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# Conversation Analysis of Veterinarians' Proposals for Long-Term Dietary Change in Companion Animal Practice in Ontario, Canada

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1 Veterinarians' proposals for long-term dietary change in companion animal practice in  
2 Ontario, Canada

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22 **Abstract**

23 **Objective**—To investigate the form and content of veterinarian-initiated proposals for  
24 long-term dietary change in canine and feline patients during companion animal  
25 consultations.

26 **Design**—Cross-sectional qualitative study using conversation analysis.

27 **Sample**—A subsample of 42 videotaped segments involving 35 appointments featuring  
28 15 veterinarians initiating a total of 44 proposals promoting long-term dietary change.  
29 Transcripts of nutrition-related veterinarian-client interactions had been previously  
30 generated from 172 of 284 videotaped veterinarian-client-patient visits in companion  
31 animal clinics in Eastern Ontario.

32 **Procedures**—Conversation analysis was used to study the characteristics and design of  
33 veterinarian-initiated proposals for long-term nutritional modification, as well as the  
34 phases of the appointments during which they occurred.

35 **Results**— The most frequent health concern, periodontal disease, was mentioned in 49%  
36 of the appointments (17/35) and dental diets were proposed in 30% of veterinarians’  
37 proposals (13/44). Veterinarians initiated proposals at various points during the  
38 consultations rather than as a predictable part of treatment planning at the end. Some  
39 proposals were worded strongly (eg, “She should be on...”). Most proposals were worded  
40 so as to avoid presuming that dietary change would occur. Such proposals described  
41 dietary items as options (eg, “There are also special diets...”) or used mitigating language  
42 (eg, “you may want to try...”).

43 **Conclusions and Clinical Relevance**—Results reflect delicate veterinarian-client  
44 dynamics associated with dietary advice-giving in veterinary medicine that can impact

45 adherence and limit shared decision-making. These analyses can provide important  
46 guidance for communication training related to dietary treatment decision-making.

47 **Keywords:** Communication, conversation analysis, decision-making, treatment  
48 recommendations, nutrition-small animal, qualitative analysis.

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65           There is increasing recognition of the importance of patient nutrition in  
66 preventing and treating acute and chronic disease in companion animal medicine.<sup>1,2</sup>  
67 Nutritional consulting is a growing area in veterinary services<sup>3</sup> and the American Animal  
68 Hospital Association and the World Small Animal Veterinary Association have  
69 recommended that nutritional assessments of cats and dogs be conducted in every  
70 appointment.<sup>1,2</sup> Many nutrition-sensitive diseases, such as chronic kidney disease, certain  
71 hepatopathies and gastrointestinal disorders, can be ameliorated through dietary  
72 intervention.<sup>4</sup> In one survey study,<sup>5</sup> the five most common diseases cat and dog owners  
73 reported in their pets were cardiac, gastrointestinal tract/hepatic, lower urinary tract,  
74 musculoskeletal, and periodontal conditions, all of which can benefit from nutritional  
75 modification. Nevertheless, only 12% of owners identifying these health problems in  
76 their pets reported using a therapeutic diet.<sup>5</sup>

77           Disease can also be diet-induced through nutritional deficiencies, consumption of  
78 excess nutrients, and ingestion of contaminants.<sup>4</sup> With respect to excess nutrition,  
79 overweight and obesity in cats and dogs are on the rise<sup>6-8</sup> with high prevalence estimates  
80 in some sources ranging between 59% and 63%.<sup>9,10</sup> Obesity has been implicated in a  
81 wide range of health concerns, including cardiovascular diseases, diabetes mellitus,  
82 hepatic lipidosis, osteoarthritis, and early mortality.<sup>11,12</sup>

83           Although many veterinary clients may actively solicit nutritional advice from  
84 veterinarians, the reality is that veterinarians frequently need to initiate conversations  
85 with clients about dietary modification.<sup>11</sup> Given the power of diets to cause, treat or  
86 prevent disease,<sup>4</sup> practitioners' skills in working with clients to plan and carry out  
87 alterations to patient diet play a pivotal role in promoting and improving patient

88 health.<sup>13,14</sup> However, a major study<sup>15</sup> published in 2003 by the American Animal Hospital  
89 Association reported that 11.6 million dogs and 9 million cats in the United States  
90 diagnosed with conditions that could benefit from use of a therapeutic diet were either not  
91 fed such a diet at all or were not fed the diet for the period of time required for health  
92 benefits to occur. Incomplete or ineffective communication was proposed as a  
93 contributing factor.<sup>15</sup> Not surprisingly, effective communication of veterinary  
94 practitioners with clients in the assessment of patient nutrition and in making dietary  
95 recommendations has been promoted as crucial to client adherence and patient health.<sup>14,16</sup>

96       Much research evidence in human medicine has accumulated as to how various  
97 characteristics of physicians' communication practices can affect patient adherence<sup>17-21</sup>  
98 and health outcomes.<sup>22-25</sup> A meta-analytic study<sup>21</sup> reported a statistically significant  
99 association between measures of the quality of physician communication (as rated by  
100 patients or observers) and patient adherence to treatment recommendations; greater  
101 adherence was also linked to physician training in communication skills. Another  
102 review<sup>23</sup> found that the informativeness of physicians' communications, the clarity of  
103 their recommendations, and the degree of collaborative decision-making with patients in  
104 treatment-related and health management discussions were associated with positive  
105 health outcomes.

106       In veterinary medicine, empirical research on communication in the area of  
107 treatment decision-making is less common but is growing. Ineffective communication  
108 has been linked with clients' poor understanding of the need for and benefit of  
109 veterinarians' recommendations and a lack of conviction in their importance.<sup>15,26,27</sup>  
110 Clients' evaluations that veterinarians spent an adequate amount of time in the

111 consultation were associated with higher compliance with a prescribed short-term  
112 regimen of microbial treatment for their dogs in one study<sup>28</sup>; in a 2009 study<sup>27</sup> on certain  
113 medication regimens by the American Animal Hospital Association, high adherence rates  
114 were found among pet owners who reported appointment lengths of 10 minutes or over  
115 and the provision of medication demonstrations, written information, follow-up telephone  
116 calls, and medication reminders (in cases of chronic disease). While these studies are  
117 helpful in suggesting actions that can be adopted by veterinary practices, there are  
118 limitations associated with the use of participant retrospective self-report. Little is known  
119 about the actual form and content of veterinarian-client interactions under study.

120         Research by Kanji and colleagues<sup>29</sup> explored the impact of veterinarian-client-  
121 patient interactions on client adherence with surgery and dentistry recommendations  
122 using the Roter interaction system (RIAS) to code videotaped companion animal visits.  
123 Although the overall client adherence of 30% was assessed as poor, cases in which  
124 adherence occurred were associated with: higher ratings of post-consultation client  
125 satisfaction; clear (vs ambiguous) treatment recommendations; more frequent positive  
126 statements by veterinarians directed toward clients; lengthier consultations; higher ratings  
127 by RIAS coders of veterinarians' and clients' communications as non-rushed/non-hurried  
128 and sympathetic/empathic; and higher scores on relationship-centered care as measured  
129 by the proportion of client-centered talk engaged in by veterinarians and clients.<sup>29</sup>

130         The RIAS study<sup>29</sup> goes beyond mere description of interactional features of  
131 communication to identify empirically those that may support client adherence. However,  
132 much remains unknown about how clinician-client treatment discussions in veterinary  
133 medicine, including those involving dietary recommendations, unfold sequentially in real

134 time. Such details include whether and how veterinarians justify their recommendations  
135 in relation to patient health concerns, the specific grammatical and lexical features with  
136 which they are designed, the particular phases of the consultations during which  
137 recommendations are made, and how clients respond verbally.

138         The qualitative research methodology of conversation analysis can help fill such  
139 knowledge gaps. Conversation analysis studies naturally occurring, real-time  
140 conversation and the social actions that talk achieves, with analysis of a sequence of  
141 turns—the successive contributions of different speakers to a segment of talk—as the  
142 bedrock of empirical inquiry.<sup>30-33</sup> Over the past 30 years, conversation analysis has been  
143 used to study clinician-patient interactions in human medicine,<sup>34</sup> including health-care  
144 advice<sup>(eg,35-42)</sup> and physicians' treatment recommendations.<sup>(eg,39-46)</sup>

145         The present study reports on findings that are part of a larger project using  
146 conversation analysis to study veterinarian-initiated proposals to clients during small  
147 animal clinic visits to enact long-term nutritional changes for patients. These proposals  
148 pertained to significant alteration of the content of main foods and treats consumed by  
149 veterinary patients. The decision to analyze proposals initiated by veterinarians (not  
150 clients), for long-term (not short-term) diet-related changes, and for main foods and treats  
151 (rather than dietary supplements) was related in part to practical concerns about the  
152 labour-intensiveness of conversation analysis and the need to constrain the study's scope.  
153 However, the main reason was to provide insight into those nutrition-related treatment  
154 scenarios that could have the greatest long-term impact on patient health and were  
155 potentially the most challenging for veterinarians to negotiate.



