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A Trojan Horse in Veterinary Care

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As a new film adaptation of "The Odyssey" approaches release, the ancient story behind it feels unexpectedly current. The Trojan War did not end because Troy was defeated by force. It ended because the Trojans were exhausted, strained, and eager for relief and welcomed a solution that appeared benevolent without fully examining what it contained.

The horse was not a weapon of brute force. It was a gift. And the danger, as history reminds us, is not ignorance but an overwhelming desire for relief. That distinction matters, because something similar is unfolding in veterinary medicine today.

The recent podcast conversation between Tucker Carlson and Joe Spector (CEO of Dutch Pet) [bit.ly/40sWYcq] has raised concerns precisely because it speaks to real and widely felt frustrations: rising costs of care, the risks of consolidation, and the growing number of pet owners who feel priced out of the system. They echo concerns long voiced within the profession.

It is also important to say plainly that much of the podcast's resonance comes from a strong emotional appeal to pet owners; an appeal built in part on statements that are misleading or simply incorrect.

Erroneous statements on veterinary inflation, grossly exaggerated costs of dentals and vaccines, and the untrue claim that veterinarians routinely add services primarily to drive profit are not supported by the data. These assertions may feel true to frustrated consumers, but repetition does not make them accurate.

When complex economic realities are reduced to caricature, trust erodes and thoughtful discussion becomes harder, not easier. Still, the emotional pull is powerful.

And like the Trojan horse itself, the proposed solution arrives wrapped as relief: an emotionally appealing promise that obscures the long-term risks to patient safety and care quality. Specifically, Dutch Pet advances a model that prioritizes convenience and access while eroding the separation between medical judgment and retail transactions.

The Siege Is Real

Veterinary care is under sustained economic pressure. The cost of care has risen faster than general inflation and household incomes, increasing price sensitivity among pet owners. Patient visits have stagnated or declined even as nominal revenues rise; a signal that price increases are masking demand fragility rather than reflecting true growth.

Consolidation has amplified these pressures. Across health care sectors, consolidation reliably increases prices without delivering proportional gains in productivity or quality. Veterinary medicine is not immune. Scale achieved through acquisition rather than care redesign tends to make systems more brittle, not more efficient.

In this environment, it is entirely understandable that pet owners, practitioners, and policymakers are searching for a way out of the siege. And this is precisely when Trojan horses are most likely to be welcomed.

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The Warnings Were There

One of the least remembered details of the Trojan horse story is that the Trojans were warned explicitly and repeatedly. Laocoön cautioned them to fear gifts from their enemies. Cassandra foresaw the outcome.

The tragedy was not a lack of insight, but the willingness to overlook it after years of strain. Veterinary medicine is in a similar moment.

Concerns about eroding the veterinarian-client-patient relationship, hollowing out practice economics, and decoupling prescribing from accountability are not fringe ideas. They are widely understood across the profession. What has changed is not awareness, but tolerance, driven by fatigue, cost pressure, and the understandable desire for near-term relief.

The Gift at the Gates

Dutch Pet presents itself as a corrective and benevolent force: easier access, lower prices, fewer barriers, modernized care. Telemedicine promises convenience. Online pharmacies promise savings. The in-person physical exam is framed as an outdated wall keeping consumers out.

This is the horse at the gate. It is well constructed. It speaks the language of progress. And if appropriately applied, many of its components can provide benefits.

But the Trojan horse was not dangerous because it was crude or deceptive. It was dangerous because it was persuasive, and because what mattered most was hidden inside.

What the Horse Carries: Economic Hollowing

At its core, Dutch Pet is not simply a telemedicine service. It is a pharmacy-first retail model that monetizes access to care where medical judgment follows, rather than leads, the transaction. That inversion matters when patients cannot speak, outcomes can be irreversible, and trust is foundational.

In-practice pharmacy revenue is often dismissed as inefficiency. In reality, it functions as a cross-subsidy that supports the most labor-intensive aspects of care: longer appointments, preventive counseling, staff wages, and uncompensated clinical advice.

When online platforms extract high-margin, low-labor practice revenue, they do not make care sustainably cheaper. They weaken the economic foundation that makes comprehensive care possible.

Remember, Troy wasn't breached by force. The horse wasn't pushed through the gates. The Trojans dismantled part of their own wall to bring it inside.

That detail matters. The greatest risks facing veterinary medicine today do not come from hostile takeovers but from internal decisions made under sustained pressure.

