



# Persuasion in Veterinary Medicine: Indications, Ethical Boundaries, And Evidence-Based Tools

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## ABSTRACT

Veterinary medicine is a decisional profession practiced under biological uncertainty, time pressure, financial constraints, and strong human–animal bond dynamics. In this setting, the veterinarian’s persuasive skill is not an optional “soft” attribute; it is a clinical instrument that can determine whether evidence-based recommendations are translated into protective action, including analgesia, preventive care, biosecurity, antimicrobial stewardship, and humane end-of-life decisions. Yet persuasion in clinical contexts is ethically fraught, because the veterinarian typically holds epistemic authority and may also have institutional or commercial incentives. This article synthesizes peer-reviewed veterinary communication research and high-authority risk-communication guidance to specify when persuasion is professionally warranted, how it differs from manipulation, and which tools are best supported for achieving ethically defensible influence. We argue that persuasive practice is most justified when the animal’s welfare, population health, or public health is at stake and when the client faces motivational ambivalence or cognitive overload. The most robust tools combine structured consultation models, client-centered methods such as Motivational Interviewing, behavior-change specification frameworks, and crisis/risk communication protocols used by animal-health authorities. We conclude with practical standards for transparent, autonomy-respecting persuasion and a research agenda for measuring communication-mediated outcomes in veterinary care.

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## 1. INTRODUCTION

Veterinarians routinely ask clients to do difficult things: authorize painful but necessary diagnostics, administer treatments at home, implement preventive routines that do not yield immediate visible benefits, change husbandry practices embedded in tradition, or accept euthanasia when suffering cannot be relieved. The empirical literature characterizes communication as a determinant of client satisfaction and adherence, and as a core professional competency rather than a cosmetic add-on (McDermott et al., 2015; Pun, 2020). If persuasion is understood as the deliberate use of communication to influence choices and behavior, then veterinary practice is saturated with persuasive moments.

The problem is not whether persuasion occurs, but whether it occurs with ethical discipline and appropriate

technique. Veterinary clients often defer to clinicians because of information asymmetry, emotional vulnerability, and moral distress. In addition, veterinary decisions are complicated by the fact that the patient cannot consent and the client’s preferences are filtered through beliefs about the animal’s interests, the household’s constraints, and the meaning of the bond. This makes influence both necessary and potentially coercive.

Accordingly, veterinary persuasion must be conceptualized as an evidence-guided clinical intervention with explicit ethical boundaries. The ethics literature distinguishes legitimate influence from manipulation by emphasizing transparency, proportionality, and respect for client agency (Christiansen et al., 2016; Yeates & Main, 2010). Communication research further shows that directive, paternalistic patterns remain common in veterinary

encounters, even when clinicians attempt to motivate behavior change (Enlund et al., 2021; Shaw et al., 2006). These findings motivate a central thesis of this review: persuasive competence is best exercised through client-centered tools that preserve autonomy while increasing the likelihood that high-value health actions will be taken.

## 2. METHODS OF SOURCE IDENTIFICATION AND VERIFICATION

This article is a narrative, evidence-weighted synthesis intended to support professional practice rather than to estimate pooled effect sizes. Sources were identified by targeted searches of biomedical indexing services and publisher platforms, emphasizing peer-reviewed veterinary communication research, clinical ethics scholarship, and guidance issued by public agencies and intergovernmental animal-health organizations. Priority was given to studies that directly analyze veterinary consultations, experimentally or quasi-experimentally evaluate training interventions, or provide qualitative evidence on decision-making and antimicrobial prescribing interactions. High-authority manuals were included for outbreak and emergency communication because these contexts require structured persuasion at scale. Non-peer-reviewed popular blogs and encyclopedic summaries were excluded. For each included claim, bibliographic details were cross-checked against journal, PubMed, or publisher records as available.

## 3. CONCEPTUAL FOUNDATIONS: PERSUASION AS CLINICAL AND PUBLIC-HEALTH WORK

### **Persuasion in veterinary settings should be anchored to three overlapping frameworks.**

First, consultation-structure models specify how a clinical encounter moves from problem definition to plan. Veterinary education has adapted consultation frameworks from human medicine, including structured guides based on the Calgary–Cambridge approach, with evidence of applicability to companion-animal consultations and veterinary training (Englar et al., 2016; Radford et al., 2006). Structure matters for persuasion because a recommendation offered before values and constraints are elicited is more likely to be resisted or silently rejected.