156 Conversation-analytic research, in general, suggests that recipients of health care  
157 advice tend to display positive acceptance of advice when the recipients themselves have  
158 solicited it.<sup>39,41</sup> Clients who take the initiative to seek veterinarians' advice about their  
159 pets' diets are already open to dietary modification; when veterinarians initiate the topic  
160 of dietary change, clients may not initially be as receptive. While adoption of long-term  
161 nutritional changes, such as those designed to prevent disease onset, can have an  
162 especially powerful effect on patient health,<sup>47,48</sup> there may be challenges in securing  
163 adherence; not as many clients may be as motivated to accept them as they might short-  
164 term dietary changes that involve less onerous commitments in terms of time, money, or  
165 inconvenience. Also, short-term dietary changes are often proposed when treating acute  
166 disease such as gastrointestinal illnesses; these are often aversive for clients as well as  
167 patients, which may increase the incentive to seek and adhere to treatment.<sup>28</sup> It may be  
168 harder for veterinarians to convince clients of the preventative benefits of an  
169 unanticipated long-term nutritional change in the absence of current evidence of disease  
170 in their pets. These considerations informed our focus on veterinarian-initiated proposals  
171 to modify the long-term regimen of patients' main foods and treats in companion animal  
172 consultations. The objectives of the present study were to explore the general features of  
173 discussions in which the dietary proposal occurred and the phases of the consultations  
174 during which they emerged, the patient health concerns and types of dietary changes  
175 involved, and the linguistic design of veterinarians' initial proposals to clients.

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## 179 **MATERIALS AND METHODS**

### 180 **Data archive**

181           The present study analyzed interactions in a sub-sample of videotaped visits taken  
182 from a consented archive of 284 appointments involving veterinarians and their clients in  
183 Ontario, Canada. The data from which the archive was created were originally collected  
184 in 2006 for a previous quantitative study of veterinarian-client-patient communication<sup>49</sup>  
185 consisting of 350 appointments with 20 veterinarians and their clients in companion  
186 animal practice in 14 counties in Ontario. Details about the original study design have  
187 been previously described.<sup>49</sup> Of the 20 veterinarians and clients involved in the original  
188 data collection and study, 17 practitioners and their clients consented to allow their  
189 appointments to be studied in subsequent secondary analyses, the protocol for which was  
190 reviewed and approved by the University of Guelph Research Ethics Board.

### 191 **Data preparation**

192           The 284 appointments were screened for segments of diet-related veterinarian-  
193 client communication that were then subjected to basic orthographic (ie, word-for-word)  
194 transcription capturing in sequence each turn taken by participants. Pseudonyms were  
195 used to anonymize proper names of people, pets and geographic locations. There were  
196 172 of 284 visits (61% of the appointments available for possible analysis) that contained  
197 nutrition-related talk, the implications of which were discussed in a previous study.<sup>50</sup>  
198 Among the 172 appointments containing dietary talk, 55 (32%) contained veterinarian-  
199 client conversation in which long-term changes to the content of patients' diets were  
200 discussed.

201 Selection criteria were used to create a smaller collection of appointments in  
202 which veterinarians were the ones to initiate the proposals. Client-initiated proposals  
203 were those in which: a) clients directly proposed nutritional changes to veterinarians for  
204 ratification; or b) veterinarians proposed dietary modifications in response to clients'  
205 specific comments or questions seeking advice about what they were feeding their pets.  
206 In contrast, if veterinarians' long-term dietary proposals occurred in segments in which  
207 clients had previously solicited diet-related advice on a topic other than the specific  
208 nutritional content of their pets' diet (eg, about a pet's weight, or how much to feed the  
209 pet), these proposals were identified as veterinarian-initiated and included in the final  
210 collection.

211 Twenty-one appointments (38% of the 55 appointments in which long-term  
212 nutritional modifications were discussed) were identified as containing client-initiated  
213 proposals. One of these 21 appointments containing a client-initiated long-term dietary  
214 proposal also contained a veterinarian-initiated one. Therefore, this appointment and the  
215 veterinarian-initiated proposal were retained in the final collection, with the other 20  
216 appointments containing only client-initiated long-term proposals eliminated from the  
217 original collection of 55 visits. This resulted in a final collection of 35 visits containing a  
218 total of 42 segments of veterinarian-initiated long-term proposals: 28 visits contained 1  
219 segment each and 7 additional visits contained 2 segments each.

220 Additional selection criteria were as follows. First, veterinarians' proposals  
221 needed to involve relatively longer-term dietary changes. These were not necessarily  
222 permanent (eg, those involving pediatric nutritional requirements or promotion of weight  
223 loss for a period of time were included), but all short-term dietary recommendations to

224 treat acute illness were excluded. Second, the collection consisted of proposed changes to  
225 main foods (wet or dry) and treats; in one segment with a kitten, cow's milk was also  
226 included as it was oriented to as a significant part of the patient's daily nutritional intake.  
227 Proposals involving nutraceuticals and dietary supplements were excluded because of  
228 their low frequency and their relatively tangential contributions to patient nutrition.  
229 Third, a proposal of long-term dietary modification needed to be linked explicitly to the  
230 specific patient. This excluded dietary proposals targeting pets not in attendance, as well  
231 as proposals involving only generic information about nutritional needs of the relevant  
232 species, breed or lifestage. Also excluded were proposed changes in feeding management  
233 strategies only, with no alteration of dietary content.

234         The collection thus consisted of segments in which veterinarians initiated  
235 proposals to make one or more major longer-term modifications in foods and/or liquids  
236 other than water (eg, main foods, treats, and milk) comprising a patient's diet. This  
237 involved a change or changes that altered the content of the patient's nutritional regimen  
238 significantly and demanded client adjustment, effort and buy-in (sometimes literally in  
239 terms of purchasing a new food or buying more of a current food). Proposals to simply  
240 reduce the amount of a currently used food item were excluded. However, proposals to  
241 eliminate entirely a favoured food item (eg, canned food, cow's milk, or particular treats)  
242 were included whether or not the veterinarian proposed substitution of an alternative  
243 item. This was because veterinarians and clients sometimes oriented to the difficulties  
244 involved in enacting such changes.

245         We adopted the use of the broad category of dietary *proposals* rather than  
246 narrower ones of *recommendations* or *advice-giving* in developing the collection in order

247 to gain comprehensive understanding of the communicative approaches that veterinarians  
248 used. We thus analyzed instances in which veterinarians forwarded a clearly preferred  
249 single course of action<sup>35</sup> as well as those in which dietary changes were designed as  
250 options. Standard recommendations (ie, “I would recommend *X*”), suggestions (ie, “We  
251 could put him on *X*”), descriptions (ie, “We also have foods”), and offers of free samples  
252 to clients (eg, “What I’ll do there...and I’ll get you a sample bag of it”) were all studied.

### 253 **Analytic method**

254 We used conversation analysis to study veterinarians’ initial dietary proposals and  
255 subsequent veterinarian-client talk about the proposals. Conversation analysis assumes  
256 that language in use and social interaction are orderly and organized at a fine-grained  
257 level; audio and video recordings and detailed transcripts are analyzed to study the  
258 structure of interaction and identify what the participants are doing with their talk.<sup>51</sup>  
259 Conversation analysis studies treatment decision-making as an interactional process  
260 involving joint social action<sup>52</sup> unfolding over time. Both participants’ successive (turn-  
261 by-turn) contributions powerfully shape the outcome, such that treatment decisions are  
262 not seen as attributable to any single participant or moment.<sup>34</sup>

263 Following the aims of conversation analysis, we explored the sequential  
264 organization of talk and the social actions that veterinarians and clients jointly  
265 accomplished during these diet discussions. To do so, we repeatedly listened to and  
266 observed the videotaped real-life interactions in our collection<sup>30-33,51</sup> with the production  
267 and examination of extremely detailed, specially notated transcripts<sup>53</sup> forming a core  
268 analytic activity.<sup>30-33,51</sup> The basic transcripts of the 42 dietary proposal segments were  
269 refined using conversation analytic transcript symbols to indicate features like changes in

270 vocal intonation, speech volume and speed, gaps between stretches of talk, and overlaps  
 271 where two participants or more (a veterinarian and client, or two clients) were speaking  
 272 simultaneously. Additional information about nonverbal activities (eg, eye gaze, head  
 273 nods, embodied movements of clients, practitioners and patients) was incorporated in the  
 274 transcripts. Some of this information was helpful in flagging the conversation-analytic  
 275 phenomenon of *multiple involvements*<sup>54</sup> whereby participants engage in multiple  
 276 activities: for example, veterinarians sometimes physically examined patients while  
 277 discussing nutritional changes with clients.

278 Another important analytic dimension concerned the *normativity*<sup>35,55</sup> of the  
 279 proposals: how prescriptive they were with respect to urging modification of patients'  
 280 diets. Analysis was informed by conversation analytic research on *deontics*<sup>56-58</sup> and  
 281 *epistemics*.<sup>55,56,59</sup> Deontics focuses on how strongly speakers' rights and responsibilities  
 282 to decide courses of action<sup>56</sup> (eg, changing a patient's diet) are constructed in the details  
 283 of talk. Epistemics focuses on the degree of certainty with which speakers' suppositions  
 284 and knowledge claims<sup>56</sup> (eg, claims about animal health and nutritional change) are  
 285 constructed in the proposals. For example, a bald directive (eg, "Give Rory dry food")  
 286 uses the imperative form "give" and displays: a) the high *entitlement* of the speaker to  
 287 impose the dietary change on the client (and, concomitantly, on the patient); and b) the  
 288 absence of speaker acknowledgement of *contingency*: present or future possibilities that  
 289 the client (or the patient) may lack the desire or the ability to comply with the directive.<sup>60</sup>  
 290 A different example ("You might want to switch Rory to dry food") displays the  
 291 speaker's low entitlement to impose the dietary change and acknowledges contingencies

292 by displaying the speaker's uncertainty as to the client's desire to change the patient's  
293 diet.

#### 294 **Analysis**

295         Supplementary descriptive information about the characteristics of the 35  
296 appointments and 42 proposal segments in the study was collected, including  
297 demographic details about the 15 different veterinarians and clinics, the type of visit and  
298 patient species. Information was also gathered about the types of dietary changes  
299 proposed, the kinds of patient health problems targeted by the proposals, and the  
300 sequencing of proposals in relation to various medical activities (eg, before, during, or  
301 after the physical examination, diagnostic tests, or procedures like vaccinations).

