

The complaint

Mr C complains that ETU Forsikring A/S (ETU) unfairly declined a claim when his cat became ill, under his pet insurance policy.

What happened

Mr C says his cat became ill in July/August 2022. He says it took the vet a long time to work out what the problem was. He says this required blood, urine, and stool tests, as well as an ultrasound. Mr C says that the vet made a note which said, “may be behavioural”. But he says the final outcome was confirmed by his vet to be:

“[cat] developed dyschezia and hard stools following a bout of diarrhoea on 15th August 2022. By 6th October when she was subsequently seen she was lethargic, polydipsic and had more loose feces [sic]”.

Mr C says the problem wasn’t behavioural and ETU should pay his claim.

In its final complaint response ETU says the clinical records show the issue was thought to be behavioural. It says this cause isn’t covered under Mr C’s policy, which is why the claim was declined.

Mr C thought this was unfair and referred the matter to our service. Our investigator upheld his complaint. She says the vet suspected a behavioural issue, but this wasn’t confirmed. In a later letter the vet explained the clinical signs noted in the records led to a suspicion of an enteropathy. The vet says this suspicion was investigated and was the subject of Mr C’s current claim.

Our investigator says that the vet’s follow up letter confirmed the issue wasn’t behavioural. When combined with the clinical signs, noted in the clinical record, she thought this was sufficient to show Mr C’s claim should’ve been covered by ETU. She also says it should pay him £150 for the inconvenience he’d been caused.

ETU disagreed. It says that tests were carried out but there was no medical issue confirmed. It says the clinical records show that the issue was believed to be behavioural.

Because an agreement couldn’t be reached the matter has been passed to me to decide.

I issued a provisional decision in December 2023 explaining that I was intending to not uphold Mr C’s complaint. Here’s what I said:

provisional findings

I’ve considered all the available evidence and arguments to decide what’s fair and reasonable in the circumstances of this complaint.

Having done so, my intention is to not uphold Mr C’s complaint. I’m sorry to disappoint him but I will explain why I think my decision is fair.

I've read the clinical records for Mr C's cat. The relevant excerpts are copied below:

"15/08/2022 - OR last three days some straining when defaecating, stools quite hard, less keen to eat today but is fussy, BAR in self, no blood in faeces, urinating okay, drinking okay, no access to string etc.

CE: BAR, mm pink, moist, CRT 1 sec, eyes and ears NAD, Ins wnl's, no skin tent present, heart and lung auscultation NAD, HR=PR, pulses strong, abdo palp NAD, moderate amount of faeces in colon, bladder moderately full, comfortable on abdo palp, coat looks good. Discussed increasing fluid intake into diet. If no better consider lactulose. Advise if not defaecated in 24 hours then O to ring. O to ring if concerned."

"26/09/2022 - OR not using litter tray for defaecating last 2 months, did have constipation. using sofa/floor instead. urinating okay in litter tray, did have D+ couple of days ago and sl off food but seems to have resolved now, drinking okay. O has tried changing type of litter, cleaning litter regularly, covered/uncovered litter tray, multiple litter trays but made no difference. No change in environment/ new stressors.

CE: BAR, mm pink, eyes and ears Nad, Ins wnl's, heart and lung auscultation NAD, abdo palp NAD, comfortable on abdo palp, coat looks good, putting on weight. ?behavioural. O concerned poss medical issue, discussed FI, faecal samples, bloods, abdo scan. O opted to start with faecal samples. Discussed feliway, moving litter trays close to area where defaecating, enzymatic cleaning etc."

"06/10/2022 - Stools have gone from being very loose to being quite firm. Is interested in food but in last few days has gone from being very lively to lethargic. Is drinking quite a lot recently. Has been urinating outside the litter tray.

PE: Temp 38.2 C MM pink and CRT 2s. Chest ausc - NAD. Abdominal palpation - NAD. Skin and coat looking good. BCS 5/9 Plan: Probiotic. Bland diet or sensitivity diet. Owner would like to book in for bloods and U/S abdomen. Advised that U/S at ...would be more accurate. Behavioural component to inappropriate urination and defaecation."

"10/10/2022 Blood taken for intestinal profile. [Cat] is very lively. Was able to take bloods from right fore limb without GABA. Intended to take cysto sample but urinated on table as soon as out from basket. Owner would like to book her in for abdominal ultrasound in ... Provisionally booked in for 10.30am on Wednesday 12th with SD, suspect she will need GABA before ultrasound is possible. Dispense 2 x 50mg GABA. Owner to give 1 x 50mg before appt and bring second tablet with him.

Re-iterated that inappropriate urination and defaecation may be due to behavioural issue. Discussed number of litter trays, location etc."

"13/10/2022 - Abdominal ultrasound Normal GI tract wall thickness and structure. Normal lymph nodes - some mildly enlarged 5mm. liver/spleen/kidneys normal appearance. Normal colon with solid fecal contents. Rest of exam unremarkable. Bloods ok except for mildly elevated Alp and Phos. Discussed behavioural issues and defecwtion around lounge."

From the records on 26 September, 6, 10 and 13 October 2022, I can see that a behavioural issue was highlighted as the possible cause of Mr C's cat's symptoms.

