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## The Generations Reflect

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# The Generations Reflect

by Joan Capuzzi Giresi, C'86 V'98

Society has engineered the practice of veterinary medicine as far back as the scripting of the Code of Hammurabi, which set forth certain practices for the profession. While veterinary medicine has had an impressive run over the 40 centuries that have followed, it's been a marathon—evolutionarily speaking—compared with the sprinter-paced changes of the past half century.

Three alumni celebrating reunions in 2004 discuss the transformations and trends they have witnessed in their field since they graduated 50, 25, and 10 years ago, respectively. They also reflect on their own careers and postulate on future directions for veterinary medicine.

**Robert D. Flowers, V'54**, is a retired small-animal practitioner from Mechanicsburg, Pa. A Philadelphia native from a broken home, he was sent at the age of nine to The Church Farm School in Paoli, Pa., a boarding school, where he became instantly drawn to working with animals. After finishing in the armed services in 1946, Flowers enrolled in Pennsylvania State University's pre-veterinary



Dr. Flowers (from 1954 Scalpel)

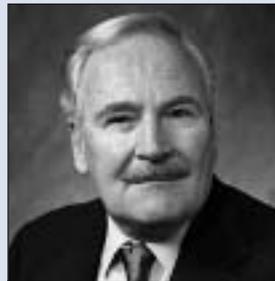
program. He entered mixed-animal practice shortly after veterinary school, but eight years later switched to small-animal medicine. He sold his practice four years ago at the age of 75.

**Joan Regan, V'79**, is a staff radiologist at Angell Animal Medical Center in Boston. Though an English major at Mount Holyoke College, she enjoyed biology and thought veterinary medicine would be a nice alternative to publishing. Regan graduated from Penn Veterinary Medicine's first class to be comprised of equal numbers of men and women. She completed a field-service internship at the University of California, Davis, School of Veterinary Medicine, and then spent 11 years in mixed-animal practice in Massachusetts. At the age of 40, Regan launched a new career path, returning to Penn for a residency in radiology. After completing her residency, she remained at Penn for two years as a lecturer before going to Angell.

**Steven P. Cudia, V'94**, owns a mobile surgery practice in Toms River, N.J. Growing up the son of a physician father and a mother who nurtured her boy's love for animals, he majored in biology at the University of Scranton. After earning his veterinary degree, Cudia started out in mixed-animal practice. Shortly afterward, he completed an internship at Penn followed by an emergency-medicine and surgery internship at Garden State Veterinary Specialists in northern New Jersey before going to work for a large referral practice nearby. Cudia began his mobile practice five years ago. His caseload, which consists primarily of advanced surgeries, is heavily weighted toward orthopedics.

## All three comment on their career choices:

Flowers, like most of his classmates, started his own practice shortly after graduating. He worked seven days a week and was always available for emergencies. "When you've chosen



Dr. Flowers (today)

general practice," he reasons, "it becomes a large part of your life." Given it to do over, he says he would change nothing. Regan says she left mixed-animal practice after more than a decade largely because it became tedious to her. Also, she grew impatient with noncompliant owners. Influenced by both veterinary (**W. Harker Rhodes, V'55 GV'58**) and human radiologists whom she'd befriended, Regan, an admitted "detail person," pursued a specialty in radiology. "I decided I'm much better 'behind the scenes.'"

She says if she could relive things, she would have pursued veterinary radiology from the start.

Cudia took his love of surgery to the hilt by mastering complicated procedures and making them his life. "I figured that knowing a little about a lot was not going to be enough in today's society. I wanted to know a lot about a little."

He enjoys the independence and flexibility of his mobile practice, which serves six or so core clinics within a one-hour radius of his home. Working Mondays through Thursdays

from 8:00 a.m. to 6:00 p.m., he says, "I make my own schedule and I make my own rules."

Though he'd once considered a career in emergency medicine, Cudia, whose father was an obstetrician/gynecologist, decided that it would restrict his personal life too much. "The old, 'Where's Dad?' phrase kept running through my head," says Cudia, who is married with three children. "I knew I wanted veterinary medicine to be part of my life but I knew I didn't want it to be my life."

## ...On how their eras impacted the veterinary profession:

A self-described "Depression child," Flowers says very few small-animal practices were around in the 1930s and '40s. The veterinary profession existed mainly to serve agriculture. But right after World War II, people began moving from farms to cities. As society became more affluent, families brought pets into their lives. "This," he recalls, "was the revolution of small-animal medicine."

He adds that the veterinarians of his time worked hard to combat public ignorance of pet health. "Our generation really educated the public about good veterinary medicine. When I started in practice, the number of people who didn't take their pets to the vet far outnumbered those who did." By educating pet owners about veterinary-health measures like vaccination (he estimates that fewer than 10 percent of pets were vaccinated when he started out in practice), he says, "We made a lot of money for the veterinarians of today."