302         We examined both the position and composition<sup>61,62</sup> of each turn at talk in order  
303 to understand the functions and consequences of each contribution of talk by a speaker to  
304 the interaction. Each utterance was studied in terms of its sequential position (ie,  
305 location) in the unfolding conversation as well as in terms of its composition (eg,  
306 propositional content, grammatical format and intonation). To see how veterinarians'  
307 knowledge claims and rights to determine patients' future diets were expressed in the  
308 language of the recommending utterances, their grammatical formats and lexical features  
309 were analyzed, along with the immediate responses displayed by clients, and  
310 veterinarians' subsequent uptake of clients' responses.

311         For an utterance in a segment to be analyzed as the initial dietary proposal, the  
312 veterinarian's talk had to actually propose a dietary change or describe a dietary item or  
313 option in lieu of proposing a change. In a couple of instances in which the veterinarian's  
314 first long-term dietary change proposal was aborted prior to completion (eg, due to

315 intervening talk by the client), the format analyzed as the initial one was that of the  
316 subsequent, completely re-issued proposal. If a client responded to a veterinarian's  
317 complete utterance in a manner that clearly oriented to it as a proposal to change the  
318 patient's diet, that utterance was treated as an initial dietary proposal. Nutrition-related  
319 veterinarian-client interactions both before and after the proposals were also analyzed in  
320 order to better understand the form and content of the proposals in context, and the social  
321 actions being performed. Analysis of clients' responses to the dietary proposals and all  
322 subsequent interactions about long-term changes to patients' diets within appointments  
323 was also conducted in order to study the negotiation of treatment decision-making related  
324 to patient nutrition.<sup>63</sup>

## 325 **RESULTS**

326         The present study reports 3 strands of findings: a) the characteristics of the  
327 appointments from which the data were taken; b) important features of the dietary  
328 proposals and the segments in which they occurred; and c) patterns in the grammar and  
329 wording of the proposals, including how linguistic design was related to the types of  
330 health concerns targeted and orientations to brand names of proposed food items.

### 331 **Characteristics of appointments**

332         The 35 appointments in which veterinarians proposed long-term nutritional  
333 changes included 15 (88%) of the original 17 practitioners in the archive for which  
334 consent to conduct secondary analyses had been obtained. Of these 15 veterinarians, 10  
335 were female and 5 were male. Median number of years in practice was 10 (range, 2 to  
336 25), and 14 of the veterinarian participants worked in clinics in which  $\geq 2$  veterinarians  
337 practiced. Of the 15 clinics in which the veterinarians worked, 7 were located in urban



338 areas, 5 were located in suburban areas, and 3 were located in rural areas. In 18 (51%) of  
 339 the 35 appointments, patients were dogs and in 17 (49%) appointments, patients were  
 340 cats. In terms of type of visit, 25 (71%) of the 35 were wellness visits, 9 (26%) were  
 341 problem visits, and 1 (3%) was a follow-up visit.

### 342 **Features of veterinarian-initiated dietary proposal segments**

343 **An example extract.** Published conversation-analytic studies include extracts of  
 344 transcripts to demonstrate findings. The transcript below features a veterinarian (V) and a  
 345 client (C) during a wellness visit. The patient (P) is a three-month old female Labrador  
 346 retriever. This extract is used as an example to support the analyses reported later in the  
 347 Results section on the larger data set as a whole. Conversation-analytic transcription  
 348 symbols have been simplified for ease of comprehension. Italicized words inside double  
 349 parentheses show nonverbal activity; square brackets indicate the onset of overlapping  
 350 talk involving two speakers. Numerals in parentheses capture the length of gaps or pauses  
 351 in talk in seconds to the tenth of a second. Underlining indicates emphasis of particular  
 352 words or syllables, and equal signs show latching: lack of pauses between different lines  
 353 of talk. Extra letters show sound stretching, the lengthening of a syllable or word.  
 354 Question marks follow words or syllables with rising pitch and periods follow words with  
 355 falling (final) pitch. The brand name of a proposed food has been anonymized and placed  
 356 inside curly brackets. The veterinarian's initial dietary proposal appears in bold font on  
 357 line 25 and the client's overlapping response is on line 26.

358 1 V: Wha-w<sup>h</sup>a-w<sup>h</sup>a-what do you feed her? ((V examines under P's tail))  
 359 2 C: She is on we're still feeding her  
 360 3 what she came (0.3) with  
 361 4 or what they recommended um  
 362 5 {Grocery Store Brand Name} ((V pats P, removes hand))  
 363 6 not the not the cheaper but the more expensive  
 364 7 [{Grocery Store Brand Name}]  
 365 8 V: [Okay,

366 9 C: Half puppy half adult food  
 367 10 V: Okay.  
 368 11 (1.3)  
 369 12 V: Okay. I'm okay with that. I mean (0.4)  
 370 13 the concept being that (0.4) large breed dogs  
 371 14 C: [Mm hm  
 372 15 V: [shouldn't (0.3) be (1.0) overfed.  
 373 16 C: Mm hm ((*nods*))  
 374 17 V: Uh they can (0.4) kind of if they get into that  
 375 18 accelerated growth phase (0.5) um if they're  
 376 19 if they had (0.6) you know  
 377 20 if the ratio of nutrients isn't right  
 378 21 then they can run into joint problems [and so that  
 379 22 C: [Mm hm ((*C nods*))  
 380 23 V: There are large breed (0.5) puppy foods out there?  
 381 24 C: Ohhkaay.  
 382 25 V: **And she should be on a large breed [puppy food.**  
 383 26 C: [Okay. ((*C nods*))  
 384 27 V: And (1.9) we sell one called adolescent diet?  
 385 28 C: Okay. ((*C nodding*))  
 386 29 V: which is an excellent food-It's it's made by a Canadian  
 387 30 m-medically ((*V making scare quotes with hands*))  
 388 31 formulated=  
 389 32 C: =Mm hm= ((*C nods*))  
 390 33 V: =diet. It's called adolescent formula and from this age  
 391 34 until she's about a year (0.6) ((*C nods*))  
 392 35 she should be on (0.6) either our adolescent [formula  
 393 36 C: [Yeah  
 394 37 V: or somebody's puppy food for large breed dogs.=  
 395 38 C: =Okay.  
 396

397 The dietary proposal emerges after the client answers (lines 2-7, 9) the  
 398 veterinarian's "what"-prefaced question<sup>50</sup> about the patient's main food (line 1), posed  
 399 near the end of the physical examination. The veterinarian acknowledges the client's  
 400 response (line 10), by which time the examination has ended. A relatively lengthy gap of  
 401 1.3 seconds (line 11) indexes some possible trouble<sup>64</sup> associated with the client's answer.  
 402 The veterinarian displays lukewarm approval of the patient's current diet via the  
 403 subjective evaluation "I'm okay with that" (line 12). This evaluation of the current diet is  
 404 much weaker than would have been the case had the veterinarian said "I'm very happy  
 405 with that"; it foreshadows<sup>65</sup> the veterinarian's disaffiliation with the current food, which  
 406 becomes more explicit when he educates the client about the need to avoid overfeeding

407 large breeds (lines 13, 15). This topic is expanded (lines 17-21) when the veterinarian  
408 shares information about the food-related risks of developmental orthopedic disease. The  
409 potentially face-threatening aspects of alerting and educating the client about problems  
410 with the current diet and associated risks to the patient are suggested by the within-turn  
411 pauses in the veterinarian's talk (lines 12, 13, 15, 17-19) and self-repair<sup>66</sup> whereby the  
412 veterinarian fine-tunes what he says as his turn continues: the dysfluent "if"-prefaced  
413 clauses (lines 17-19) referring to negative health effects are successively dropped prior to  
414 completion. A complete clause then links nutritional inadequacy to negative health  
415 effects, using hypothetical "if-then" reasoning (lines 20-21). This expert knowledge is  
416 designed in such a way as to imply that the patient's current diet is problematic without  
417 explicitly criticizing it or the client. She responds using the response token "Mm hm"  
418 (lines 16, 22) which acknowledges the information received and encourages the  
419 veterinarian to continue speaking.<sup>67</sup> The veterinarian shares more information about the  
420 existence of large breed puppy foods (line 23), which the client receives with her sing-  
421 song, sound-stretching "Ohhkaay" (line 24). This emphatic "okay" appears to mark the  
422 client's dawning understanding<sup>68</sup> of where the veterinarian has been heading with his talk  
423 about diet.

424         The veterinarian then initiates the proposal to change the patient's diet (line 25).  
425 "And" prefaces the proposal, connecting it logically to the veterinarian's previous news  
426 (line 23) about the availability of large-breed puppy foods. The proposal is quite strongly  
427 worded: "should" underscores the necessity of a food change. After the client accepts the  
428 proposal (line 26), the veterinarian shares further information by naming and describing  
429 the in-clinic brand (lines 27, 29-31, 33). The veterinarian appends further information

430 about the time frame for the new diet (lines 33-34) and recycles the proposal (lines 35,  
431 37) which the client accepts for a second time (line 38). The analysis of this example  
432 demonstrates the potentially face-threatening actions associated with the negotiation of  
433 nutritional change in primary health care consultations in companion animal practice.

