

# Should the Veterinarian Have a Mechanism to Prescribe Drugs in Feed?

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The title which Dr. Hoffsis selected for my topic is in fact a question. It would, therefore, have been easy to prepare this paper because a simple "yes" or "no" answer would have been appropriate. However, so that we not abandon the long standing tradition in veterinary medicine continuing education endeavors of speakers running over their allotted time, I shall respond to the question, "Should the veterinarian have a mechanism to prescribe drugs in feeds?" by stating, "Yes, this opportunity should be afforded veterinarians." With this response, it is only appropriate to offer for your consideration some thoughts relative to this position—all of which I hope to accomplish in the 15 minutes allotted. Any questions or points which are in need of clarification can be addressed during the discussion session.

The import of the topic which we are discussing this morning varies greatly with type of practice activity involved, or to be more precise, the species of food animal involved with the practice activity. A food animal practitioner whose work in herd health maintenance deals primarily with the porcine species would undoubtedly manifest the strongest interest in the issue of using feed as a vehicle to provide therapeutic pharmaceuticals to animals. Since our practice activity has very little to do with swine and focuses primarily on bovines, the comments will be presented from that viewpoint. The bovine activity at Harbor Beach is primarily dairy cattle. In addition, I personally am involved in herd health maintenance practice activity with cattle feedyards throughout the state. This involvement addresses an annual turn-over rate of some 75,000 feeder cattle.

There are questions which arise regarding this topic and need to be addressed since they impact on the decision to therapeutically medicate animals via feedstuffs. Are we and is our profession prepared to assume the liability exposure which is inherent with this activity? Is the mixing to be with on farm or in proprietary feedmill facilities? Will these facilities provide for adequate mixing and meet the requirements of food manufacturing practices? Is the ration being fed entirely farm grown and will it lend itself to sub-unit ingredient mixing? Can the mechanism to prescribe a

therapeutic level of drugs in feed be adequately designed to assume a safe end product, human food?

Certainly, the last question is paramount in the mind of the veterinarian and producer. As a member of the food production team, the veterinarian must recognize that without the authority from the producer to govern those safeguards which are necessary to assure residue free milk, meat, and eggs, the decision to therapeutically medicate in the feed may not be appropriate in that instance in which the appropriate safeguards cannot be effected.

Food animal veterinarians recognize the need for the ability to medicate, in the feed, animals assigned to their care. FDA/CVM has sensed this need of the food animal practitioner exists as well as was evidenced by CVM Director Crawford's comments at a recent food editors conference in Dallas. Should the opportunity to medicate animals through feeds become formally promulgated through law or, if possible, via regulation, there is attached to this opportunity a responsibility on the part of the producer, prescribing veterinarian and if involved, the independent mixer, to provide that human food derived from treated animals be free of residues and safe for human consumption. This impacts on the issue of residues which may occur in food both from primary as well as secondary contamination. Our practice has experienced secondary contamination on a very traumatic first hand basis because of the incident in which feedstuffs of Michigan food producing animals became adulterated with poly-brominated biphenols.

In the time that remains, let me bring you up-to-date on your AVMA's activity on this topic. One of my functions on AVMA's Executive Board is to monitor and report to the Board actions regarding the general category of pharmaceuticals which have been addressed by your AVMA's Council on Biologicals and Therapeutic Agents, the Council's Drug Availability Advisory Committee, the CVM Advisory Committee of which Dr. Hoffsis serves as chairman, and the recently formed Food Animal Task Force, which has on its roster veterinarians who represent the broad spectrum of appropriate allied organizations and producer associations. With this background, one could talk for an extended time on a variety of issues dealing with pharmaceuticals.

**In regard to prescribing drugs in feeds, your AVMA's approach has been to initiate appropriate action to amend the Food, Drug and Cosmetic Act such that this method of**

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treatment would be legal within the framework of a bonafide veterinarian-client-patient relationship. If amendments can be effected, it is recognized that the FDA/CVM will then establish regulations to implement their administration of

this activity. Such regulations it is hoped will be reasonable and allow the veterinarian to prescribe therapeutic levels of pharmaceuticals in feeds in a responsible manner and in the context of a veterinarian-client-patient relationship.