

**ETHICAL PERSPECTIVES IN VETERINARY MEDICINE**

In the early summer of 1982, several faculty from the College of Veterinary Medicine (CVM) attended a conference at the University of Tennessee (Nashville) devoted to "Exploring Ethical and Value Issues in Veterinary Medicine", which featured moral philosophers as well as prominent veterinarians and educators. Each MSU member already had strong interests in the ethical issues facing their profession prior to participating in the conference, and so the questions considered were not new to them. What **was** new was the experience of seeing veterinary medical ethics taught in ways which were intellectually rigorous and stimulating. The faculty members returned to MSU determined to develop a course that would offer their veterinary students the same experience.

Some formal ethics teaching had already begun in the College of Veterinary Medicine before 1982, in the form of occasional guest lectures in courses devoted largely to other topics. These lectures had been given by faculty in the MSU Medical Humanities Program, (MHP) and so the CVM group approached the MHP for help in planning and teaching a course in ethics to first-term veterinary students. Fortunately, a recently-begun NEH Implementation Grant was helping support more MHP faculty than before, making it possible for the Program staff to agree to help.

The CVM group targeted an existing course for transformation by Fall '82 term - Perspectives in Veterinary Medicine (VM 517), a one-credit, one hour per week lecture sequence which had been serving as an introduction to the veterinary profession. The format included lectures on veterinary specialties, practice opportunities, licensing, and related issues. Under the coordination of Dr. Waldo Keller (then Acting Dean of CVM), the course was redesigned to focus primarily on the ethical questions facing both the veterinary profession and individual practitioners.

The ethics portion opened with two sessions of informal, open case discussions designed to "sensitize" students to the range of ethical issues they might later confront (cases used were from the Tennessee conference). These discussions were led by Drs. Richard Walshaw, Sally Oblas Walshaw, and Steven Crow. Subsequent weeks were more formal, with lectures on the AVMA code of Ethics (Dr. Keller), ethical theories (Dr. Brody of MHP), ethical concepts of subjectivism, relativism, and egoism (Dr. Miller of MHP) and a debate on the question of animal rights (Drs. Miller and Tomlinson of MHP). The veterinarians and philosophers then split into teams to lead smaller group discussions on "Good Medicine vs Economic Survival", "Truth Telling in Veterinary Medicine", and "Human Exploitation of Animals". Lectures and group discussions were backed with a long list of required and recommended readings.

In the succeeding two years VM 517 has changed in several important respects. The lecture on the AVAM Code of Ethics and one of the sensitizing sessions have been dropped; in their place is an overview of the kinds of moral dilemmas that veterinarians face. The animal rights debate has become triadic with the addition of another philosopher to the fray, Dr. Martin Benjamin. The three group discussions through which all students rotate, now divide the issues into those arising in small animal practice, large animal practice, and research/teaching/entertainment. Two additional veterinary faculty have been added to group discussions. In 1984 group discussions were

energized by the presence of some provocative guests: David Wills and Eileen Liska, Executive Director and Legislative Liaison of the Michigan Human Society, respectively; and Donald Barnes, Director of the National Anti-Vivisection Society. With a reluctant acceptance of the limited objectives possible in the format, course requirements have moved from short essay exams and papers to a multiple choice final exam testing the student's understanding of the lectures and readings.

Though academically it may be only one credit, in the opinion of the MSU faculty and students VM 517 has become a course which packs maximum intellectual challenge and energy into the only available space.

Tom Tomlinson, Ph.D.

#### \*\*\*\*CASE STUDY\*\*\*\*

You are a clinician in a veterinary teaching hospital. You have four senior students assigned to your rotation.

Mrs Smith has a 12-year-old Golden Retriever named Gretel which she has had all of its life. She is very attached to Gretel, and considers her "one of the family." You have been treating Gretel for the past 1 1/2 years for progressive chronic renal failure which has required Gretel to be in and out of the hospital several times in the last two months.

Her most recent presentation was one week ago for severe vomiting and anorexia. She has lost about 45% of her body weight over the last few months, and from the physical signs and laboratory studies you believe she has terminal renal failure.

Mrs. Smith visits Gretel daily and you have had frequent discussions with her concerning euthanasia. Because of her emotional involvement, Mrs. Smith finds it impossible to agree to end Gretel's life.

The students on your rotation feel that Gretel is miserable and suffering despite symptomatic therapy. They think that you should put Gretel to sleep and tell the owner that Gretel died. After all, they insist, part of the Veterinarian's Oath is to alleviate animal suffering.

What should you do?

#### COMMENTARY #1

The issue in this case is how, when and by whom the decision to euthanize an animal ought to be made. The basic answer is that it must be made by the legal owner. The veterinarian is hired by the owner to provide medical care and advice. The suggestion that the veterinarian may make the decision to euthanize and then lie to the owner is outrageous, unrealistic and distracts from the usual decision making process of the owner assisted by the veterinarian.