Second, client-centered counseling methods operationalize how influence is exerted. Motivational Interviewing is an evidence-based approach designed to resolve ambivalence and strengthen intrinsic motivation for change through an interactional stance characterized by partnership, acceptance, compassion, and evocation (Miller & Rollnick, 2013). Veterinary studies show that without training, clinicians often default to information-giving and “persuasive talk,” which can intensify resistance and reinforce power asymmetries (Enlund et al., 2021). Conversely, brief and extended MI training can shift veterinarian communication toward MI-consistent behaviors and increase client “change talk,” a linguistic marker

associated with commitment to action (Bard et al., 2022; Svensson et al., 2019, 2020).

Third, behavior-change specification frameworks help veterinarians move from general advice to implementable actions. The Behavior Change Wheel and its COM-B model formalize the determinants of behavior as Capability, Opportunity, and Motivation, and link these determinants to intervention functions (Michie et al., 2011). The Behavior Change Technique Taxonomy provides a shared language for specifying the active ingredients of counseling and adherence interventions, which is essential for reproducibility and audit (Michie et al., 2013). These tools are not “communication scripts”; they are design frameworks that allow a veterinarian to select persuasive strategies proportionate to the barrier.

Across frameworks, an important distinction emerges: persuasion is most effective and most ethical when it is co-produced with the client rather than imposed upon them. This is consistent with qualitative evidence describing veterinary communication as oscillating between “partnership” and “persuasion,” and with concerns that persuasion can drift into paternalism when not disciplined by explicit commitments to autonomy and transparency (Bard et al., 2017; Christiansen et al., 2016).

## 4. WHEN PERSUASION IS PROFESSIONALLY WARRANTED

Persuasive skill should be exercised when it functions to protect animal welfare, population health, or public health, and when the primary barrier to action is motivational ambivalence, misperception of risk, competing priorities, or practical uncertainty about implementation. The legitimacy of influence is strengthened when the veterinarian’s recommendation is grounded in evidence, proportional to the stakes, and offered with disclosure of uncertainties and alternatives (Yeates & Main, 2010).

### **4.1. Preventive care, chronic disease, and home implementation**

Preventive recommendations are especially persuasion-dependent because benefits are delayed and counterfactual. Vaccination, parasite control, dental home care, weight management, and chronic therapy adherence require sustained action in the client’s daily environment. Observational and experimental veterinary communication research indicates that clinicians frequently over-rely on directive advice and information transfer, which is poorly matched to ambivalence and can provoke resistance (Enlund et al., 2021; Pun, 2020). In these circumstances, persuasion should be used to convert “knowing” into “doing” by eliciting client goals, identifying constraints, and collaboratively shaping a plan.

Home-care recommendations also create an accountability gap: the veterinarian cannot directly implement the intervention. This shifts the clinical problem from purely biomedical reasoning to behavior change

engineering. MI-informed techniques and COM-B-guided barrier diagnosis are therefore appropriate tools, because they target the mechanisms that determine whether a plan survives the clinic-home transition (Michie et al., 2011; Miller & Rollnick, 2013).

#### **4.2. High-stakes welfare decisions, including euthanasia and suffering**

When an animal's suffering is severe or progressive, persuasion may be necessary to prevent prolonged distress. These situations are ethically complex because the client may seek guidance that is simultaneously medical, moral, and existential. Empirical work on euthanasia conversations shows that patient-centered communication can be measured and that euthanasia discussions have distinct interactional demands (Nogueira Borden et al., 2010). Qualitative ethics research further indicates that clients can experience veterinary influence in divergent ways: as supportive guidance, as unwelcome pressure, or as a substitute for their own moral deliberation (Christiansen et al., 2016).

Here, persuasive competence should prioritize moral clarity without moral domination. The veterinarian's role is to make welfare-relevant evidence salient, explain options and likely trajectories, and help the client reach a decision that is defensible for the animal and bearable for the household. The line between persuasion and coercion is crossed when the clinician leverages guilt, withholds feasible alternatives, or obscures uncertainty. The ethics of influencing clients in veterinary practice makes this boundary explicit and provides a principled basis for influence that remains transparent and autonomy-respecting (Yeates & Main, 2010).