Cudia says that a new class of customer, armed with information sources like the Internet, provides fresh challenges for veterinarians. "People have really come to demand a lot from whatever service they are patronizing, whether it's the department store, the gas station, or the veterinarian."

Add to this the fact that pets have become a bigger part of people's lives: "All the expectations they have for their child's welfare and medical care they also have for their pet's."

## ...On how the practice of veterinary medicine has changed during their time in practice:

"When I started school, I didn't even know they treated small animals. If a dog got sick, they just wormed it," says Flowers.

Medical advances kept pace with society's

increasing willingness to participate in their pets' healthcare. Flowers says that throughout his career, the rate of progress ushered in major advances every five or so years.

"By the time I left practice," says Flowers, "we were doing things that we couldn't possibly do when I first graduated."

He recalls learning how to run EKGs in school, "but we were told we would probably never have to use them." Gas anesthesia was unavailable. ACL ruptures were managed by "firing the knee" with a hot rod rather than performing surgical repair.

Regan says new diagnostic technologies brought unprecedented sophistication to veterinary medicine. Whenever she peruses old films filed at her hospital, she says, "I'm reminded how much easier it is to make diagnoses now than when we didn't have ultrasound or CT. If you have a more accurate diagnosis, you can treat it correctly rather than just wing it."

The biggest change Cudia has seen since he graduated ten years ago is the greater accessibility of specialty care. "People used to struggle to find places to have radioactive iodine treatment for their cats. Now they can drive 30 minutes for this. They can get an MRI any day of the week and they can see an oncologist 24/7."

### ...On specialization:

Though it seems to have hit our profession with hurricane force, the trend toward specialization was actually very plodding. It's a development that Flowers first took notice of in the 1960s. "We gradually started to see specialists and emergency clinics," he recalls.

But their scarcity rendered it difficult to refer clients to them, adds Flowers, who took courses to learn how to perform certain "specialty" procedures like ophthalmologic services and orthopedic surgeries. By the early 1970s, improved accessibility to specialty care made it easier for him to refer such cases.

While specialization has been a boon to the profession, Regan has her concerns. "A lot of



Dr. Regan (from 1979 Scalpel)

these people, instead of staying at a university and training other people, go off into private practice, where there's more money to be made," she observes. "No one's staying back to teach."

"In radiology, there are schools that don't know who is going to train the next group of radiologists."

### ...On emerging diseases through the years:

While most changes in our profession seem to have been propagated by people—veterinarians or owners—some have been initiated by Mother Nature.

For instance, notes Flowers, "We learned about heartworm in school, but we were told it was a tropical disease." And it very well may have been, then.

Distemper, on the other hand, ran rampant. Yet by the time Regan graduated 25 years later, it had been nearly eradicated through vaccination programs. Parvo, however, was coming of age. "One virus goes out and the other comes in," Regan says. "It's a constant parade."

### ...On changing dynamics between the pet owner and the veterinarian:

"A lot of people think of their pets as family members or children," says Regan.

No one can deny the virtues of the human-animal bond. Yet this bond holds the potential to negatively impact the profession.

"There are inklings of the concept that we are 'guardians' of animals rather than 'owners,'" says Cudia. The possible legal ramifications, he explains, will certainly place additional pressures on veterinarians.

The bar is also raised by the fact that owners are more informed about medical issues today than they were in the past. "Just the other day,



Dr. Regan (today)

someone asked me how stem cells would influence veterinary medicine," says Flowers. "In the 1950s, they just wanted to know how to get rid of hookworms."

### ...On other significant trends impacting the profession:

Flowers, whose practice was sold by a subsequent owner to a corporation, decries corporate ownership of veterinary hospitals. Corporations, he says, "are greedy. They don't really care about practicing good, quality medicine."

Of concern to Cudia is proposed legislation to allow non-veterinarians to treat animals without veterinary supervision.

The animal-rights movement and zoonotic concerns are two forces that will continue to affect the veterinary profession, predicts Regan. Of the latter, she says, "Public health threats, real or imagined, have put veterinarians in a positive light as being the people who know what those risks are and can translate them for society."

### ...On their hopes for the future of the profession:

Flowers would like to see an influx of centralized community animal hospitals, similar to those on the human side. These, he explains, would allow veterinarians to more efficiently deliver quality medicine by sharing equipment and overhead costs.

His wish for veterinary education is that the specialties continue to grow, but that veterinary students—who he believes often try to narrow their focus prematurely—continue to take the



Dr. Cudia (today)

core curriculum seriously. As a former member of the Pennsylvania State Board of Veterinary Medicine, he recalls comments by students to whom he administered

board exams. "They would say, 'I'll never use this anyway.' And then they would end up using it." Cudia, who hopes to devote the next 30 or 40 years to surgery specialty practice, agrees that young veterinarians should keep open minds. "There are always alternatives and you have to feel free to break from tradition."



Dr. Cudia (from 1994 Scalpel)