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2 Milestone Achievements

Inside this issue:

- Serag-Weissner celebrates 150 Years 2
- Chanelle Nominated 3
- Corporatizing the Profession 4
- Kill Them All!!! 6

Ethical Agents Veterinary Marketing Ltd has prided itself on its long tentacles around the world and now has achieved critical mass as the Source, with contacts with many high quality international companies. Two feature in this issue with two separate but laudable achievements.

First of all the world's oldest suture manufacturer, Serag-Wiessner has achieved 150 years of operation, something that cannot be achieved without moving and adapting through turbulent times and so remains at the pinnacle of



that industry. EAVM has had a long association with this prestigious company and that has helped this combination to be the market leader in the field of sutures in New Zealand.

A more recent association, whereby strong bonds have been associated with Chanelle Group in Ireland, has seen EAVM able to bring other exciting products to the market.



Special points of interest:

- * 2 of our suppliers achieve milestones
- * Corporatization, is it good or bad for the profession?
- * Media paranoia once again on antibiotics

Stop Press! Chanelle Wins

Susan Conroy, Dawsonrentals presents the Pharma Project of the Year - Small award to Michael H. Burke and Chanelle McCoy, Chanelle Group for Meloxicam Granules.

See the story on page three.



SERAG-WIESSNER Celebrates 150 years

Forward thinking company SERAG-WIESSNER can now look back on a successful company history of 150 years. In the year 1866, Carl Wiessner founded a company that would come to combine tradition and innovation in many ways.

At the beginning of the 20th century Carl Wiessner started the industrial manufacture of sterile catgut. The years that followed were eventful, culminating in 1945 with the destruction caused by World War II, which led to the company being relocated to northern Bavaria. Nine years later, in 1954, the new plant was opened in Naila in Upper Franconia. Amalgamating Carl Wiessner's catgut production plant with SERAG in 1961 to form SERAG-WIESSNER brought the company much greater production potential. From this

widow Ursula Pfeiffer takes up the challenge of continuing the company's successful path.

With the help of good contacts in Japan, Serag-Wiessner develops synthetic threads to round off its range of products. Together with the traditional catgut and silk, linen or steel threads, customers are now also offered a range of synthetic suture materials. The Seralon and Serafit brands become swiftly established on the market and have been constantly improved ever since.



As the oldest German manufacturer of surgical suture materials, SERAG-WIESSNER combines many decades of experience with the latest medical know-how. More than a hundred years ago the company began manufacturing sterile catgut, and later also successfully established itself as the producer of sterile liquid medicinal products. Production efficiency at the plant in Upper Franconia is not only a tradition but also has a great future: the combination of precise craftsmanship and high-tech industrial manufacturing processes meets the highest quality demands for routine production, small-scale production and special designs.

In a cleanroom area of more than 2000 m², SERAG-WIESSNER manufacture textile implants, surgical suture material, infusion and irrigation solutions in accordance with the latest research and state-of-the-art technology. In addition, interdisciplinary teams of in-house and external doctors, pharmacists, biologists, chemists, and engineers develop new, improved, and better-tolerated materials, as well as novel methods of treatment.

SERAG-WIESSNER's new logistics centre with a floor space of 6,100 m² is now available to improve the shipping process and for the storage of drugs and medical devices.



Ursula and Stefan Pfeiffer in 1976

time onwards, development has been dynamic and future-orientated.

In 1964, Dr Friedrich Pfeiffer becomes the sole Managing Director. Under Dr Friedrich Pfeiffer's leadership the company enjoys very positive development through to the 1970s, with further construction work, extensions and modernisation. Following the sudden death of Dr Friedrich Pfeiffer in 1978, his

Stefan and Thomas Pfeiffer, the sons of Ursula Pfeiffer and her deceased husband Friedrich, gradually take over their share of the business in the early 1990s. After a few terms at law school, Thomas Pfeiffer eventually completes his degree in medicine, while Stefan Pfeiffer graduates from university with a business degree and as a fully qualified lawyer. Together the brothers continue the tradition of the family company.