I've read the letter Mr C's vet subsequently provided on 29 November 2022, after the claim was declined. It says:

"[Mr C's cat] developed dyschezia and hard stools following a bout of diarrhoea on 15 August 2022. By 6 October when she was subsequently seen she was lethargic, polydipsic and had more loose feces. These clinical signs led to the suspicion of an enteropathy which was investigated and is the subject of the current claim.

Concurrently [Mr C's cat] started to urinate outside of her tray which appeared to coincide with her dyschezia and has subsequently ceased with the improvement of her enteropathy. It was thought at the time that the inappropriate urination might be due to a behavioural issue but this has been proven not to be the case.

The claim is therefore for Dyschezia/Enteropathy and not for a behavioural abnormality."

In response to the vet's letter ETU says that Enteropathy isn't noted in the clinical history. It says an intestinal profile was undertaken and there are no notes to show any anomalies found in this test. ETU points out that the results from the ultrasound, as recorded by the vet, were, "unremarkable". It says following these tests the vet noted a discussion around behavioural issues, which again suggests the issue was behavioural in nature and not medical.

ETU replied to the vet's letter. It asked for evidence that the claim relates to a medical and not a behavioural condition. The vet responded to say:

"The clinical notes clearly state that the following clinical signs were present. None of these [sic] clinical signs are associated with behavioural conditions.

*Aug 15th – Dyschezia, diarrhoea
Oct 6th – Lethargy, polydipsia, Loose feces*

I trust you have a copy of the clinical notes which should be sufficient proof of that [sic] I have outlined in my attached letter."

In its submission to our service ETU says the dates the vet has quoted are both prior to tests being performed. It says these tests revealed no medical anomalies. It says the clinical records still indicate that the cause of the problem was behavioural. ETU says no proof was supplied by the vet to show a medical issue was the cause. Although tests were performed to rule out a medical issue based on the symptoms, none were found. ETU maintains that the clinical history still showed the issue was thought to be behavioural.

I've thought carefully about what this information shows. Having done so I'm more persuaded by ETU's position. That is the clinical records show a behavioural issue as the cause of Mr C's cat's symptoms. It's clear that tests were performed to identify a possible medical issue. But I agree with what ETU says, that there is no record that a medical cause was found or recorded. I acknowledge what the letter Mr C subsequently asked his vet to provide says. However, this doesn't show a medical cause was found, or that this was recorded in the clinical records.

I think it's reasonable that ETU requested evidence to show a medical condition had been identified as the cause of the symptoms described. But I can't see that this was provided.

I've read Mr C's policy terms and conditions to understand what cover was in place. Under the heading, "What is not covered" the terms say the insurer will not provide cover, "For any behavioural treatment". I can see that this relates to the 'Gold' standard cover Mr C had in place.

Based on this evidence I don't think ETU acted unfairly when relying in its policy terms and

conditions to decline Mr C's claim. So, although I'm sorry Mr C's claim isn't covered, I can't reasonably ask the business to do anymore.

I said I was intending to not uphold this complaint.

I asked both parties to send me any further comments and information they might want me to consider before I reached a final decision.

Mr C responded with further comments from his vet. The vet says:

"...The point is we don't have a definitive diagnosis for [Mr C's cat's] problems. Some of the signs could be attributed to behavioural issues (abnormal toileting) but others could only be the result of physical illness (dyschezia=pain/straining to pass feces, lethargy, diarrhoea, polydipsia=increased drinking). Most insurance providers in this situation would meet the claim on the basis of the clinical signs and uncertain diagnosis."

We asked ETU if it wanted to comment on what Mr C's vet had said. It responded to say it couldn't find any clinical records to show blood in the cat's stool around the time mentioned. It says the results of testing didn't confirm any underlying condition.

ETU says it referred Mr C's vet's comments to its clinical adviser. The response provided says:

"The notes written by the vets clearly say that the constipation (dyschezia) and inappetence is due to behaviour issues. On the vets email on the 18/11 – they said that it was not behavioural at all (despite the notes clearly saying several times that it is behavioural) and that because there was blood in the diarrhoea (which there is no notes that this is the case) that it is inflammatory."

He said the reasons the cat got better was because it resolved itself without behavioural modification, but if it was behavioural it would also resolve itself (and I do not know of any behavioural modification that the owner had not tried, so it is likely that one of these things eventually worked!)

According to the notes, the cat looks like quite a stressy cat and has urination and defecation issues when it gets stressed, so I would be inclined to uphold the decline as it looks to me like behavioural issues and the notes clearly say this as well."

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Having done so I'm not persuaded to alter the findings set out in my provisional decision.

I acknowledge the comments provided by Mr C's vet. But I think it's reasonable that ETU based its consideration of Mr C's claim on his cat's clinical records.

As discussed in my provisional decision the clinical records show a behavioural issue as the cause of Mr C's cat's symptoms. The tests that were performed didn't show that a medical cause for the problem had been found. Again, I note what Mr C and his cat's vet have said about a physical illness, but this isn't clearly supported by the clinical records.

I think ETU's response to the vet's further comments are fair. It's clear that it relied on the evidence contained in Mr C's cat's clinical records when considering the claim. So, although

I'm sorry that the costs Mr C claimed aren't covered, I don't think ETU has treated him unfairly.

My final decision

My final decision is that I do not uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr C to accept or reject my decision before 16 February 2024.

Mike Waldron
Ombudsman