434       **Types of dietary changes.** In the 42 proposal segments, there were 44 distinct  
435 instances of long-term changes to patients' diets proposed to address current or potential  
436 future health concerns (see Table 1); in each of 2 segments, 2 alternative dietary options  
437 regarding the current main food were presented: a switch to a light diet or a senior diet;  
438 and a switch to a dental diet or introduction of dental treats. Of the proposed changes,  
439 91% involved main foods and 9% involved treats (including 1 segment in which a  
440 veterinarian recommended gradual elimination of cow's milk from a kitten's diet; Table  
441 1). Twenty different types of dietary changes were proposed (Table 1). The 4 most  
442 frequent categories of proposed changes consisted of switching to a dental diet or adding  
443 dental diet to the current dry main food (13/44) [30%]), switching to a light or weight  
444 control diet (5/44) [11%]), switching to a different brand to improve the nutritional  
445 quality of the main diet (4/44) [9%]), and introducing canned food (3/44) [7%]) (Table  
446 1).

447       **Justifications and other information-sharing.** Health-related accounts typically  
448 accompanied the dietary proposals. In 39 (93%) of the 42 segments, veterinarians  
449 justified proposing nutritional changes by linking them to patient health concerns in terms  
450 of preventing or treating diet-induced health problems, nutrition-sensitive disease, or both  
451 (Table 1). In 3 (7%) segments, no justifications were mentioned. In 1 appointment  
452 containing 1 segment, a client complained about her dog's yellow teeth despite a regimen

453 of teeth brushing; this led to the veterinarian's mention of dental diets. In another  
454 appointment containing 2 segments, a client asked for advice on how much to feed his  
455 kitten. This led to 2 veterinarian-initiated proposals, introducing dry food and gradually  
456 weaning the patient from cow's milk (Table 1).

457         Veterinarians also typically shared additional information relevant to the proposed  
458 modifications. Information that was often included involved the medical benefits of a  
459 change in diet or the characteristics of a new food item where relevant (eg extract, lines  
460 27, 29-31). This information served to warrant the proposal to alter the patient's diet.  
461 Dietary proposals were sometimes warranted through an evaluation of the current diet as  
462 inadequate, risky or problematic in some way (eg extract, line 20), evaluations that varied  
463 in terms of their directness. Sometimes there were also accounts of more indirect or distal  
464 benefits for patients and occasionally for clients (eg, a dental diet reducing the frequency  
465 of expensive dental procedures). Talk about treatment effectiveness in absolute or relative  
466 terms was sometimes included; veterinarians also sometimes provided feeding  
467 instructions (eg extract, lines 33-34) and/or information about where new foods might be  
468 purchased (eg extract, line 27).

469         Veterinarians' accounts and related information-sharing oriented to the client's  
470 agency: the power of the client to decide whether or not to change a pet's diet.  
471 Accounting mobilized the veterinarian's medical expertise in the service of improving the  
472 knowledge of the client and potentially enhancing the client's receptivity to dietary  
473 modification. In the previously described two appointments in which no justifications for  
474 nutritional change were given, the clients had earlier displayed their receptivity toward

475 veterinary advice in various ways (eg, a client asking a veterinarian for advice about how  
476 much food to feed his new pet kitten).

477 **Types of patient health concerns.** Diet-implicated patient health concerns were  
478 variously topicalized by veterinarians and clients in segments involving veterinarian-  
479 initiated dietary proposals. Categories of patient health concerns appear in Table 1. These  
480 often utilize higher-order terminology that does not necessarily represent the wording in  
481 the appointments. For example, the mention of “joint problems” in the example extract  
482 was categorized as “developmental orthopedic disease” (Table 1). Health concerns were  
483 constructed as currently existing ones in the form of definitive or probable diagnoses, as  
484 historical problems at risk of recurrence or, as seen in the example extract, as possible  
485 future problems to be prevented (or attenuated in terms of severity or delay of onset).

486 A single dietary change sometimes addressed multiple health concerns, all of  
487 which are listed in Table 1. Current or possible future health problems mentioned in more  
488 than 1 of the 35 appointments were as follows, in decreasing order of prevalence:

489 periodontal disease (17/35 [49%]); overweight concerns (6/35 [17%]);  
490 balancing/optimizing nutrition associated with particular lifestage requirements (6/35  
491 [17%]; feline lower urinary tract disease (4/35 [11%]); food allergy/intolerance (4/35  
492 [11%]; and gastrointestinal concerns (2/35 [6%]).

493 **Sequential environments and associated medical activities.** Analysis of the  
494 sequential positioning of the initial dietary proposals involved exploring the  
495 conversational and embodied activities that preceded, accompanied, or followed the  
496 proposals. Although it might be expected that dietary proposals would occur as part of a  
497 discrete end phase of the consultation involving explanation and planning,<sup>69-71</sup> there was

498 considerable variability in the sequential environments in which veterinarians introduced  
499 their long-term dietary proposals. In 11 (26%) of the 42 segments, veterinarians'  
500 nutritional proposals constituted responses to clients' prior talk. Some clients  
501 spontaneously requested advice or commented on their pets' health; other clients  
502 responded to veterinarians' solicitation of clients' concerns.

503         Among the 42 proposal segments, 6 (14%) dietary proposals were delivered  
504 before the physical examination began. These were cases in which: clients topicalized a  
505 patient health concern (eg, after the veterinarian asked if there were any concerns during  
506 a wellness visit); there was a presenting problem motivating the visit; or the health  
507 concern emerged out of a medical activity occurring prior to the consultation with the  
508 veterinarian (eg, a weigh-in associated with patient overweight).

509         Seventeen (41%) of the 42 proposal segments occurred at some point during the  
510 physical examination. This does not necessarily mean that veterinarians continued their  
511 examinations during the diet discussions (although some did); the medical activities  
512 associated with the examination (eg, palpation, auscultation, etc.) were sometimes  
513 suspended and then later resumed. Sometimes dietary history-taking occurring during the  
514 physical examination of the patient occasioned diet-related talk. In 7 (41%) of the 17  
515 cases in which dietary proposals emerged partway through the physical examination, the  
516 proposal followed the veterinarian's mention of periodontal concerns stemming from the  
517 oral examination; in 3 (18%) of the 17 cases, clients solicited advice from veterinarians  
518 during the physical examination, while in another 3 (18%) cases, clients' answers to  
519 history-taking questions about diet led to long-term nutritional proposals by veterinarians  
520 during the physical examination.

521 In 8 (19%) of the 42 segments, dietary proposals occurred after the physical  
522 examination was completed but before completion of other medical activities and  
523 discussions. For instance, in the case featured in the example extract, a discussion about  
524 heartworm disease followed the diet discussion, and vaccines were administered after  
525 that. In 11 (26%) segments, nutritional proposals were delivered after all medical  
526 activities in the consultation room had been completed, including 1 consultation in which  
527 the patient was not present, having been treated elsewhere in the clinic for a foot  
528 laceration. In this example and others, nutrition-related talk was sometimes one topic  
529 among several raised during veterinarian-client discussions.

### 530 **Design of veterinarian-initiated dietary proposals**

531 Given that the linguistic design of the veterinarians' proposals for long-term  
532 dietary change can be consequential in terms of the responses they expected from clients,  
533 the grammatical format and lexical content of the veterinarians' proposal turns were  
534 analyzed. Table 2 contains all turns at talk comprising veterinarians' long-term nutritional  
535 proposals, grouped according to grammatical format; the different formats have been  
536 ordered with the most prescriptive formats appearing first and each turn is numbered to  
537 allow identification. There were 44 proposals in total; 40 segments contained 1 proposal  
538 each, and 2 segments contained 2 proposals each: a veterinarian mentioned 2 different  
539 brands of diet, each of which could be purchased in different retail outlets (Table 2: no.  
540 10, 26), and another veterinarian provided 2 dietary alternatives to address possible dental  
541 issues (Table 2: no. 35, 36). For reasons of clarity, any client talk overlapping with  
542 veterinarians' utterances was excluded from Table 2.



543           Proposals varied in the degree to which dietary changes were constructed as  
544 required or optional for patients, the certainty with which proposals presumed future  
545 enactment of nutrition-related changes, and whether or not clients (or clients and  
546 veterinarians together) were explicitly enlisted as agents responsible for enacting those  
547 changes. Nevertheless, most proposals were not strongly prescriptive; they were  
548 delivered using grammatical formatting and wording that mitigated the inherent face  
549 threat associated with giving and receiving advice.<sup>55</sup> Such linguistic elements reduced the  
550 epistemic certainty<sup>56</sup> with which veterinarians declared dietary changes to be necessary  
551 for the patient or the certainty with which veterinarians predicted adoption of the dietary  
552 change; these elements also attenuated the deontic authority<sup>58</sup> of the veterinarian: the  
553 expert authority of the veterinarian to impose on or obligate the client to change the  
554 patient's diet. Other elements avoided targeting the client explicitly as the advice  
555 recipient<sup>55</sup> or reduced the time frame or degree of nutritional modification involved, both  
556 of which managed the critique that proposals to change the pet's diet might imply  
557 regarding the current diet, the pet's health status, and the quality of care provided by the  
558 client.

559           **Grammatical formats and lexical features.** Eighteen (18/44 [41%]) proposals  
560 deleted reference to the client (ie, "you") as the agent responsible for modifying the  
561 patient's diet. Sometimes the patient was referred to (ie, "she" in Table 2: no. 1, 8). When  
562 the veterinarian in the example extract says, "She should be on a large breed puppy food"  
563 (line 25), he invokes his epistemic authority as a medical expert<sup>58</sup> regarding patient well-  
564 being. If the veterinarian were to say instead, "You should put her on a large breed puppy  
565 food," his deontic right<sup>58</sup> to tell the client what to do is more obviously invoked as well.