Serag-Wiessner's success is based on personal contacts and close relationships. The suture material manufacturer has become far more than just a supplier: the company works together with doctors to develop the right material for new surgical procedures.

Chanelle Nominated



Chanelle Pharmaceuticals Manufacturing Ltd specialises in the development, production, marketing and distribution of generic animal pharmaceutical products. The company has over 1700 animal health licences registered in the EU and 500 animal health licences registered in the rest of the world – the largest number of registered veterinary licences of any company in Europe. Founded by veterinarian Michael Burke, M.V.B., M.R.C.V.S. Chanelle Group has grown dramatically in both the human and veterinary medicine fields.

Chanelle has been shortlisted in the 2016 Pharma Company of the Year Awards (Large) in Ireland. Commenting on the announcement, Michael Burke, MD said,

“Our customers are the foundation of our success and I would like to take this opportunity to sincerely thank them for their continuous support and encouragement.”

Chanelle are shortlisted for Pharma Company of the Year among the following companies; AbbVie, Chanelle Group, MSD and Pfizer. The latter two are well known heavyweights worldwide and AbbVie is no small player either, being a biopharmaceutical company with 28,000 employees.

Chanelle Group is also shortlisted for Pharma Project of the Year for the development of super generic, Rheumocam® (Meloxicam) Granules – a new formulation of an existing molecule, Meloxi-

cam. (EAVM are keen to get their hands on this one for the horse market!)

The shortlist for this category is as follows; Bristol-Myers Squibb - External Manufacturing, Chanelle Group and Janssen Biologics. Once again very illustrious company.

An independent panel of recognised and expert judges representing the Pharma industry will assess all applications and determine the winners at an Awards Ceremony in Dublin.

The results will be announced while this newsletter is in press but, whatever the outcome, it is no mean feat being among such prestigious nominations. Fingers crossed for Chanelle!

Honesty

Our teacher asked what my favourite animal was, and I said, "Fried chicken."

She said I wasn't funny, but she couldn't have been right, because everyone else laughed.

My parents told me to always tell the truth. I did. Fried chicken is my favourite animal..

I told my dad what happened and he said my teacher was probably a member of PETA. He said they love animals very much.

I do, too. Especially chicken, pork and beef.

Anyway, my teacher sent me to the principal's office.

I told him what happened, and he laughed, too. Then he told me not to do it again.

The next day in class my teacher asked me what my favourite live animal was.

I told her it was chicken. She asked me why, so I told her it was because you could make them into fried chicken.

She sent me back to the principal's office.

He laughed, and told me not to do it again.

I don't understand. My parents taught me to be honest, but my teacher doesn't like it when I am.

Today, my teacher asked me to tell her what famous military person I admired most.

I told her, "Colonel Sanders."

Guess where I am now...



Corporatizing The Profession



A letter to the editor in the September issue of *Vetscript* brought some interesting questions as to the corporatisation of the profession. There is no doubt that it is occurring but the big question at the end of this letter was, "Will we be a trusted profession in 10 years if we go down this path?"

It would be almost too facile to say no but, then again, is corporatisation itself the root problem? The model, almost unique to New Zealand, of practice income being dependent upon retail sales has clouded practice management for decades.

It has also led to non-veterinarian practice managers and, while there are instances such as those quoted in this letter, there are also many examples of non-veterinarian practice managers with a high degree of professionalism.

Corporatisation is just the next step in the changing face of the profession over time. Those with very long memories will remember the days when veterinarians were not allowed to advertise and all will understand the chagrin felt when the practice put a farm on to a worm control programme, generally by giving free advice, only for the farmer to buy product from the local farm shop. It was particularly galling for them to bring freshly purchased anthelmintics to the

clinic to have selenium added, as this was a controlled substance. Once the Council relaxed the rules and permitted advertising the whole profession changed and practice became profitable.

