

Pet Mutilations and Veterinary Ethics

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Ear cropping of dogs is among the policies considered unethical by the British Veterinary Association. Any veterinarian performing such surgery would be subject to disciplinary action by the Royal College of Veterinary Surgeons and would most likely lose his or her license to practice. Recently, the South African Veterinary Council unanimously passed a resolution to ban ear cropping in that country. Similarly, the American Veterinary Medical Association (AVMA) has officially voiced disapproval of ear cropping through its acceptance in 1976 of a resolution submitted by the American Animal Hospital Association to delete the mention of ear cropping or trimming from breed standards and to prohibit the showing of dogs with cropped or trimmed ears (*JAVMA* 169:465, 1976). Yet this practice continues in the U.S., and articles on ear cropping are still published in veterinary journals. It seems that the policies of the AVMA's House of Delegates have little impact on the profession's standards of ethics, and that the profession as a whole is rarely able to achieve a consensus on any ethical issue concerning animal welfare.

Other mutilations of companion animals have been debated and defended in veterinary journals in the U.S., including declawing dogs, removing the teeth of pet monkeys and cutting gaited horses' tails. A very common justification is that if the veterinarian will not perform such operations, then the owner or some other unqualified nonveterinarian will do it (B. MacNamara, *JAVMA* 174:434, 1979; E. Baker, *JAVMA* 174:442, 1979; S.A. Tischler, *Mod Vet Prac* 60:870, 1979). W.J. Fuller (*Mod Vet Prac* 60:436, 1979) has also raised other important ethical questions which are rarely voiced, notably the propagation of genetically abnormal breeds such as bulldogs, toy and 'tea cup' variants.

From the various points of view that are being expressed by practicing veterinarians in the U.S., it is clear that there is a growing polarization within the profession. It might be to the advantage of all concerned for the AVMA to set up a working committee to explore the ethics of many current veterinary practices which have been questioned by veterinarians and animal welfare advocates in the U.S. and other countries. The AMVA Panel on Euthanasia has, for example, provided useful recommendations amounting to a professional code of practice for the destruction of companion animals. The time is surely ripe for a panel (which should include nonveterinary representatives from the humane movement as well as from the American Kennel Club and Cat Breeders Association) to be set up by the AVMA to consider some of the questionable practices of breeders, show people and veterinarians. Ethical guidelines or codes of practices such as those of the British Veterinary Association policy on animal welfare and mutilations (*Vet Rec* 104(16) [Supplement], 1979) are needed to protect the basic right of companion animals not to be subjected to unnecessary suffering, either in the short term from cosmetic surgery or in the long term from some genetic anomaly. Companion animals also should be accorded the legal right to have surgery per-

formed on them only by qualified veterinarians, or under their direct supervision. This would certainly eliminate the possibility of an unqualified person ear cropping or otherwise mutilating a pet, and would help protect the interests of the animal and the veterinarian alike.

The Public Governance of Science and Research Animal Welfare

T.E. Malone

The following is excerpted from a speech given by Dr. Thomas E. Malone, Deputy Director of the National Institutes of Health, at the 26th Annual Meeting of the American Association of Laboratory Animal Scientists (AALAS), Anaheim, California, October 5, 1977.

I trace the expression "The Public Governance of Science" to a Columbia University bicentennial lecture given by Dr. Donald Fredrickson, Director of the National Institutes of Health (NIH), in December 1976. In that lecture he said that as recently as a quarter of a century ago, when NIH and AALAS were emerging, "there were no formal arrangements for setting a social priority to the scientific question one hoped to answer." The proprieties, he went on to say, were largely covered by the Hippocratic Oath, and except for rules on the use of radioactive isotopes, there were few regulations involving ethical considerations. There was a certain autonomy in the scientific imperative, and scant attention — save through the responsibility and self-governance of individual scientists — was given in a collective sense to animal welfare, the use of human subjects in research, biohazards, other legal and ethical considerations that accompany the research effort, and indeed, the selection of research problems and priorities bearing on the well-being of the American public.

There is a hazy and somewhat sequential pathway that one can follow to provide some insight into the reasons for the absence of public intervention in biomedical research until relatively recent times. Before World War II, the federal government was involved in peacetime research, primarily as an adjunct to its limited public health activities. There were, of course, important gains in research of cholera and other infectious and dietary deficiency diseases, but, by and large, the private sector provided the preponderant support for biomedical research. There was not very much in the way of "public patronage" of science, and so the public did not have to be overly concerned about how its monies were being spent.

As discussed by Stephen Strickland in his book entitled *Politics, Science and Dread Disease* (1972), "a bill to secure government support in the search for a cure for cancer was introduced in Congress in 1927 by the senior Senator from West Virginia, Matthew M. Neeley. Mr. Neeley's bill would have provided a \$5 million reward 'to the first person who discovered a practical and successful cure