566 In other proposals, veterinarians used “we” to construct the clinician and client as  
567 partners implicated in the dietary change (no. 2, 3, 7, 18). The sensitivities associated  
568 with singularly targeting the client are suggested by close inspection of no. 2 in Table 2:  
569 the veterinarian used self-repair<sup>66</sup> to replace “you” with “we” in order to position both  
570 veterinarian and client as partners equally responsible for changing the patient’s diet. The  
571 “I would do X”<sup>55</sup> format (Table 2: no. 12-14) referred not to the client but hypothetically  
572 indexed the veterinarian (“I”) as someone who would enact the relevant action if in the  
573 client’s position as pet owner. Evaluations (Table 2: no. 25-27) focused on veterinarians’  
574 evaluations of dietary items; these included objective statements containing assessments  
575 (“better” in no. 25; “good” in no. 26) and a subjective statement expressing the  
576 veterinarian’s concern about the current diet (no. 27), which elicited a client response. An  
577 assertion that it was time to change the patient’s diet (Table 2: no. 9) deleted mention of  
578 the client and constructed the dietary change as a normative, expected one; a suggestion  
579 (no. 20) and most descriptions (no. 28-34, 36-38) variously referenced proposed foods,  
580 actions, options, particular brands, and free samples (see also no. 41).

581 Different linguistic devices mitigated the epistemic certainty of the claims in  
582 veterinarian’ proposals. For example, veterinarians could hedge on the certainty with  
583 which they asserted their proposals by using modal verb constructions; 19 (43%)  
584 utterances used modal auxiliary verbs<sup>72</sup>: these included the conditional modal “would” in  
585 the constructions “I would recommend” (Table 2: no. 10-11), “I would suggest” (no. 19),  
586 and “the other option would be” (no. 34). These are polite forms that made the proposing  
587 actions of the veterinarian and the recommended option more hypothetical than would be  
588 the case with “I recommend/suggest” or “the other option is.” Epistemic uncertainty was

589 also displayed in terms of avoiding the presumption that dietary change would occur.  
590 “Can” oriented to the ability of clients to change patients’ diets or to the mere possibility  
591 of clients enacting changes (Table 2: no. 13, 15, 43, 44); the conditional modal “could”  
592 (no. 18, 24, 44) was even further epistemically downgraded<sup>55</sup> than “can.” “May” in “you  
593 may wanna [want to]” (Table 2: no. 16, 17) and the downgraded conditional “might” (no.  
594 5, 21) also reduced the presumptiveness of veterinarians’ proposals in which they  
595 appeared. “If”-prefaced conditional clauses oriented to the contingent nature of the  
596 proposals depending on: where the client preferred to shop (Table 2: no. 10); whether a  
597 lamb formulation of the recommended canned food existed (no. 12); and whether the  
598 client would be emotionally able to withhold the one treat her pets would eat (no. 13).  
599 Another clause, beginning with “depending,” oriented to a patient-based contingency  
600 (Table 2: no. 5). Other epistemic downgraders (devices that mitigated epistemic  
601 certainty) were “I think” (Table 2: no. 25, 27, 37), which reduced the certainty of  
602 veterinarians’ assessments, and the adverbs “probably” (Table 2: no. 4, 9, 14) and  
603 “maybe” (no. 9, 22, 44). Some of these potentially pointed to the uncertain status of the  
604 particular health concern or otherwise minimized its gravity. For example, “probably” in  
605 a preventative proposal (Table 2: no. 4) oriented to the probabilistic nature of the risk of  
606 crystal development in two feline patients currently eating a certain brand of commercial  
607 diet. The veterinarian did not talk about the risk of crystal development nor solicit the  
608 client’s perspective regarding the health risk before issuing the proposal recommending a  
609 switch from the current diet and then discussing the health concern about crystal  
610 development. Subsequent to the proposal, the veterinarian drew on firsthand clinical

611 experience to qualify the degree of risk and concede that some patients in the clinic on  
612 the same diet as the patients did not develop crystals.

613           Veterinarians hedged on the likelihood of successful adherence by downgrading  
614 clients' actions in 11 (25%) proposals to position clients as merely trying or maybe  
615 wanting to try the proposed change (Table 2: no. 3, 11, 13, 16, 38, 44); other cases further  
616 downgraded the client's action from a behavioural one to a cognitive one whereby the  
617 client "may wanna consider" (no. 17, 21, 23) or "think about" (no. 19) dietary  
618 modification. These constructions deferred decision-making and avoided pressuring  
619 clients to alter patient nutrition.

620           Minimizing phrases containing the adjective "little" reduced the implicit face  
621 threat associated with dietary change. "For a little while" (Table 2: no. 3) appended to a  
622 recommendation to use a weight control formulation reduced the degree of imposition of  
623 the change and concomitantly the degree of patient overweight motivating it. "A little  
624 bit" (Table 2; no. 4) mitigated the contrast between the quality of the current diet and the  
625 proposed one; such a phrase might reduce concomitant client concerns about the cost of a  
626 new food and head off a possible inference that the current diet was of poor quality.  
627 Similarly, "a little bit more" (Table 2: no. 25) reduced the contrast between the  
628 effectiveness of dental treats (currently being used by the client) and dental diets (used  
629 intermittently rather than regularly). Veterinarians occasionally managed the rhetorical  
630 effects of epistemic hedging in their proposals by using adverbial intensifiers (Table 2;  
631 "definitely" in no. 11, 12 and "really" in no. 21), which served to separate the uncertainty  
632 of the availability of the recommended item (no. 12) or of client commitment (no. 11, 21)  
633 from the health benefits of the proposed change.

634           The 3 most prevalent categories of proposal formatting were descriptions,  
635 suggestions, and verbs of obligation<sup>55</sup> and necessity (Table 2). Descriptions were the least  
636 prescriptive category and the most prevalent (11/44 [25%]), informing clients about  
637 general categories of foods, particular brands, options to change patients' diets, and the  
638 availability of items in the clinic. A common construction employed existential "there"<sup>73</sup>  
639 to let clients know about the existence of nutritional items (Table 2: no. 28, 30, 33, 35-  
640 36). Some proposals strung together two descriptions (Table 2: no. 37-38). Descriptions  
641 were typically used to propose one alternative relative to other nutritional or non-  
642 nutritional means of addressing the targeted health concern. Wording and phrases such as  
643 "also" (Table 2: no. 28, 31, 36), "or" (no. 30), "one thing...not as effective" (no. 32), the  
644 other option" (no. 34), "another way" (no. 37) and "the only other thing" (no. 38) framed  
645 the dietary proposals as alternative strategies. This was done most frequently to treat or  
646 prevent periodontal disease: 7 (64%) of the 11 description-based proposals referenced  
647 dental diets or dental treats as specific ways (among others) of targeting this type of  
648 health concern.

649           Suggestions were the second most frequent category (10/44 [23%]). Most referred  
650 directly to the client using the pronoun "you" (Table 2: no. 15-17, 21-24) and included  
651 modal auxiliary verbs of ability and possibility like "can" (no. 15, 22) "could" (no. 18,  
652 24) and the modalized form of advice-giving "you may/might want to" (no. 16-17, 21,  
653 23). One proposal used a "How about..." question to suggest a category of treat to the  
654 client (Table 2, no. 20). Suggestions proposed a variety of dietary modifications to  
655 prevent or address a range of concerns, including pediatric nutritional needs, weight

656 control, periodontal health, lower urinary tract health, and a possible food sensitivity  
657 associated with a yeast infection of the ear.

658         The most prescriptive formats involved verbs of obligation<sup>55</sup> and necessity and  
659 were the third most frequent (8/44 [18%]) category (Table 2). The verbs of obligation  
660 “should” (Table 2: no. 1-4, 6, 8) and necessity “need” (no. 5, 7) stressed the importance  
661 of changing the patient’s diet. However, the degree of prescriptiveness and associated  
662 face threats of proposals containing these verbs were often managed through the use of  
663 some of the linguistic devices previous described (Table 2: “maybe” and “a little while”  
664 in no. 3; “probably” and “a little bit” in no. 4; “might” in no. 5; and “we” as the agents  
665 responsible for change in no. 2, 3). The most prescriptive proposals promoted nutritional  
666 modifications associated with life-stage based changes (Table 2: no. 1, 6, 8); such  
667 changes may be minimally face-threatening for clients because of their expected  
668 (normative) character. Other health concerns in this format category included urinary  
669 tract problems, current overweight, and worsening periodontal issues.

670         Six proposal instances (6/44 [14%]) could not be clearly categorized because  
671 they mixed together two or more different formats (see Table 2). These proposals  
672 addressed dental health, optimization of pediatric health, weight control, and prevention  
673 of urinary crystal recurrence. Some mixed formats occurred through self-repair<sup>66</sup>  
674 whereby the veterinarian changed the grammatical format of an incomplete proposal to a  
675 different format (eg, Table 2: no. 39); other proposals appended one complete format to a  
676 different type in a kind of rush-through delivery with no pause or final intonation  
677 separating them (eg, no. 42); “and” was sometimes used to connect the different formats  
678 (eg, no. 40), and still other proposals combined these features (eg, no. 42). Four of the 6

679 mixed format proposals contained descriptions of dietary items or brands linked to other  
680 types of formats: 2 suggestions (Table 2: no. 39, 44); 1 offer of a free sample (no. 40);  
681 and 1 subjective evaluation (“and my personal preference is”; no. 41).

682         **Orientations to brand in initial dietary proposal segments.** Thirty-six (36/42  
683 [86%]) dietary segments and 37 (37/44 [84%]) individual proposals implicated a switch  
684 to, or addition of, a commercial product to be purchased. Of these 37 proposals, 73%  
685 (27/37) used higher-order dietary categories like “a weight control” (Table 2: no. 3) or a  
686 form of diet like “dry food” (no. 15); 27% (10/37) referred explicitly to a brand name or  
687 names (eg, Table 2: no. 17), all without use of verbs of obligation or necessity.