Practice profitability, and the awareness that non-veterinarians could own practices led to outside ownership and thence to forms of corporatisation, both in the large animal and the small animal sphere. Like it or lump it, this is how our capitalist society works.

Corporatisation, like anything, certainly has its disadvantages for the profession but also has brought some advantages. Generation Y showed a pronounced disinclination, as a group, to buy into partnership schemes (student loans may have been a factor in this) leaving many senior practitioners worried about succession plans; corporate buying of small to medium sized practices has eased these concerns for many.

"Kiwis generally do not like monopolies."

The buying power of larger practices, or groups of practices, can result in better purchase deals for product, but that could also be at the comparative expense of the smaller practice. The best analogy is that of the building industry in rural towns; very few local builders build houses these days, mainly doing renovations and cow sheds. That is due to the economies of scale whereby the large building

franchises have such purchasing power at the timber yards that they can build a comparative house much more economically.

So, understandably, there are concerns not only within the profession but also in adjunct businesses such as pharmaceutical firms. There is a danger of corporate buying power holding companies to ransom, driving prices to below profitable levels, which could well lead to demise of certain service lines crucial to the profession and even, with competition being so strong, market competitors dropping away to such a degree that monopolies occur and prices then rise accordingly.

Many old school clinicians shared their work around just to avoid such a situation; Kiwis generally do not like monopolies. Will practice managers have the same foresight?

Just as the formation of corporate practices has been a logical extension of veterinary business the next thing looming on the horizon, well actually present already, is off shore ownership. Forget supposed Asian influence in the Auckland housing market, we have had for some years off shore purchases on New Zealand based veterinary pharmaceutical distributors and now practices themselves.

It is some time now since Kiwi companies Ancare, Bomac and Stockguard passed into foreign ownership and even an Aussie veterinary owned wholesaler, based in New Zealand, also became Northern Hemisphere owned.

Now we have a pet food corporate buying a chain of Australian veterinary businesses and extending into New Zealand as well, and it is not the only one involved!

(Continued on page 5)

Corporatizing The Profession

(Continued from page 4)

There of course must be some concern about service, especially in small town New Zealand and especially looking at what business models have done to other services. While the medical profession has been less at risk of such corporatisation country medical services have been affected by business models. In towns like Morrinsville, where the veterinary service is still second to none, if you want to have a medical emergency you better have it in business hours or get to Hamilton first before you have it. There are no more Saturday clinics and nobody on call. It is not just confined to the medical profession; the first thing a lawyer or an accountant does when you walk in is check their watch, almost before saying "Goodday"! We cannot miss a single second of charge out time.

Does it necessarily mean that corporate practices will act the same manner? One just needs to look outside the profession for the effects of corporate power on our daily lives. Nearly all of our banks are Australian owned and, yes, there are mooted closures for country towns but most services are on line now so there is less need for many branches. It is all part of progress; nobody uses public phone booths any more, not even superheroes changing costume.

Supermarkets may be Aussie owned as well but, where one goes

the other chain will follow, so that it is quite normal for a small town to have both a large New World and a large Countdown. Australian owned appliance companies such as Bunnings and Mitre 10 bring a diverse range of low cost utilities and, in a town such as Morrinsville, have shamed the existing appliance companies and farms shops to be more regularly open at weekends. Take note medical centres.

This shows that there is still a place for service and people do respond to that. All over the big cities and also in the country areas there is a plethora of small mechanical businesses where people prefer to take their cars. The services are generally cheaper but that is not the only drawcard, the main thing is the personal attention a long term customer gets from a caring business owner.

The same will apply with a veterinary business. The old adage is that the best place to set up in competition is alongside a large concern. Kiwis appreciate service and tend to support the underdog; the view is so much better from the moral high ground.

So corporatisation seems to be here to stay but it is not necessarily all bad. There may be the odd rogue operator, as depicted in Vetscript, but on the whole people are in business to make money, and the really smart operators realise you

cannot do that by alienating the neighbourhood.