In the food industry, similar decisions are made on purely economical grounds. If a pig costs more to treat medically (or even feed) than it is commercially worth, it is immediately sent to slaughter to minimize losses. Euthanasia of pets is often done on the basis of cost as well. For example, many dogs hit by cars have injuries for which veterinary bills would be too expensive and their owners elect euthanasia. Likewise, diabetic dogs are often euthanized for the same reason. However, in Gretel's case expense does not appear to be a factor, but as treatment becomes more heroic it may become a factor. The veterinarian appears to have maintained good and frequent communications with the owner and must continue to advise her of current and potential costs.

Another difficulty in the decision are the medical facts. Some variables not listed in this case are as follows: Is the veterinarian a urologist, an internist or a general practitioner? Would a referral be beneficial? Are any other treatments possible? The disease is apparently severe, progressive and likely fatal but veterinarians vary in their prognostic ability. A temporary remission may be Mrs. Smith's hope. Many owners avoid euthanasia early on but as options like referrals or additional tests are exhausted, the poor medical prognosis becomes sufficient to make the decision.

If the owner truly cannot and/or will not elect euthanasia, **the veterinarian must continue treatment** until the dog dies of the disease. Since

the veterinarian has accepted the case and begun treatment, she or he must legally continue treatment to completion if the owner insists and is able to pay. If the dog is terminal, this will usually be a matter of hours or perhaps a few days. Analgesic medication may be used if the dog is still conscious but suffering. If the veterinarian does not want to accept this role, then an agreement between the owner and veterinarian as to the termination of treatment should be made when the case is accepted.

Throughout the decision making process, it is important for the veterinarian and staff members to care for the thing of most value, in this case, Mrs. Smith's attitude toward her pet. Regardless of the medical outcome, she must be sure she did her best for her old companion and the veterinarian's duty is to help her do so. **Harold W. Tvedten, D.V.M.**

#### **COMMENTARY #2**

This case illustrates a conflict that veterinarians frequently face, that is, the obligation to the animal owner vs. the obligation to the animal.

In the United States, with few exceptions, an animal has been considered legally to be the property of its owner. As such, the animal may be used by the owner for any purpose (or killed at the owner's request) provided that deliberate cruelty does not occur. The practice of veterinary medicine, including euthanasia, takes place within this client-as-owner context. The owner of the dog Gretel in this case has a legal right to demand continued care for the dog.

On the other hand, veterinarians, in the Code of Ethics of the AVMA, have stated that one of the primary objectives of the veterinary profession is to relieve the suffering of animals. In cases like this one, a definite conflict arises between the legal and the ethical obligations of the veterinarian. In this particular case, prolonging the animal's life equates, from the veterinarian's viewpoint, with prolonging the animal's suffering.

Those persons who believe that animals have rights might argue that a terminally ill animal has a right to die and that prolonging such an animal's life by extraordinary means violates this right.

The concern of the students in this case over the animal's suffering is commendable and they apparently believe that the veterinarian's duty to the animal should take precedence over his/her obligation to the owner. While deception of the owner might be the easiest way to resolve this problem (in terms of ending the animal's suffering), such a tactic would violate the principle of truth-telling that is the very foundation of the veterinarian-client relationship. Since animals cannot talk, the client must be able to trust the veterinarian to tell the truth regarding events that occur during hospitalization.

A solution satisfactory to all parties concerned might be attainable through review of the case by a **veterinary hospital ethics committee**. The members of such a committee should include a veterinarian, a veterinary technician, a veterinary student, a member of the public, and a bioethicist. Such a forum would be especially valuable in a veterinary teaching hospital for 2 reasons. (1) The capacity for providing long-term intensive care for animal patients in a teaching hospital increases the probability that ethical conflicts of this nature will arise. (2) Such a committee could greatly assist the students in the process of identifying complex ethical issues and resolving ethical problems.

The owner in a case such as this one would be able to consider this matter with a group of individuals who are actively seeking a solution that is in the animal's best interests. The veterinarian would have the opportunity to express concern to an interested group over the moral convictions that could be violated by the circumstances of the animal's continued care. The students would gain insight into veterinary medical ethics that could enhance their development as professionals.

In conclusion, establishment of a veterinary hospital ethics committee could benefit all parties involved in a case such as this one: the owner, the veterinarian, the students, and the animal.

**Richard Walshaw, B.V.M.S., Sally O. Walshaw, V.M.D.**

### COMMENTARY #3

To identify with the veterinarian in this case is to be pulled in two different ways. On the one hand, we have obligations to Mrs. Smith who has a right to be treated with honesty and respect. This appears to rule out putting Gretel to sleep and then telling Mrs. Smith that she simply died. Such a lie would violate an important human bond. Moreover, if our deception were to be detected, trust in ourselves and the profession as a whole might be seriously compromised.

