unrelated to veterinary medical skills at all but to insufficient interpersonal skills (10, 17). Most complaints, lawsuits, or applications for the punishment of a veterinarian filed with courts or veterinary professional organizations concern medical failures, not medical malpractice or errors in veterinary art (10, 16).

Basic features of the liability for errors in veterinary medicine

As already indicated, liability for error may be different (11), of a different legal nature, may have various effects and be enforced before different judicial authorities.

Civil liability is a pecuniary one (12), and is usually pursued before state civil courts. It may also be a settlement or a verdict of private arbitrators. Its fundamental basis is the fact that the error constitutes a breach of a contract as a result of the lack of due diligence by the perpetrator, which one should demonstrate in their professional activity (3, 5, 7, 12). Negligence or insufficient level of diligence results in the necessity of bearing legal consequences. It should be noted that the level of due diligence required of a veterinarian is very high, higher than among 'ordinary citizens': both due to the nature of a professional provider of medical services for animals, as well as the public aspects of the profession under examination, such as concern for the public good and being a so-called profession of public trust, with its professional ethics. In addition, the possibilities of contractual exclusion of liability are practically zero, and the best way to avoid it is to act *lege artis* and according to the legal norms.

In addition, as already indicated, there is disciplinary professional responsibility of a personal and quasi-criminal nature. It is enforced by state-recognized professional corporate bodies such as veterinary professional peer courts, ethical and disciplinary committees, colleges of veterinarians, etc. Typically, the most severe penalty that can be imposed is a lifetime or periodic ban from practising the veterinary profession.

The basis of professional liability is the violation of professional norms, which, in the analysed case, is closely related to the art of veterinary medicine. The essence of this liability of a veterinarian is the consequence of violating the rules associated with the discussed profession's performance.

It was found that the principles of veterinary medicine are, above all, rules developed and confirmed scientifically and through many years of practice. Their essential element is compliance with the latest, current scientific medical knowledge. Therefore, it is crucial for practicing veterinarians to follow scientific novelties and constantly self-educate and improve their

professional skills. It is not enough to rely solely on knowledge obtained several decades earlier during studies. Cases of errors caused by ignorance of new diagnostic and therapeutic methods are relatively common in veterinary medicine.

Professional liability may also be based on non-compliance with applicable law (international, state, and corporate internal norms) and non-compliance with the rules of professional ethics.

As demonstrated, the distinction between medical errors and errors in the veterinary art is of great practical importance. This also applies to the procedural spectrum. While a medical error can be attributed not only to a veterinarian but also to other persons (laymen in terms of veterinary knowledge, these persons can be held liable for civil financial damages): the professional liability of veterinarians is strictly personal and applies only to the veterinarians.

Liability for an error may also be criminal – provided that the action or omission constituted a breach of animal protection law, tax law, or pharmaceutical law. An error may also cause employee liability from labor law for persons employed in a veterinary clinic. It may also be the source of civil liability for subcontractors employed under a contract for specific work.

In addition, the obligation of veterinarians to disclose the error made to the client should be mentioned. This obligation is sometimes derived in science *per analogiam* from human medical law (22), but it is also present in some codes of professional deontology of veterinarians, such as British or Polish codes (1, 6, 13, 20). Nevertheless, the claims (6, 10) that the existence of legal and social responsibility for errors contributes to concealing the facts of their making are unjustified.

Other consequences of errors

In addition, the analysis demonstrates that in the scientific literature, additional, extra-legal repercussions of veterinary errors are recorded, such as causing pain and suffering to people and animals, increased mortality and morbidity rates, and financial losses (22).

However, the main focus of recent literature on medical errors has been identified as the negative repercussions for the perpetrator (6, 7, 22). It should be pointed out that current trends in medical law literature focus on the need to stop stigmatizing the perpetrator. Emphasis is placed on the perpetrator's high psychological burden, professional burnout, loss of self-confidence and faith in one's strengths, knowledge, and skills (so crucial in medicine), and finally, exceptionally high suicide rates among veterinarians (6, 7, 22, 23). These trends are summarized in slogans such as 'no-blame culture', 'just culture', turning away from the 'culture of blaming', and avoiding victimization of perpetrators ('second-victim effect') (6-8, 10, 14, 15, 19).

The currently dominant narrative, through the excessive valorization of perpetrators at the expense of the injured (the animal owner, the animal patient, but also the professional corporation of veterinarians or even, following criminal law theories, the entire society), threatens the very concept of error as a failure to fulfill or improper fulfillment of a specific pattern of conduct by a veterinarian. In connection with the position mentioned above, the authors negatively assess this narrative and such an approach to the issue of veterinary malpractice and errors.

The acts committed by their perpetrators cannot be whitewashed; one cannot say that nothing happened. It should not be forgotten that despite all the negative consequences that the perpetrators themselves suffer or feel, the perpetrators are responsible for their actions or inactions because they committed them. Animal's suffering, the mental suffering of its owner, or the economic losses resulting from the error should not be underestimated.

Moreover, it should be emphasized that stigmatizing the act – the error – is one thing, and stigmatizing the perpetrator is another. Moreover, disclosing that an error has occurred and is harmful, and that this situation implies taking responsibility, is not blaming, shaming, or stigmatizing, as some claim (1, 7, 14, 19). It is simply a statement of fact. The personal or financial liability of perpetrators does not mean that their entire personality is condemned; it is quite the opposite. Responsibility is to be a warning and a reminder for the future: for them, other veterinary industry employees, and the entire society. According to the authors, this is the approach that should be promoted.

The proposed approach is based on Christian ethics of penitence. In essence, it is much more gracious to the perpetrator and more beneficial than the so-called 'just culture', because it allows for his atonement towards others and himself. It allows for improvement and erasure of the transgression (1). It allows for drawing conclusions and making improvements in the future (1). Finally, it allows for a holistic view of the whole problem not only through the prism of consequences, not only from the perspective of the perpetrators but also of the injured – animal patients and their owners (1, 8).

Summation

The issue of error-making and medical malpractice remains vital theoretically and in everyday veterinary practice. As has been shown, this applies not only to veterinary clinicians but also to all other forms of performing this profession of public trust. Although we all, as veterinarians and as people, commit mistakes, as authors, we hope this study and research contribute to developing a broader scientific discussion on the issue of errors and the civil and professional liability of veterinarians. In addition, we hope that the presented research results will result in greater legal awareness of veterinarians and allow them to avoid making errors and effectively defend themselves against them.

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