So what then of the question, "Will we be a trusted profession in 10 years if we go down this path?" The answer to that clearly is in the hands of the profession itself. Smart veterinary practice owners, whether they be veterinarians themselves or lay people, will realise that such an image of trust is a powerful selling tool.

In the meantime NZVA will assume a greater governance role for the image of the profession and has already taken leadership in many areas from animal welfare to antimicrobial stewardship, not to mention currently being embroiled in the debate on cats. As a matter of fact two of the people deeply involved with the NZVA's aspirational statement on antimicrobial resistance are directors of corporate practices.

Let us hope that non veterinarian principals are just as ethical and, if that does not prove to be the case, then there is always a place for the small business with a caring face.

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Goal Kicking

Nagy and Tony were talking rugby. Tony said that "Dan Carter was the best goal kicker ever, if I had to have someone kicking for my life then Dan would be the man."

Nagy said, "I would prefer my mum."

"Your mum," said Tony astonished, "why your mum?"

Nagy replied, "She may not be a very good kicker, but at least she would care!"

Kill Them All!!!

A recent article by normally well researched journalist Gwynne Dyer on antimicrobial resistance highlighted the paranoia of the media. The headline itself, "It's an antibiotic apocalypse" was a guide to how the article was going to pan out.

Some pieces were factually correct and the article was inspired by the recent UN get together whereby every single member country signed a declaration that recognises the rise in antibiotic resistance as a threat to the entire enterprise of modern medicine. All very good but probably no more effective than the Paris talkfest on climate change earlier this year when a host of celebrities congratulated themselves on their foresight but, in the end, achieved very little.

The statement "the reckless misuse of antibiotics is rapidly destroying their effectiveness" is itself absolutely true but the next statement, "The problem of bacterial resistance has been understood for a long time. If the antibiotic kills all the harmful bacteria it targets in the person or animal it is given to, then no resistance develops," is overly simplistic particularly the telling line, "But if it only kills off the weaker ones because it was a very low dosage, or because the course of drugs was not finished, then the surviving bacteria will be the most resistant ones."

"Nothing excites the media more, apart from philandering All Blacks, than highly emotive terms such as this."

This is because of the concept so enamoured by the media, probably because they invented it, of the superbug. Nothing excites the media more, apart from philandering All Blacks, than highly emotive

terms such as this. They are confusing strength and weakness with the concept of resistance, and also show a lack of knowledge of the principles of chemotherapy.

So there are two points of consideration here, the concept of how antimicrobial use leads to resistance development and, secondly, how antimicrobial agents combat disease itself; the much vaunted therapeutic versus subtherapeutic use is a factor in both points.



The concept of the superbug also needs debunking. A resistant microorganism is not intrinsically stronger than a susceptible one, in fact often the mutagenic change conferring resistance can make the organism less likely to survive in its normal environment. Moreover it generally does not mean an increase in virulence, often the opposite. The sooner dialogue moves away from stronger and weaker organisms the better, and the concept of the superbug should be considered as fanciful as the tooth fairy and Santa Claus.

So how do antimicrobials cause resistance? They don't, they select for it. It is true that subtherapeutic use can lead to resistance development. Microorganisms can respond to any insult, chemical or physical, by mutagenic changes. That is why



we can have them growing in the seemingly most hostile of places such as thermal pools, highly acidic conditions and also in the high salt content pools Death Valley. So, yes, subtherapeutic use is an issue.

However mutagenic pressure is not as strong as resistance selection itself. Rather than it being the 'strongest' microorganisms that survive it is the ones most resistant to a particular antimicrobial.

The selection pressure exerted is well documented; suffice to say that it is inhibitory action on bacterial growth that creates this selection pressure. If an antimicrobial is at levels below the minimum inhibitory concentration (MIC) then it stands to reason that there is little or no selection pressure. Hence therapeutic dosing is a much more potent precursor to an-

(Continued on page 7)



Kill Them All!!!

(Continued from page 6)
 antimicrobial resistance development than subtherapeutic dosing.