#### **4.3. Antimicrobial stewardship and contested prescribing**

Antimicrobial prescribing is a paradigmatic persuasion domain because it combines clinical uncertainty, client expectation, and social responsibility. Qualitative studies of pet owner-veterinarian interactions identify consultation time pressure, expectations for medication, and the difficulty of communicating risk as drivers of antimicrobial-related behaviors (Smith et al., 2018). More recent work in companion-animal practice describes barriers to stewardship and highlights the need for “cage-side” resources, including communication supports integrated into workflow (Lagana et al., 2023). In parallel, qualitative evidence from veterinarians shows that delaying or withholding antimicrobials can require moral courage and sophisticated expectation management, especially when clients equate antibiotics with good care (Scarborough et al., 2023).

In this context, persuasive skills are warranted to align the client's immediate preferences with longer-horizon welfare and public-health interests. The appropriate tools include MI-consistent elicitation of client concerns, explicit risk-benefit framing, and concrete contingency planning, coupled with decision support aids and institutional stewardship policies that reduce the interpersonal burden on

the individual veterinarian (Lagana et al., 2023; Miller & Rollnick, 2013).

#### **4.4. Herd health, biosecurity, and production medicine**

In food-animal practice, the veterinarian's persuasive task is often not to deliver a one-time recommendation but to change routines within a production system. Herd health management involves repeated advisory encounters in which the veterinarian must negotiate feasibility, economics, farmer identity, and peer norms. Evidence from dairy herd health contexts shows that MI training can improve veterinarian communication skills and can influence client change talk, suggesting a pathway by which communication alters implementation (Bard et al., 2022; Svensson et al., 2019, 2020). These findings support the claim that persuasion in production medicine is not mere rhetoric; it is a modifiable technical skill with measurable interactional outputs.

#### **4.5. Outbreak response, zoonoses, and public communication**

Veterinarians also serve as risk communicators during outbreaks, emerging zoonoses, and food-safety incidents. In such events, persuasion is necessary at population scale: authorities and practitioners must influence protective action among farmers, animal owners, and the public while sustaining trust. Intergovernmental guidance for veterinary services emphasizes message discipline, audience segmentation, and risk communication principles tailored to the animal-health mandate (World Organization for Animal Health (OIE) & World Health Organization, 2015). Broader public-health guidance provides complementary principles for emergency risk communication and outbreak communication planning, including transparency, timeliness, empathy, and action orientation (Reynolds & Seeger, 2014; World Health Organization, 2008, 2017). In these contexts, persuasion is warranted when it reduces harm and increases compliance with disease-control measures, but it must be grounded in credibility and procedural justice to avoid eroding cooperation.

### **5. A TOOLSET FOR ETHICAL, EFFECTIVE VETERINARY PERSUASION**

The most appropriate tools for veterinary persuasion are those that are evidence-informed, teachable, auditable, and aligned with professional ethics. Tools are presented here as an integrated system rather than as isolated techniques: structure creates the conditions for influence, counseling methods operationalize influence, and behavior-change and risk-communication frameworks ensure that influence targets the correct mechanisms.

#### **5.1. Consultation structure as the infrastructure of persuasion**

Consultation guides adapted for veterinary practice provide a workflow for relationship building, agenda setting, information exchange, and planning (Englar et al., 2016;

Radford et al., 2006). Their persuasive value lies in sequencing. When goals and constraints are elicited early, recommendations can be tailored, which increases legitimacy and reduces resistance. Structure also reduces the clinician’s tendency to fill silence with directive talk, a pattern commonly observed in veterinary encounters (Shaw et al., 2006).

A structural commitment to summarizing, checking understanding, and explicitly negotiating next steps transforms a recommendation from a monologue into a contract. This is particularly important in euthanasia conversations, where patient-centered communication must accommodate grief and moral distress rather than merely deliver information (Nogueira Borden et al., 2010).

## 5.2. Motivational Interviewing as the core counseling technology

Motivational Interviewing is the most directly relevant evidence-based persuasion methodology for veterinary contexts because it targets ambivalence and supports sustained behavior change (Miller & Rollnick, 2013). Veterinary research demonstrates both the baseline deficit and the trainability of MI-consistent behaviors. Without training, veterinarians attempting to motivate home dental care tended to rely on questions, information giving, and persuasion, with limited client involvement (Enlund et al., 2021). In contrast, MI training in herd health contexts improved veterinarian communication skills and shifted interactions toward partnership-oriented language (Svensson et al., 2020). Sequential linguistic analysis further suggests that veterinarian behaviors such as affirming autonomy and emphasizing collaboration can increase client change talk, including commitment language (Bard et al., 2022).