Yet there is the stubborn question of Gretel's suffering. Despite her lack of independent legal standing, **Gretel has some independent moral standing.** Imagine coming across a harmless animal who belongs to no one and is suffering from a thorn in its paw. Do you have a moral obligation to pull it out if you can do so at little cost to yourself? If you believe that you do, you must also agree that Gretel's suffering is in itself a matter of moral concern. Perhaps, then, we should hasten her death despite her owner's understandable, but nonetheless self-centered and possibly irrational, inability to consent to our doing so. If we decide against euthanizing her, the fact that Gretel is in pain and has independent moral standing requires that we have good grounds for our decision.

Our choice here is not between right and wrong, but between better and worse. As the case stands now, to go along fully with either Mrs. Smith or the students is to make a decision that will be right and wrong; not right or wrong. To end the animal's suffering would be, in this instance, to violate a human bond. To be faithful to that bond is to fail to respond to Gretel's distress. There is, it seems to me, no clean or easy answer to this dilemma.

But before trying to make the best of a bad situation, let us make sure that there is no way of making the situation better. Has every reasonable effort been made to persuade Mrs. Smith to consent to Gretel's being euthanized? Does she fully understand Gretel's condition and prognosis? Is Gretel really "miserable and suffering despite symptomatic therapy"? Is there no alternative medication that would further reduce pain and suffering, even if this meant Gretel would be nearly or fully comatose?

If none of these efforts to soften or wriggle out of the dilemma were successful, we would have to make a troubling decision. If the decision were mine, and if the students were right about the degree of unavoidable misery and suffering, I would probably **euthanize the animal and lie to Mrs. Smith.** I am aware of many difficulties with this position and I would take it reluctantly and with no small amount of doubt and ambivalence. The presumption against deception is and should be a strong one (see Sissela Bok, Lying Pantheon, 1978). And I would certainly try to impress upon the students the moral gravity of what I was doing and how it constituted a dangerous exception and not a rule. But if lies of this sort are very few and far between, the animal's pain and suffering, together with the owner's not entirely rational and justifiable desires, seem to me to justify what would otherwise be an immoral act. In making my decision I would be assuming that in a cooler frame of mind, Mrs. Smith would not want Gretel's pain and suffering prolonged. My justification for acting without her consent and deceiving her is, therefore, partly paternalistic. My hope is that in the not-too-distant future I could tell her what I had done and why, and she would agree that it had been the right thing. **Martin Benjamin, Ph.D.**

### \*\*\*LITERATURE REVIEW\*\*\*

#### Ethics and Animals: An Introduction to the Literature

"It seems reasonable...that nature should produce its own automata, much more splendid than artificial ones. These automata are the animals."  
Rene Descartes (1649)

"The day may come, when the rest of animal creation may acquire those rights which never could have been withholden from them but by the hand of tyranny...{for}...the question is not, Can they reason? nor Can they talk? but, Can they suffer?" Jeremy Bentham (1789)

The moral standing of nonhuman animals has long been a matter of philosophical concern. Aristotle, St. Thomas Aquinas, Hume, Kant, and Mill, all wrote about the place of animals in our ethical frameworks, as did Descartes and Bentham. And it was Plutarch who developed one of the first philosophical defenses of vegetarianism. Relevant selections from all of these authors as well as from Darwin, Montaigne, and a number of contemporary thinkers are collected in a useful anthology edited by Regan and Singer {7}.

Contemporary intellectual interest in the moral standing of nonhuman animals--including debates over intensive animal agriculture, the use of animals in research, and dilemmas in veterinary medical ethics--can be traced to the publication ten years ago of a thoughtful and provocative book by Peter Singer called Animal Liberation {14}. Drawing heavily on Bentham, Singer compares our treatment of animals to racism and sexism. "Speciesism," he argues, is rationally indefensible and morally bankrupt. He describes and documents certain practices of "factory farming" and the indiscriminate use of animals as "tools for research," and urges that they be radically restricted.

Since the publication of Animal Liberation illuminating debate over the moral standing of animals has intensified. And the growth of a more philosophically sophisticated and scientifically informed literature has favorably tipped the balance from heat to light. Singer's utilitarian-based arguments for reform have been complemented by the work of Tom Regan, whose similar conclusions are founded on a theory of rights based on inherent value which, he argues, is a property of all mammals beyond the stage of infancy {8,10}. Those who are sympathetic to the interests of animals but wary of embracing utilitarianism may find Regan an attractive alternative to Singer.