"If this were not the case there simply would be no rationale for the use of bacteriostatic compounds"

Then there is the actual action of the antimicrobial in the body in the combatting of disease. This is where the line, "If the antibiotic kills all the harmful bacteria it targets in the person or animal it is given to, then no resistance develops," is misleading.

The objective of antimicrobial therapy is not to kill all the organisms present; factors such as kinetics and drug toxicities often make this

an impractical goal. Unless the patient is immuno-compromised then the objective is to merely tip the balance in favour of the host, in other words reduce the bacterial load to a level whereby the host's immune mechanisms can overwhelm it. If this were not the case there simply would be no rationale for the use of bacteriostatic compounds, no tetracyclines, no macrolides, etc.

So 'kill them all' is not a logical approach, eliminating infection is the goal, If that is achieved by bacteriostatic mechanisms or bactericidal antibiotics reducing the load enough for the immune system to deliver the knockout blow then, generally speaking, all the organisms are eliminated, i.e. in most cases clinical cure equates to bacte-

riological cure.

The final concept that abounds in the popular press, "We also need a whole new generation of antibiotics to replace those that are hopelessly compromised, which requires persuading large pharmaceutical companies to change their research priorities." is also short sighted. This really only shifts the problem back, as seen by the anthelmintic market whereby the pharmaceutical industry has only succeeded in making more and more chemicals becoming ineffective in the long run.

Stick to world affairs Gwynne, where you are really respected, and leave the antibiotic issue to the less emotive who are already heavily involved but are not trying to sell newspapers.

Kiwi Pit Crew

The Grand Prix was in full swing, with high performance cars hurtling around the track at death defying speeds.

The German driver pulled in to pit lane, and his pit crew had his car refueled and tyres all changed in eight seconds.

The Italian driver came in and his pit crew changed his tyres, refueled his car and made some repairs, all in eleven seconds.

The Kiwi car came in. They told him to bring it in on Thursday, leave the keys and they would get back with a quote.

Why Men Wear Earrings

Did you ever wonder why earrings became so popular with men?

A man is at work one day when he notices his co-worker is wearing an earring. The man knows his co-worker to be a normally conservative fellow and is curious about his sudden change in "fashion sense."

The man walks up to him and says, "I didn't know you were into earrings."

"Don't make such a big deal, it's only an earring," he replies sheepishly.

His friend falls silent for a few minutes, but then his curiosity prods him to ask, "So, how long have you been wearing one?"

"Ever since my wife found it in my truck."





Groaner Of The Month

Constantly being broke and stuck in an unhappy marriage, a young husband decided to solve both problems by taking out a large insurance policy on his wife, with himself as the beneficiary, and then arranging to have her killed.

A 'friend of a friend' put him in touch with a nefarious, dark-side underworld figure who went by the name of 'Artie.' Artie explained to the husband that his going price for snuffing out of a spouse was \$10,000.

The husband said he was willing to pay that amount but that he wouldn't have any cash on hand until he could collect his wife's insurance money.

Artie insisted on being paid at least something up front, so the man opened his wallet, displaying

the single dollar coin that rested inside.

Artie sighed, rolled his eyes and reluctantly agreed to accept the dollar as down payment for the dirty deed.

A few days later, Artie followed the man's wife to the local Countdown. There, he surprised her in the produce department and proceeded to strangle her with his gloved hands. As the poor unsuspecting woman drew her last breath and slumped to the floor, the manager of the produce department stumbled unexpectedly onto the murder scene.

Unwilling to leave any living witnesses behind, ol' Artie had no choice but to strangle the produce manager as well.

However, unknown to Artie, the entire proceedings were captured

by the hidden security cameras and observed by the shop's security guard, who immediately called the police. Artie was caught and arrested before he could even leave the premises.

Under intense questioning at the police station, Artie revealed the whole sordid plan, including his unusual financial arrangements with the hapless husband who was also quickly arrested. The next day in the newspaper, the headline declared.

"ARTIE CHOKES 2 for \$1.00 @ COUNTDOWN"