The practical implication is that “persuasion” should often mean “evocation” rather than “argument.” In veterinary terms, the clinician’s goal is to help the client articulate their own reasons to act in ways consistent with the animal’s welfare and their household constraints, while maintaining professional honesty about risks and uncertainties.

## 5.3. Behavior-change specification and technique selection

Even when rapport is strong, vague recommendations fail. COM-B and the Behavior Change Wheel support a disciplined diagnostic step: is the barrier capability, opportunity, or motivation (Michie et al., 2011)? This prevents the common error of using motivational rhetoric to solve opportunity problems, such as lack of time, money, or access. The Behavior Change Technique Taxonomy then supports precise intervention design. For example, when the barrier is implementation uncertainty, action planning and prompts may be appropriate; when the

barrier is low perceived relevance, information about consequences combined with values elicitation may be required; when the barrier is social pressure, restructuring social support may be decisive (Michie et al., 2013).

These frameworks also make persuasion auditable. Clinics and services can specify which techniques are used, train them, and evaluate outcomes, reducing reliance on charismatic improvisation.

## 5.4. Risk and crisis communication protocols for animal-health events

Outbreak contexts demand high message discipline and rapid trust building. Guidance for veterinary services emphasizes structured message development, audience analysis, and risk communication principles within the mandate of animal health governance (World Organisation for Animal Health (OIE) & World Health Organization, 2015). Public-health emergency frameworks similarly emphasize expressing empathy, stating what is known and unknown, giving clear action steps, and sustaining credibility across the phases of a crisis (Reynolds & Seeger, 2014; World Health Organization, 2008, 2017). For the practicing veterinarian, these tools translate into communication behaviors such as avoiding overreassurance, providing actionable biosecurity steps, and aligning messages with official guidance while acknowledging local constraints.

## 5.5. Training, feedback, and organizational supports

Persuasive skill is not only individual; it is organizational. Evidence shows that communication training delivered in practice settings can improve measurable communication behaviors (Shaw et al., 2010). Survey data also indicate that practitioners perceive communication skills as important yet often inadequate, supporting the need for structured continuing education and clinic-level systems (McDermott et al., 2015). In antimicrobial stewardship, veterinarians explicitly identify the need for integrated communication supports and team alignment, implying that persuasion should be reinforced by workflow design rather than carried by the clinician alone (Lagana et al., 2023).

## 6. A SITUATIONAL MAP: MATCHING PERSUASIVE AIMS TO TOOLS

The table below operationalizes the “when” and the “with what” question by linking common veterinary scenarios to persuasive aims, ethical constraints, and evidence-aligned tools.

| Scenario class                                                                                   | Primary persuasive aim                                                     | Core ethical constraint                                               | Most appropriate tools (evidence-weighted)                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Preventive care and long-horizon risk (vaccination, parasite control, obesity, dental home care) | Increase uptake of protective routines despite delayed benefits            | Avoid exploiting fear; disclose uncertainty and alternatives          | Consultation structure to elicit values (Englar et al., 2016; Radford et al., 2006); MI to resolve ambivalence (Enlund et al., 2021; Miller & Rollnick, 2013); COM-B to identify barriers (Michie et al., 2011)                                            |
| Chronic disease management and home adherence                                                    | Sustain complex routines and monitoring                                    | Respect client capacity and socioeconomic constraints                 | MI with action planning (Miller & Rollnick, 2013); behavior-change technique specification (Michie et al., 2013)                                                                                                                                           |
| End-of-life and severe welfare compromise                                                        | Support a timely, welfare-centered decision and reduce prolonged suffering | Do not coerce by guilt; maintain transparency about prognosis         | Patient-centered euthanasia communication (Nogueira Borden et al., 2010); ethics of influence and autonomy (Christiansen et al., 2016; Yeates & Main, 2010)                                                                                                |
| Antimicrobial prescribing and contested expectations                                             | Align client expectations with stewardship and patient safety              | Avoid paternalistic dismissal; justify decisions with clear reasoning | Evidence on AMR interaction drivers (Smith et al., 2018); communication supports for AMS (Lagana et al., 2023); qualitative evidence on withholding antibiotics (Scarborough et al., 2023); MI-consistent expectation management (Miller & Rollnick, 2013) |
| Herd health and production-system change                                                         | Shift routines and norms in complex socio-technical systems                | Avoid technocratic domination; co-produce feasible plans              | MI training effects and client change talk (Bard et al., 2022; Svensson et al., 2019, 2020)                                                                                                                                                                |
| Outbreaks, zoonoses, biosecurity emergencies                                                     | Motivate protective action at scale while maintaining trust                | Prioritize accuracy and credibility; avoid false certainty            | Veterinary services communication protocols (World Organisation for Animal Health (OIE) & World Health Organization, 2015); emergency and outbreak risk communication guidance (Reynolds & Seeger, 2014; World Health Organization, 2008, 2017)            |