Singer, Regan, and other philosophers {6,11} who argue that animals have greater moral standing than is commonly believed are not without their philosophical critics. The work of R.G. Frey {3,4}, for example, tries to show that Descartes' view of the status of animals is perhaps more plausible than Bentham's.

Stimulated perhaps by the work of philosophers, a number of animal scientists have tackled related questions. Dawkins has contributed a thoroughly interesting, readable, and informative account of the problems involved in determining that an animal is suffering {1}. Veterinarians Michael Fox {2} and Andrew Rowan {12} have written philosophically informed, mainly factual books about farm animals and animal research, respectively. And a recent article {13} jointly authored by a veterinarian and a philosopher suggests the value of further collaborative efforts. Even scientific journals customarily devoted to other matters have occasionally included articles by philosophers on ethics and animals {5,9}.

Those interested in a more detailed and comprehensive account of the issues and literature of the past 10 years are advised to examine a recent review essay on the topic by Singer {15}.

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- Martin Benjamin, Ph.D.**

#### NOTABLE NOTES

**Howard Brody, MHP Acting Director**, recently returned from a successful visit to England where he visited with general practitioners who are trying to develop medical ethics teaching in the medical school curriculum. His lecture "Autonomy Revisited: Progress in Medical Ethics" will be published in a forthcoming issue of the Journal of the Royal Society of Medicine. Dr. Brody reports an encouraging sign from England is the British Medical Journal's willingness to publish a series of eight technical articles on medical ethics by Raanan Gillon, editor of the Journal of Medical Ethics. This perhaps reflects an increasing awareness of the need for formal discussion of medical ethics in England where such dialogue has been surprisingly limited. Dr. Brody said he felt transatlantic exchanges is an untapped source of beneficial communication between England and the U.S., particularly concerning the rationing of medical resources and the tension between medical paternalism and patient autonomy. He also noted that the English ale was quite good and, surprisingly, served cool.

**Martin Benjamin, MHP Assistant Coordinator** will be involved in a first-time-ever simultaneous television hook-up to over 85 member hospitals in the Michigan Hospital Association. The program will focus on The Formation of Hospital Ethics Committees and will include Eugene Grochowski, M.D. a nephrologist at Bronson Methodist Hospital in Kalamazoo and Shirley Bach, Ph.D., Professor of Natural Science at Western Michigan University. Dr. Bach spent a sabbatical year at MSU in the Medical Humanities Program, 1983-84. Tune in on March 19, 10:00 A.M. to 10:50 A.M. through your local hospital satellite station.

March of this year will see the emergence of yet another newsletter dedicated to disseminating information on ethical issues in medicine in Michigan. BIOETHICS UPDATE will be launched as a two page monthly newsletter addressing the new developments in medical ethics in a capsulated, news flash format and distributed free of charge to all physicians in Ingham County. BIOETHICS UPDATE is made possible by a grant from **Mead Johnson** pharmaceutical house on a nine-month trial basis. It will be written and published through the **Medical Humanities Program** at MSU. Thank you, Mead-Johnson.

**P.J. Reitemeier**

**CALENDAR**

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Keynote address: Humanism in  
Health Professionals. H. Brody**\*\*\*\*QUESTIONS FROM READERS\*\*\*\***

To the Editor:

I would like to raise some questions on the Case Study, Fall, 1984 in which a patient wonders about and may "demand" a stress test before resuming his jogging. Bronstein and Miller suggest that if the informed patient insists, he should be given the test or referred elsewhere. The fact that stress tests are of low risk and low cost makes compliance with this request easy. But what of procedures of high risk and/or highly demanding of resources? By what principle might a practitioner limit what he/she do, believing a poor balance of good and harm will result while the (informed) patient believes the opposite? How might limits be set on the resources which patients might "need" or request? I believe the practitioner-patient dyad is too small a focus for resolution of such issues.

**Robert Hahn, Ph.D., Seattle, Washington**

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The Authors respond:

Robert Hahn raises two important questions: "What are the limits on patient demand for medical services, and how should these limits be set?" I argue that the limits should not be worked out in each physician-patient encounter, rather they should be determined at the policy level. DRG's and other cost-containment mechanisms are now doing that; how well they do it awaits further experience. Two important distinctions Hahn does not make are between diagnostic and therapeutic procedures, and between accepted and experimental therapy. Allocation policy will vary on these parameters.

**Bruce Miller, Ph.D.**

I see two issues here. First, disagreement between the patient and physician is resolved by simply referring the patient to a more accomodating physician. No physician should perform a procedure thought to be totally inappropriate. Second, the issue of scarce resource allocation does not concern the MD-Pt. relationship or ethics but rather economics, at least by Webster's definition. As such it can only be resolved at a societal level which is currently undecided. Needless to say, I have no magical solution either. **Daniel A. Bronstein, J.D.**

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