688         Mentioned brands were typically either explicitly or implicitly situated as  
689 alternatives. Descriptions tended to position the named item as 1 option: a joint diet  
690 (Table 2: no. 30), dental diet (no. 36) and skin diet (no. 38) were each constructed as an  
691 alternative in a larger list of strategies. Two proposals in the same segment used “I would  
692 recommend” (Table 2: no. 10) and an evaluation (no. 26) to list 2 brands successively as  
693 alternatives after a client-initiated higher-order recommendation to use kitten food  
694 exclusively had already been made. In 2 other proposals in which 1 exclusive brand was  
695 named, key phrases—“a product like” (Table 2: no. 29) and “something like that” (no.  
696 41)—indicated that the proposal was intended to cover any product that was nutritionally  
697 equivalent to the named item. There were 3 other initial proposals in which a particular  
698 brand of dental diet was exclusively proposed; in 1 of these, the product was suggested in  
699 a mitigated fashion and was under the same parent company as the current diet used by  
700 the clients (Table 2: no. 17); another proposal was an alternative strategy (no. 36), and yet  
701 another included an offer of a free sample that did not require the client to buy the

702 product (no. 40). In 1 case in which canned food was proposed using the modal “would”  
703 and an assessment (“good”) (Table 2: no. 42), the brand proposed was that of the  
704 veterinarian-exclusive dry food that the clients had used in the past to help address the  
705 patient’s history of urinary crystals. Analysis suggests that previous sustained use or  
706 current client use of a particular brand that has worked for the patient may shift the  
707 dynamics associated with recommending a single brand in an initial proposal because  
708 there are fewer presumed barriers to adherence related to client preference, patient  
709 preference, and possibly unforeseen adverse patient reactions to a novel product.

710         Inspection of the larger dietary discussions in which the nutritional proposals  
711 were made provides additional evidence that veterinarians managed the sensitivities  
712 associated with proposing specific brands when these were veterinarian-exclusive in-  
713 clinic products. In the example extract, the veterinarian recycles his initial proposal,  
714 indicating that the patient should be on either his in-clinic brand “or somebody else’s  
715 puppy food for large breed dogs” (lines 35 and 37). Veterinarians variously warranted  
716 their proposals by drawing on client convenience (when clients would be bringing their  
717 puppies back to the clinic on multiple occasions), money-back guarantees if the patient  
718 did not like the product, and the reduced amounts that can be fed relative to lower quality  
719 retail-based foods. In the segment from which the example extract was drawn, the  
720 veterinarian subsequently contextualized his recommendation of the in-clinic brand by  
721 defensively declaring “I don’t want to be a food salesman but,” going on to say that “it  
722 would be easier” for the client to use the in-clinic brand.

723

724



725 **DISCUSSION**

726           Despite growing recognition of the importance of nutrition in the health of dogs  
727 and cats,<sup>1,2</sup> there has been little systematic research on how veterinarians make dietary  
728 recommendations in companion animal consultations. The present study sought to fill this  
729 gap by examining veterinarian-initiated proposals for long-term nutritional change in  
730 terms of the types of nutritional changes recommended, the health concerns these  
731 proposed changes were intended to address, the phases of the appointment during which  
732 veterinarians initiated these proposals, and their linguistic design.

733           Among the 42 segments containing veterinarian-initiated dietary proposals, 93%  
734 (39/42) contained veterinarians' justifications for nutritional change that referred to  
735 patients' existing or potential future health problems. Conversation-analytic studies in  
736 human medicine<sup>34,39</sup> have shown that practitioners typically provide medical reasons for  
737 their recommendations. That such accounts provide interactional resources for increasing  
738 the receptivity of patients to treatment recommendations has been demonstrated in the  
739 human medical literature<sup>34</sup> and is further supported by our findings: the 3 segments (7%)  
740 in which veterinarians offered no rationale for their proposals occurred in 2 appointments  
741 in which clients previously displayed openness to nutritional advice by asking questions.

742           In our data set, proposals related to main foods were much more frequent (91%)  
743 than were proposals related to treats (9%), a finding that may be associated with a lack of  
744 consistent veterinary attention given to the presence of treats in patients' diets.<sup>50</sup> In  
745 addition, multiple types of dietary changes were proposed and health concerns were  
746 invoked. Oral disease was the most frequent kind of health concern mentioned, occurring  
747 in 17 (49%) of the 35 appointments in the collection. Thirteen of the 44 (30%) proposal

748 turns promoted switching the patient to a main dental diet or mixing a dental diet with the  
749 current main dry diet. This is not surprising: periodontal disease is likely the single most  
750 common disease in companion animal practice and diet can play a strong role in its  
751 prevention and intervention.<sup>74,75</sup> In contrast, veterinarians mentioned overweight and  
752 obesity-related issues as justifying dietary change in just 6 (17%) of the 35 appointments  
753 and these 6 appointments comprised only 2% of the entire corpus of 284 appointments  
754 available for study. Conservative prevalence rates of overweight and obesity in cats and  
755 dogs reported in the US in the time frame during which the data in the present study were  
756 gathered have been estimated to be 35% and 34% respectively.<sup>6,7</sup>

757 Another finding of our study concerned the sequential environments in which  
758 veterinarians initiated their nutritional proposals. Frameworks in human medicine<sup>69,70,76</sup>  
759 used to structure activities and recommended communication practices (which have been  
760 adapted for veterinary medicine<sup>71,77-79</sup>) place the relevant tasks of diagnosis, explanation  
761 and treatment planning right before the closing of the appointment and after the  
762 temporally sequenced tasks of session initiation, information-gathering and the physical  
763 examination. In the present study, however, only 26% (11/42) of the dietary proposal  
764 interactions appeared to occur at this stage of the interaction (after the completion of all  
765 other medical activities and tasks). It should be noted that in this subset of appointments,  
766 dietary proposals were not necessarily done just before closing because veterinarian-  
767 client discussions varied in terms of their length and the range and sequence of topics  
768 discussed, not all of which were treatment-related. Of the remaining 74% (31/42) of the  
769 proposal segments, 14% (6/42) occurred before the physical examination, 43% (18/42)  
770 emerged partway through the physical examination, and 17% (7/42) occurred after the

771 completion of the physical examination but before other medical activities were  
772 completed. Thus, veterinarians' dietary proposals were not predictably part of a discrete  
773 stage of explanation and planning right before the closing of the visit. Rather, they were  
774 initiated at a variety of points, typically linked to relevant talk (eg, patient health, diet,  
775 etc.). Such talk was often tied to activities associated with the noticing of an emergent  
776 health concern or the topicalizing of a pre-existing one. A "respond and fix" approach  
777 could be triggered by a client's concern or question; a "find and fix" approach could  
778 occur in the context the veterinarian's evidence-gathering activities (eg, after an oral  
779 examination when periodontal disease was diagnosed).

780         This finding is indirectly supported by 2 previous studies.<sup>80,81</sup> A coding study<sup>80</sup> on  
781 the structure of veterinary consultations in the United Kingdom reported visits to be  
782 complex, iterative and interactive such that the physical examination was often  
783 interspersed with other tasks, and information-gathering, explanation and planning  
784 occurred throughout the appointment. The other study<sup>81</sup> used conversation analysis to  
785 investigate a veterinarian's use of prediagnostic commentary in consultations in a small  
786 animal clinic in the United States. Diagnosis-relevant talk often occurred very early in the  
787 consultations (eg, during physical examinations), and diagnosis, testing and treatment  
788 were often discussed in conjunction with each other, a finding that the author contrasted  
789 with the more linear, retrospective approach identified in human medical communication  
790 where diagnosis follows information-gathering and the physical examination.<sup>81</sup> This  
791 difference was attributed to the institutional context of veterinary medicine: cost weighs  
792 heavily in decision-making and there are usually more options for clients to choose from  
793 (including non-treatment) than there are for patients in human medicine.<sup>81</sup> In that study,

794 diagnoses were sometimes revisited several times over the course of an appointment in  
795 conjunction with testing-related and treatment-related discussions.<sup>81</sup>

796         The linguistic design of veterinarians' proposals in our study warrants further  
797 discussion in this regard. There were few strongly worded prescriptive proposals  
798 resembling what Abood described as "giving orders."<sup>82(p.152)</sup> Description-type proposals  
799 were the most frequent type of format in our study, accounting for 25% (11/44) of the  
800 proposals in our collection. When the 4 mixed-format utterances containing descriptions  
801 are added, 34% (15/44) of the proposals in our study involved descriptions, and 73%  
802 (11/15) of those referenced food categories or items framed as alternative strategies  
803 within a larger set of possible courses of action. This resonates with the prior  
804 observation<sup>81</sup> about the treatment choices available to clients in veterinary medicine and  
805 their monetary implications. Description-type formats were most frequently used in  
806 proposals designed to prevent or address health concerns for which other treatments  
807 existed or were currently being used with the patient. Most prevalent were proposals to  
808 use dental diets or dental treats; these proposals were often situated in the contexts of  
809 alternative treatment practices like teeth brushing (sometimes commented on as a  
810 preferred though unfeasible strategy) and dental scaling.

