

Viewpoint

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How can embracing pet family-centered care forge a path to more accessible and sustainable veterinary medicine?

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Abstract

Making veterinary care more accessible and affordable necessitates a paradigm shift toward pet family-centered care, prioritizing the understanding of individual pet family needs and fostering nonjudgmental communication alongside medical priorities. This viewpoint examines the transition from a provider-centered, often medically driven, approach to one that integrates pet family goals, values, and resources into healthcare decisions. Three interconnected pillars for the future of veterinary care are proposed: leveraging evidence-based medicine with comprehensive outcome measurement, employing relationship-centered communication grounded in clinical empathy, and developing stratified service delivery models that enhance accessibility and ensure veterinary practice remains both relevant and sustainable.

Keywords: spectrum of care, relationship-centered care, evidence-based veterinary medicine, clinical empathy, community of care

Recent decades have seen rapid and remarkable advances in veterinary medicine, dramatically expanding the preventive, diagnostic, and therapeutic options available. While these advancements have significantly raised the bar for veterinary care, the rising complexity and cost of services have created unintended barriers for many pet families.¹ This has been amplified by historic inflation, exemplified by the consumer price index (CPI) for veterinary services showing year-over-year inflation of 11.6% in September 2022 and 11.4% in June 2023.² Increasingly, families are delaying or foregoing care, as evidenced by a 2025 PetSmart Charities study³ showing that 52% of a representative sample of pet families had declined or delayed veterinary care. These trends are not just among historically underserved groups but notably among those who previously accessed mainstream veterinary services, as illustrated by a Veterinary Hospital Management Association study⁴ that

identified a 48% increase in average time between visits from 2020 to 2024 and noted in the multiyear trend of decreasing general practice visitation in a Vetsource 2025 data publication.⁵

This decreased accessibility of veterinary care has wide-ranging negative effects. These include threats to animal welfare,⁶ hazards to public health stemming from zoonotic diseases,⁷ disruption of the human-animal bond,⁸ and risks to the future sustainability of mainstream veterinary medicine.⁹

The widening gap between available care and what many pet families can or want to pursue underscores an urgent opportunity for the veterinary profession to adopt a paradigm shift: moving away from prioritizing the highest levels of medical intervention toward practicing across a broader spectrum of care (SOC). This shift prioritizes aligning veterinary recommendations with pet families' diverse values, goals, and financial realities. For example, these recommendations may require considering a family's beliefs around medical intervention, their need for convenience and practicality, and the individual nature of each human-animal bond.

The SOC approach, also known as "contextualized care," is increasingly recognized as a solution to improving access to veterinary care. Spectrum

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of care provides “a continuum of acceptable care ... while remaining responsive to client expectations and financial limitations.”¹⁰ Central to SOC is a philosophy of pet family-centered medical options, nonjudgmental communication, and shared decision-making.

Pet Family-Centered Care

Providing care for a bonded pet family involves understanding each family’s unique needs and communicating in informative, nonjudgmental ways to encourage their active partnership with veterinary healthcare teams (VHCTs) in the decision-making process for their pet’s care.² This approach is a necessary evolution from provider-centered care, where clinical decisions are primarily driven by the veterinarian’s view of ideal medical outcomes, potentially without fully considering the family’s circumstances. In contrast, pet family-centered care mirrors patient-centered care in human healthcare, emphasizing shared decision-making and respecting pet families’ preferences and values by practicing across an SOC, offering financing options, and prioritizing keeping pets with their families.¹¹ In human healthcare, patient-centered care has been demonstrated to improve patient satisfaction, improve health outcomes, decrease mortality, and decrease the cost of care.¹²⁻¹⁴

Pet Family-Centered Care: 3 Pillars for the Future

Evidence-based veterinary medicine and outcomes measurement

The standard of care in veterinary medicine is commonly defined as “the standard of care required of and practiced by the average reasonably prudent, competent veterinarian in the community.”¹⁵ While broad, this definition legally establishes an acceptable range of medical quality. However, because much current clinical guidance emphasizes high-end care (eg, from both institutional and sponsored education) and with veterinarians anecdotally increasing concern for disciplinary action,¹⁶ VHCTs often default to higher levels of care. Successful and widespread implementation of SOC will be dependent on the availability and accessibility of supporting evidence that appropriately contextualizes the value of any given diagnostic or treatment.¹⁷