Removing friction is not the same as removing risk.

Sanctified Convenience, the VCPR, and Who Bears the Risk

It is worth emphasizing that this is not merely a Trojan horse for veterinary medicine. It is a Trojan horse for pet owners and the animals they love.

Platforms like Dutch Pet position themselves as benevolent forces acting on behalf of consumers, but in doing so, they argue for dismantling the very safeguards designed to protect patients when diagnoses are uncertain, outcomes are irreversible, and clinical judgment matters most.

Perhaps the most consequential proposal embedded in this model is the call to remove the in-person physical exam requirement for establishing a VCPR.

This requirement is frequently framed as protectionism. It is not.

Another often overlooked detail of the Trojan horse story is it was framed as a sacred offering. To question it was not just to doubt strategy, but to appear backward, fearful, or immoral.

In much the same way, telemedicine and convenience are increasingly treated as moral goods rather than clinical tools. To question their limits is quickly recast as being anti-progress, anti-consumer, or anti-innovation; rather than as a concern for patient safety, accountability, and system integrity.

The physical exam is not ceremonial. It is the diagnostic foundation of veterinary medicine in a world where patients cannot self-report, subtle findings matter, and errors can be consequential. Telemedicine can and should extend an established relationship, but when it replaces that foundation, prescribing authority becomes detached from accountability.

When convenience becomes a moral good, safeguards start to look like obstruction.

Some constraints exist to hold the system up.

THE VIRTUAL VCPR

Veterinarians can legally establish a veterinarian–client–patient relationship via telemedicine in Arizona, California, Florida, Idaho, New Jersey, New York, Ohio, Vermont, Virginia, and the District of Columbia. Virtual VCPR legislation is currently being considered in Connecticut, Massachusetts, Michigan, New Hampshire, Oklahoma, Pennsylvania, Rhode Island, and Washington.

Choosing the Right Kind of Change

Veterinary medicine needs thoughtful, targeted change, not wholesale dismantling of its load-bearing safeguards. The profession must address affordability, workforce burnout, productivity, and access through approaches that strengthen, rather than weaken, the clinical and economic foundations of care.

Technology, telemedicine, and new delivery models all have a role to play. But only when they augment clinical judgment, preserve accountability, and reinforce the systems that make care safe and sustainable.

Veterinary practices are also not without effective responses. One of the most practical, and underappreciated, offensive capabilities available today is practice-led home delivery prescription services. When integrated within an established VCPR, home delivery preserves clinical oversight, improves compliance, and delivers the convenience pet owners increasingly expect without severing the economic link that supports comprehensive care.

In other words, the answer to platform disintermediation is not surrendering the relationship but modernizing it.

There is a deeper irony here. While critiquing consolidation and financialization in veterinary medicine, platform models like Dutch Pet advance a parallel form of economic extraction — one that captures value at a critical choke point while shifting risk downstream.

This is not an alternative to corporatization. It is merely a different expression of it.

A Final Pause at the Gates

As "The Odyssey" reminds us, the greatest threats are not always those that arrive openly hostile. Sometimes they arrive polished, persuasive, and well intentioned; asking only that we open the gates.

Veterinary medicine and pet owners should pause before doing so.

Too-good-to-be-true convenience, access, and innovation may look generous, but they can still carry costs that matter deeply for patient safety, professional integrity, and system sustainability. In medicine, relief that requires surrendering safeguards is not progress — it is risk.

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TROJAN TIDBIT

Estimates on the number of soldiers hidden inside the Trojan horse vary widely, but between 30 and 40 is most commonly cited. Some scholars believe the "horse" was actually a giant naval ramming machine built from the wood of abandoned Greek ships.

Let's Talk About Production Pay

BY TRACY BEELER, DVM
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I agree with Dr. Stacee Santi in her article "The Shortcomings of Production Pay" [go.navc.com/4lb2Xvl]. I've long considered the introduction of production-based pay to be one of the major contributing factors in problems plaguing our profession.

Sadly, many of the discussions I've tried to start about this topic are met with defensive arguments about how production-based pay only ensures we practice gold-standard care. Very few acknowledge how it affects their recommendations, even subconsciously, or how it could affect their mental health. We're also seeing that "gold standard or nothing" attitude backfire with the introduction of spectrum of care models, and I have to laugh a bit as I've always practiced this way but just called it working within a client's budget.

While I don't have more solutions to offer, it was refreshing to see this topic addressed, and I hope it fosters new discussions and considerations within our profession.

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