811         The most prescriptively worded proposals promoted switching patients to more  
812 lifestage-appropriate dietary regimens; the normative, expected nature of such  
813 modifications may have reduced somewhat the face threat associated with recommending  
814 a change. In many proposals, however, even some containing prescriptive verbs of  
815 obligation and necessity to address fairly serious health concerns such as overweight and  
816 concerning urinary signs, there were grammatical formats and devices that reduced the

817 entitlement of the veterinarian to impose a dietary change, oriented to implicit or explicit  
818 contingencies that could affect adherence, introduced uncertainty as to whether the  
819 dietary change was required, or qualified the scope of the nutritional change proposed by  
820 minimizing the contrast between the current and proposed diets.

821         Veterinarians thus showed themselves to be understanding of the challenges in  
822 altering the diets of potentially non-cooperative patients, as well as being sensitive to the  
823 possibility that their proposals were hearable as criticisms of clients' care of patients.  
824 Shaw and colleagues<sup>83</sup> reported in their coding study of videotaped veterinary-client  
825 interactions that veterinarians did not express statements of criticism to their clients, a  
826 characteristic associated with strong rapport building and maintenance; Kanji et al.<sup>29</sup>  
827 found that veterinarians' positive statements to clients were predictive of subsequent  
828 adherence to surgery and dental recommendations. In our study, inspection of the larger  
829 segments in which dietary proposals occurred further supported these findings. In the  
830 case featured in the example extract, after the client agreed to change her pet's diet she  
831 explained her use of the diet established by the breeder in terms of worry that a food  
832 switch could trigger health problems. The veterinarian strongly affiliated with this  
833 decision, saying, "I agree with that absolutely."

834         Formats like suggestions and descriptions, along with other features of  
835 tentativeness in the veterinarians' dietary proposals in the present study, appear to run  
836 counter to paternalistic medical models<sup>76,84</sup> and may resonate with recommended  
837 communication practices in human medicine endorsing the use of suggestions and  
838 offering of options to patients in treatment discussions instead of directives.<sup>70</sup> The use of  
839 descriptions of dietary options may also resonate with veterinary medical research

840 showing that clients want practitioners to discuss a range of treatment options with  
841 them.<sup>15,85</sup>

842           However, the status of epistemically downgraded proposals as recognizable  
843 recommendations in our study may have been unclear. Kanji et al.<sup>29</sup> found that the odds  
844 of client adherence with veterinarians' surgery and dentistry recommendations were  
845 seven times more likely when recommendations were rated as clear rather than  
846 ambiguous. Clients in our study may have experienced some downgraded dietary  
847 proposals as unimportant; in research on clients' perceptions of the veterinary care their  
848 pets received, owners reported not following treatment recommendations unless they  
849 believed them to be necessary.<sup>26</sup> The salience of the proposal and interactional  
850 opportunities for sustained discussion might also be reduced due to the sequential  
851 placement of a proposal between various sorts of ongoing medical activities. And though  
852 client acceptance of a downgraded dietary proposal like "You may want to consider  
853 switching her to a large breed puppy food" might be more likely than one in which the  
854 proposal is more prescriptively worded (see eg extract), the upshot of an "okay" response  
855 in terms of client follow-through is less clear. Proposals that emphasize client autonomy  
856 and possibly deferred decision-making as in the above hypothetical example avoid  
857 paternalistic messages but unilateral client decision-making conflicts with shared  
858 treatment planning recommended in the best practices literature<sup>71,78-79</sup> and with research  
859 in veterinary medicine showing that clients want clinicians to provide treatment advice,  
860 as well as options for enacting treatment.<sup>15,85</sup>

861           To situate our analyses in relation to similar research in human medicine, we  
862 examined extracts of physician-patient interactions in conversation analytic work on

863 treatment recommendations,<sup>41-44,46,52,86-88</sup> including specific studies of the design of  
864 physicians' treatment recommendations.<sup>42,86-88</sup> Most design features identified in our  
865 study occurred in the human medical extracts. While some of our veterinary proposals  
866 were as prescriptive as those appearing in the human medical interactions, there was less  
867 epistemic downgrading in the latter and more use of the first-person ("I") by physicians  
868 (eg, "I mean I could put him on an antibiotic"<sup>41(p.1124)</sup> in a pediatric visit) to reference  
869 their actions in the treatment recommendation, particularly with respect to prescribing  
870 medications,<sup>41</sup> recommending surgery,<sup>86</sup> and making referrals.<sup>87</sup> Description-type  
871 proposals were uncommon in human medical extracts, except when neurologists listed  
872 options for patients.<sup>87,88</sup> Pediatricians' advice to parents to purchase or use over-the-  
873 counter medications and parental behavioural strategies (eg, use of a steamer at night) as  
874 part of managing the symptoms of their children's viral upper respiratory infections<sup>42</sup>  
875 were the most similar to proposals in our study, though the pediatric recommendations  
876 proposing parental behavioural strategies were delivered more prescriptively than some  
877 of the proposals for long-term dietary change in our study, perhaps due to the acute care  
878 context of such visits.

879         With the exception of the pediatric recommendations promoting purchase of over-  
880 the-counter remedies and in-home courses of action,<sup>44</sup> the clinical scenarios in these  
881 human medical studies<sup>41-44,46,52,86-88</sup> implicated some impending possible action on the  
882 part of the physician that needed agreement from the patient (eg, writing a prescription,  
883 booking a surgical procedure). These situations differed from the typical ones appearing  
884 in our data set, where dietary changes occurred in the province of the client and were  
885 under the client's control, particularly when commercial, rather than therapeutic diets,

886 were discussed. Veterinarians' long-term dietary proposals do not involve prescription  
887 writing, which is a regulated medical activity. However, those proposals promoting  
888 therapeutic diets restricted to veterinary sale suggest the multiple complexities and  
889 sensitivities at play when it comes to dietary recommendations in veterinary medicine,  
890 including the stocking of therapeutic diets in veterinary pharmacies.

891         It may thus be fruitful to consider how veterinarians in our study initiated  
892 proposals involving the purchase of new food. While 84% (37/44) of the initial proposals  
893 implicated potential purchase of a new brand of food, 73% (27/37) of this set of proposals  
894 avoided mentioning brands, typically promoting a higher order category of food linked to  
895 the targeted health concern (eg, "a large breed puppy food"). When brands were  
896 mentioned in initial proposals, these were often designed using formats with reduced  
897 prescriptiveness (eg, mitigated suggestions, evaluations, and descriptions), offered as free  
898 samples, or constructed in such a way as to situate specific brands as options and as  
899 implicit or explicit alternatives. This is not surprising given that proposals using "should"  
900 or "must" to propose specific brands of food might have been hearable as a kind of hard-  
901 sell tactic. In a number of cases in which clinic-based brands were mentioned,  
902 veterinarians were careful to index client convenience as one rationale motivating the  
903 proposal.

904         Dietary proposals involving the purchase of new food in the veterinary clinic lie  
905 at the interface of two different participation frameworks: the medical encounter and the  
906 commercial service encounter. One veterinarian talked to a client about the huge number  
907 of commercial foods available and the impossibility of having expertise on the nutritional  
908 content of all of them. This is challenging because veterinarians have a medical



909 responsibility to inform clients of all of the treatment options<sup>89,90</sup> and, as has been  
910 previously reported, clients wish to be informed of those options.<sup>15,85</sup> Veterinarians are  
911 knowledgeable about their in-clinic products but they may appear to be profit-motivated  
912 if they focus on those products exclusively. Thus, clinicians in our study usually situated  
913 in-clinic products as just one option, and some suggested only products available in  
914 grocery and pet food stores. This interactional sensitivity is in line with research showing  
915 some veterinary clients to be suspicious of the inherent conflict between the healthcare  
916 and the business aspects of veterinary services.<sup>91</sup>

917         Our findings point to the importance of communication strategies that can reduce  
918 veterinarians' uncertainties about clients' commitments and preferences so that dietary  
919 treatment can be negotiated in a more straightforward fashion. There may be efficiencies  
920 and rhetorical advantages in making treatment recommendations early on in the  
921 consultations as client questions arise or health concerns are detected<sup>81</sup>; however, we  
922 believe there is value in reserving time at the end of the consultation to allow for  
923 sustained discussion.<sup>76,78</sup> Veterinarians should first educate clients about the health  
924 concern, including risk estimates in cases of proposals aimed at prevention of disease,  
925 and solicit client interest in addressing the health concern before moving to the proposal  
926 stage. This reduces uncertainty regarding the client's stance on intervention. Then a range  
927 of treatment options, some of which may be non-nutritive in nature, can be discussed.  
928 The client's perspective on the options can then be solicited, along with questions or  
929 concerns. Information disclosed by the client about treatment preferences may further  
930 reduce uncertainty for the veterinarian, such that the clinician may not need to decrease  
931 the clarity of the subsequent recommendation with references to client-related

932 contingencies. If the recommendation involves a new food, a clear recommendation can  
933 be made at a higher-order level than brand or product name. The veterinarian should  
934 check in with client using questions to invite thoughts, feelings, and concerns; once it is  
935 clear that the client affiliates with the higher-order recommendation, the veterinarian can  
936 discuss product options including pros and cons, and share any dilemmas or constraints.  
937 When appropriate, a clear product recommendation can be made. The veterinarian should  
938 check in again with the client and negotiate a plan of action, including follow-up  
939 procedures.