Recent research has begun challenging established veterinary norms for common conditions (eg, outpatient foreign body surgery,¹⁸ flexible pyometra treatment timelines,¹⁹ outpatient parvovirus care).²⁰ Additional studies supporting varied, cost-effective, accessible approaches are needed to empower veterinarians to confidently offer different care levels and secure informed consent. Expanded research across the SOC is essential to inform both practitioners and pet families adequately. Conducting such research is particularly challenging and associated with several inherent limitations. However, it is imperative to conduct systematic data collection

on outcomes to advance evidence-based medicine across an SOC and to ensure patient safety. Crucially, integrating client-reported outcome measures with clinical data captures the pet family’s perspective on treatment success and quality of life, supporting a holistic, family-centered approach.²¹

The future of evidence-based veterinary medicine is being accelerated by technologies like AI (in collating and classifying data) and digital scribing (in creating a more robust set of baseline data) and will benefit further from industry-wide collaboration on data interoperability.

Communication: fostering relationship-centered care and clinical empathy

Nonjudgmental communication that clearly conveys trade-offs, particularly using evidence-based medicine, underpins pet family-centered care. Relationship-centered care emphasizes trust-building and collaboration between VHCTs and pet families, recognizing their partnership in pet well-being.²² This requires eliminating terminology that can feel judgmental, such as the frequently misinterpreted term “gold standard,” which can inadvertently imply alternatives are inferior.¹⁵

Perspective-taking empathy involves acknowledging another’s emotional state without personally experiencing it, a vital skill in clinical settings.²³ Evidence-based techniques, such as open-ended questions and reflective listening, allow VHCTs to understand families’ individual goals, values, and resources. By understanding these individual contexts, VHCTs can communicate the trade-offs associated with different care options in a nonjudgmental manner, empowering pet families to make informed decisions that align with their specific circumstances.²⁴ For example, including where options lie on the spectrum of cure, management, or comfort and how those trade-offs impact cost or next steps to balance quality or quantity of life. Strategies like presenting 3 care options across an SOC (basic, intermediate, and advanced) and incorporating regular check-ins (both in the examination room and following care by measuring factors such as client satisfaction and client-reported outcomes) can facilitate this shared decision-making process. Clinical empathy in human healthcare has demonstrated enhanced trust, reduced medical errors, improved patient outcomes, increased satisfaction among patients and providers, and reduced malpractice claims.^{23,25}

Stratified models: enhancing accessibility through a community of care

Accepting the premise that there is a broad range of acceptable levels of medical quality, it becomes increasingly difficult for traditional one-size-fits-all general practices to create a value proposition that serves the diverse needs of all pet families. Where significant demand for veterinary services exists, stratification (diversifying care delivery to meet varied pet family needs) offers a promising path forward. The hotel industry is often used

as a helpful analogy: a range of available and easily understood options allows individuals to identify and access accommodations by making informed decisions about the trade-offs between cost, quality, and convenience.

Examples of veterinary stratification already exist, ranging from mobile vaccine clinics and retail-based limited-service practices to urgent care centers and specialty referral hospitals. The key to creating accessible and sustainable stratified solutions lies in developing models that (1) enhance efficiency and cost-effectiveness, and (2) clearly communicate their value proposition in a way that resonates with target client audiences.

Segmentation may necessitate pet families accessing multiple veterinary care models to meet all of their needs. Consequently, stratification requires evolving toward a community of care concept, where interconnected veterinary models collaboratively offer comprehensive services regionally. Effectively communicating the availability and purpose of these different models to pet families and VHCTs, in a way that demonstrates the pain point they solve, is crucial for their successful utilization. Primary care practices stand to gain efficiency and focus within a stratified care system. By leveraging a collaborative network for both highly complex referrals and more routine, lower cost procedures, they can optimize their case-load, enhance continuity of care, and solidify their role as the cornerstone of a less fragmented, more accessible veterinary ecosystem.

Conclusion

The future sustainability of veterinary medicine depends on adapting care delivery to the diverse realities that pet families face. Moving toward a pet family-centered model of care is essential for creating a more accessible and sustainable future for veterinary medicine. Alongside this cultural shift, a successful future for SOC will significantly depend on the continued evolution and thoughtful application of technology platforms to expand access, tailor interventions, and improve patient outcomes. The current challenges to veterinary care accessibility will offer veterinary medicine an opportunity to innovate across evidence-based medicine, communication strategies, and service delivery models. The development of a collaborative “community of care,” supported by innovative tools and platforms, will empower pet families to access the veterinary care that is both medically appropriate and aligned with their individual circumstances.

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