## 7. ETHICAL GOVERNANCE: WHEN PERSUASION BECOMES ILLEGITIMATE

The ethics of influencing clients clarifies that veterinary persuasion is not automatically unethical, because influence is unavoidable in advisory relationships and may be required to prevent harm (Yeates & Main, 2010). The ethical question is how influence is exercised and whether it remains consistent with respect for autonomy, professional integrity,

and the animal’s interests. Empirical ethics work shows that clients interpret veterinary influence differently, which implies that the same communicative act can be experienced as either supportive or coercive depending on context and delivery (Christiansen et al., 2016).

### Three practical standards follow.

First, transparency should be treated as a non-negotiable condition of legitimate persuasion. This includes disclosing uncertainty, conflicts of interest, and the existence of reasonable alternatives. Second, proportionality requires that persuasive pressure match the stakes. Stronger influence is more defensible when the welfare or public-health risk is substantial, but even then, it should rely on evidence and shared reasoning rather than emotional leverage. Third, agency preservation requires that the client experience choice and collaboration, a pattern supported by MI research showing that affirming autonomy and seeking collaboration are linked to client language favoring change (Bard et al., 2022; Miller & Rollnick, 2013).

These standards are not merely moral ideals. They are instrumentally important because trust is a long-term asset; manipulative persuasion can yield short-term compliance at the cost of future cooperation, complaints, or disengagement.

## 8. DISCUSSION: TOWARD A DISCIPLINED SCIENCE OF VETERINARY INFLUENCE

Veterinary persuasion is best understood as applied behavioral science embedded in clinical ethics. The literature provides converging evidence that communication patterns in practice often remain clinician-dominated and that client-centered behavior-change methods are both relevant and trainable (Enlund et al., 2021; Shaw et al., 2006; Svensson et al., 2020). The antimicrobial stewardship literature adds a crucial dimension: persuasion is frequently deployed under social contestation and requires organizational supports, decision aids, and team alignment, not just individual skill (Lagana et al., 2023; Scarborough et al., 2023; Smith et al., 2018). Meanwhile, outbreak and emergency guidance emphasizes that persuasion at population scale must be organized around credibility, timeliness, empathy, and clear action steps (Reynolds & Seeger, 2014; World Health Organization, 2017; World Organisation for Animal Health (OIE) & World Health Organization, 2015).

Research gaps remain. Outcomes research in veterinary communication would benefit from linking specific communicative behaviors and behavior-change techniques to downstream measures, such as adherence, welfare proxies, antibiotic prescribing rates, and biosecurity adoption. In addition, there is a need for ethics-sensitive measurement frameworks that can distinguish autonomy-supportive influence from coercion.

## 9. CONCLUSIONS

A veterinarian should exercise persuasive skill whenever the clinical or public-health value of action is high and the barrier to action is motivational, cognitive, or organizational rather than purely informational. Persuasion becomes professionally excellent when it is structured, evidence-based, and ethically transparent. The strongest tools

currently available are consultation-structure models adapted for veterinary care, Motivational Interviewing as a counseling technology, behavior-change specification frameworks that make recommendations implementable, and risk-communication protocols for outbreak and emergency contexts. These tools convert persuasion from improvisation into a disciplined practice that can be taught, evaluated, and governed.

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The authors declare no conflict of interest.

## ETHICS STATEMENT

No applicable

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