940         There were a number of limitations associated with the present study. One  
941 concerns the absence of reliable measures of client adherence. Another pertains to the  
942 restricted geographic region (Eastern Ontario, Canada) in which data were collected. In  
943 addition, the labour-intensiveness of conversation analysis precluded comparative  
944 investigation of short-term and client-initiated dietary recommendations, analysis of  
945 which may have provided further insights into the challenges veterinarians experience  
946 when they propose long-term changes to pets' diets. Moreover, as reflected in the  
947 example extract, dietary proposals are joint productions<sup>34,52</sup> involving clients as well as  
948 practitioners, and veterinarians often repeated or revised proposals over the trajectory of  
949 the visit. Our singular focus on veterinarians' initial proposals precluded inclusion of  
950 findings on client contributions and treatment outcomes.<sup>63</sup> The 2006 time frame of  
951 original data collection is also a limitation. It is unclear whether the relatively high  
952 proportion of proposals promoting dental diets was because at the time there was a  
953 company-based promotion. There have also been numerous changes in pet foods since  
954 then. These include a massive pet food recall in 2007 and a proliferation of brand

955 choices, including increased premium and niche product development in such areas as  
956 organic and natural foods, weight control foods (in response to the pet obesity epidemic),  
957 and increasing numbers of breed-specific products.<sup>92</sup> Analysis of a more recent collection  
958 of consultations across a wider assortment of geographic locations would permit a more  
959 up-to-date examination of dietary recommendations in small animal practice and possibly  
960 emerging issues associated with this domain of veterinary care. Nevertheless, given the  
961 importance of nutrition in animal well-being and the powerful role the veterinarian can  
962 play in shaping dietary treatment planning, we hope that the present study can help  
963 advance the veterinary profession's understanding of how clinicians initiate the  
964 sometimes difficult task of communicating with clients about changing their pets' diets.

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**Table 1. Prevalence of Type of Change and Patient Health Concern Targeted by Veterinarian-Initiated Long-Term Dietary Proposals**

<b>Type</b>	<b>Proposed Change</b>	<b>No. of Cases (%)</b>	<b>Health Concern</b>
Main foods		40 (91)	
	Switch to dental diet/Add to current food	13 (30)	Address periodontal concerns Prevent/Address overweight concerns
	Switch to light/weight loss diet	5 (11)	Prevent joint-related problems Prevent recurrence of anal gland infection
	Switch to higher quality brand of food	4 (9)	Address gastrointestinal concerns (vomiting, diarrhea) Address possible food allergy/intolerance Optimize lifestage-specific nutrition (puppy) Prevent feline lower urinary tract disease/crystals
	Introduce canned food	3 (7)	Prevent recurrence of/Address possible feline lower urinary tract disease/crystals
	Eliminate canned food	2 (5)	Address periodontal concerns Prevent geriatric hyperthyroidism (associated with Bisphenol A in cans)
	Switch to hypoallergenic diet for skin health	2 (5)	Address skin problem linked to possible food allergy/intolerance

Increase amount of canned food	1 (2)	Address gastrointestinal concerns (constipation)
Increase amount of canned food and reduce amount of dry food	1 (2)	Address overweight concerns
Introduce dry (kitten formula) food	1 (2)	Not mentioned
Introduce kitten formula food (recommendation focusing on brands)	1 (2)	Optimize lifestage-specific nutrition
Switch to active breed (adult formula) food from puppy food	1 (2)	Optimize breed-specific nutrition
Switch to adult formula food for large breeds from puppy food	1 (2)	Optimize lifestage-specific nutrition and prevent developmental orthopedic disease
Switch to therapeutic diet for joint health	1 (2)	Address osteoarthritis-related pain
Switch to kitten formula food from adult food	1 (2)	Optimize lifestage-specific nutrition
Switch to puppy formula food for large breeds from puppy food/adult food combination	1 (2)	Optimize lifestage-specific nutrition and prevent developmental orthopedic disease
Switch to senior formula diet	1 (2)	Prevent overweight concerns and related joint problems
Switch to vegetarian diet from hypoallergenic diet with lamb	1 (2)	Prevent recurrence of ear yeast infections linked to possible food allergy/intolerance
<b>Treats</b>	<b>4 (9)</b>	
		Address overweight concerns
Switch to raw carrots from high-fat/high-calorie treats	2 (5)	Prevent pancreatitis
		Reduce periodontal concerns
Eliminate cow's milk/Switch to water	1 (2)	Not mentioned
Introduce dental treats	1 (2)	Address periodontal concerns
<b>Total</b>	<b>44 (100)</b>	

**Table 2. Prevalence and Grammatical Design of Veterinarian-Initiated Proposals for Long-Term Dietary Change**

No. (%)	Proposals Categorized by Format Type
8 (18)	<p><b>VERB OF OBLIGATION/NECESSITY</b></p> <ol style="list-style-type: none"> <li>1. <i>And she should be on a large breed puppy food</i></li> <li>2. <i>One thing which you should prob-we should start doing now is uh get rid of soft food</i></li> <li>3. <i>Maybe we should try like a weight control for a little while you know....</i></li> <li>4. <i>You probably should um improve a little bit the quality of food they get instead of {Pet Food Company Name}* Food Company Name}*</i></li> <li>5. <i>You might need to find um a adult food for active dogs depending on her activity level and that kind of stuff</i></li> <li>6. <i>You should start to um dilute [milk]† with water and just give him eventually give him water only</i></li> <li>7. <i>What we need to do though is very likely in the you know from here on in is get some canned food into her....</i></li> <li>8. <i>So she should be getting onto adult food</i></li> </ol>
1 (2)	<p><b>ASSERTION ABOUT TIME TO CHANGE DIET</b></p> <ol style="list-style-type: none"> <li>9. <i>Or maybe it's time to switch to a senior food or a light food it probably makes it probably is time to switch to a senior food</i></li> </ol>
2 (4)	<p><b>"I WOULD RECOMMEND"</b></p> <ol style="list-style-type: none"> <li>10. <i>If you're going to {Pet Food Chain Store}* then I'd recommend either {Brand Name}* or {Brand Name}* [kitten food]†</i></li> <li>11. <i>I would recommend definitely trying to uh if especially around the time when she seems to be constipated is uh giving her as much canned food as possible...</i></li> </ol>
3 (7)	<p><b>"I WOULD DO X"</b></p> <ol style="list-style-type: none"> <li>12. <i>Um if he if it's possible to get the canned food in also a lamb variety then I would definitely do that</i></li> <li>13. <i>If you can and I know it's difficult because it's something nice right to do for your kitty but if you can I would try to stay away from it [canned food]†</i></li> <li>14. <i>I would probably switch her to a lighter diet</i></li> </ol>
10 (23)	<p><b>SUGGESTION</b></p> <ol style="list-style-type: none"> <li>15. <i>Okay you can start um putting some dry food out for him</i></li> <li>16. <i>So you may wanna try that [baby carrots] instead of bone marrow treats</i></li> <li>17. <i>You may wanna consider adding to {Brand Name Weight Control Diet}* {Brand Name Dental Diet}* the tartar diet</i></li> <li>18. <i>...we could put him on a kitten formulation</i></li> <li>19. <i>Uh one time's one thing's though what I would suggest to you is uh to think about feeding them a little bit better quality of diet than {Brand Name}*</i></li> <li>20. <i>How 'bout instead of cookies baby carrots</i></li> <li>21. <i>The other thing you might really wanna consider is introducing canned food</i></li> <li>22. <i>Maybe you can keep the teeth brushed or use a special food [dental diet]† that can help a lot</i></li> <li>23. <i>You know and one thing you may wanna consider is trying him on a vegetarian food</i></li> </ol>



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24. ...you could go to even the lighter form [of the current food]

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3 **EVALUATION**

(7)

25. So a little bit more I think the foods the dental foods work better than the treats  
 26. If you wanna get it at the grocery store {Brand Name}\* is a good brand [kitten food]†  
 27. The only thing that I worry about is that it [current food]† doesn't have all of the um dental help that I think could they could get out of a diet
- 

11 **DESCRIPTION**

(25)

28. There are also special diets formulated for uh dental care diets  
 29. And the other thing is to go to a product like {Product Name}\* [lamb and rice diet]†  
 30. ...or there's a diet called {Brand Name}\* [joint diet]†...  
 31. We also have foods that are designed to be weight loss type foods rather than maintenance type foods...  
 32. Uh one thing that's really easy to do not as effective [as tooth brushing]† is is actually feeding a dental diet  
 33. There are some excellent diets available for dogs that can help keep their teeth clean  
 34. The other option would be to have him on a special dental diet  
 35. And there are some other neat treats [dental treats]† that you can get as well  
 36. There's also {Brand Name Dental Diet}\*...  
 37. But I think that uh another way is uh that's certainly more effective because they have to eat but they don't have to brush their teeth is uh like a dental diet where it's we have a couple here  
 38. So the only other thing that might be worth trying is {Pet Food Company Name}\* has a skin diet out...
- 

6 **MIXED FORMAT**

(14)

39. 'Cause the other thing you can use is there's actually diets with this [dental diets]†  
**(suggestion-description)**  
 40. What I'll do there's a food that's available and I'll get you a sample of it and it's called {Brand Name Dental Diet}\* ... **(offer-description-offer)**  
 41. There's one uh which a diet that's produced by um a very one uh medical company that we have very good faith in and it's called {Product Name}\* it's designed primarily for young growing puppies like this and my personal preference is that she be on something like that [veterinarian-exclusive puppy diet]†  
**(description-evaluation)**  
 42. I would recommend you co-get him on um at least partly canned food for uh for urinary tract um problems that he had before with the {Brand Name Crystal Diet}\*  
 canned would be good ("I would recommend"-evaluation)  
 43. ...that's what I recommend is reduce the amount of dry access so you can either just measure out the amount and once you've finished that amount for the day that's it and they can get more canned **(recommendation-suggestion)**  
 44. Or the other thing would be to to use uh there's a couple different dental diets that you can use that are designed to to clean their teeth and you could maybe try those as well if you like **(description-suggestion)**
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44  
 (100) **Total**

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- \*{ } Proper noun/noun phrase stating brand, product, or parent company name  
 †[ ] Category of food item or treatment option referred to in proposal