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Bernard E. Rollin
Colorado State University

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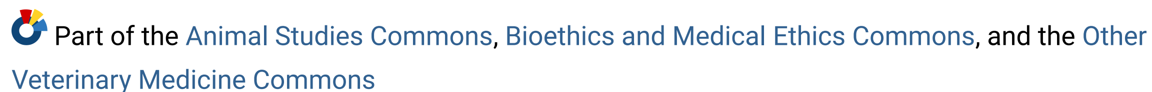
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Ethical Issues in Geriatric Feline Medicine

Bernard E. Rollin, PhD
Colorado State University

ABSTRACT

Most veterinarians hold a 'pediatric' rather than 'garage mechanic' view of their function. In recent years, sophisticated medical modalities have allowed veterinarians to keep animals alive, and increased value of companion animals in society has increased demand for such treatment. But whereas humans can choose to trade current suffering for extended life, animals seem to lack the cognitive apparatus required to do so. Thus, veterinarians must guard against keeping a suffering animal alive for too long. Clients may be emotionally tied to the animal and blind to its suffering. Part of the veterinarian's role, therefore, is to lead the client to 'recollect' quality of life issues. A second major role for the veterinarian in treating geriatric or chronically ill animals is control of pain and distress. Unfortunately, pain and distress have historically been neglected in both human and veterinary medicine for ideological reasons. It is ethically necessary to transcend this ideology which leads to both bad medicine and bad ethics.

At the beginning of his Republic, Plato makes a profound point whose veracity has endured over the millennia. The function of any craftsman, he affirmed (the Greeks thought functionally, not mechanistically), is to improve the material he or she works on, to enhance its value. Similarly, he argues, the function of a physician is to improve his or her patients, and of a shepherd to guard, protect, nourish, preserve and improve the sheep under his or her aegis. Any money such people earn is not essentially part of their function as craftsman, doctor, or shepherd, but accrues to them in their conceptually separate capacity as a wage earner.

The same logic extends to veterinarians. Qua veterinarian, in one's capacity of veterinarian, one's function is to advance -- to better -- the health, well-being, and interests of the animals. And this insight is almost universally shared among the thousands of veterinarians I have had the privilege of interacting with.

When I have asked my veterinarian audiences, be they companion animal practitioners, food animal practitioners, laboratory animal practitioners, but most particularly the first, to choose between two ideal and extreme models for the veterinarian, the answers have almost universally favored one model. I pose to veterinarians what I have called The Fundamental Question of Veterinary Medical Ethics e does the veterinarian owe primary allegiance to the client or to the animal (Rollin 2006c)? Are animals moral objects in themselves, or are they of moral concern only as someone's animals? Is the ideal model for the veterinarian the garage mechanic or the pediatrician? If a person brings a car to a mechanic and the mechanic determines that the vehicle will cost $5000 to repair, it is perfectly permissible for the owner to declare 'Five thousand dollars? The hell with it! Junk it!' On the other hand, if a parent brings a child to a

pediatrician and the physician determines that the child needs $5000 worth of surgery, the pediatrician certainly does not allow the parent to say, ‘To hell with the kid! Junk ’em! I can make another one’.

In my experience of working with veterinarians all over the world for three decades, I have found that well over 90% of veterinarians are inclined toward the pediatrician model. Given the view of veterinarians as primarily obligated to the well-being of animals, we can approach the matter at hand, namely the ethics of treating geriatric feline patients. Obviously, treating such animals has always to some degree been a question in veterinary medicine, but the answer was primarily dictated by the socioethical landscape of society, the therapeutic armamentarium possessed by veterinary medicine and the ideological outlook of veterinary medicine. By and large, an animal lived until age rendered it dysfunctional, at which point it was euthanize. In terms of animal comfort, little attention was paid to palliative care -- even control of pain -- because knowledge of analgesia was virtually non-existent, and in any case a powerful battery of ideological presuppositions, which we shall shortly discuss, strongly militated against attention to felt pain, even if pain-mitigating modalities were available.

The issue of geriatric animals has today become of singular importance for a number of major reasons. In the first place, veterinary medicine’s ability to treat chronic disease and to prolong life has increased exponentially, as evidenced by the proliferation of board-certified practitioners in specialty practices. Animal oncology is a well-defined field; transplantation for animals is a reality; dialysis is a common occurrence in sophisticated veterinary medical centers. For the first time in medical history, veterinarians have a large number of modalities for prolonging life, analogous to what physicians have.

Second, the significance of companion animals for people’s lives has also increased exponentially -- witness what we learned from Hurricane Katrina, with people refusing rescue if they were not allowed to take their pets, and recall the enormous outpouring of emotion on the part of people fortuitously reunited with their pets.

Third, people are willing to put their money where their mouth is and expend small fortunes on veterinary treatment. Even in the early 1980s, the Wall Street Journal covered Colorado State University’s pioneering oncology program, marveling in a front page story the willingness of owners to spend over six figures on cancer treatment for their pets.

Fourth, societal ethical concern for animals has skyrocketed since the 1970s. Legislation mandating the control of pain and suffering in animals used in research has been passed and implemented all over the western world, including the USA, despite vigorous opposition from the research community, which included threatening the public that researchers could not cure our children if laboratory animal laws were passed. (The public did not buy it!) Two thousand four hundred bills were promulgated in state legislature across the USA in 2004, dozens in the US Congress. Sweden and then the European Union abolished confinement agriculture (‘factory farming’), as we know it in the USA, and such unlikely people as the last two popes and Senator Robert Byrd have condemned it publically. Cruelty has been elevated to a felony in over 40 states. Dozens of law schools teach animal law, and legal scholars are working to elevate the legal status of animals beyond property. Large movements exist aimed at raising the value of companion animals above market value, or to replace ‘ownership’ with ‘guardianship’ on the model of human guardians. All of this activity -- and much more -- has been both cause and effect of much greater social sensitivity to animal suffering.

Let us examine some of these factors in finer grain. Consider the exportation of heroic medicine to animal medicine. As Dr Matt Sturmer wisely put it to me in conversation, ‘just because we can do something doesn’t mean we should’. So: In today’s cultural milieu, advances in human medicine are transferred and appropriately modified to veterinary medicine, for example, in dialysis or radiation therapy or

transplantation. (Sometimes, as in the case of limb-sparing treatment of osteosarcoma, developed at Colorado State University for dogs, veterinary medical advances have been exported to human medicine.) Human medicine has been forced by public pressure to worry about quality of life as well as its prolongation. Indeed, the movement on behalf of voluntary euthanasia, or choosing to die, is a direct result of society's rejection of the medical concept that more life, or prolongation of life, is justified at any cost to its quality. The hospice movement also evidences increasing attention to quality of life when death is inevitable.

There is, however, a striking dissimilarity between humans and animals facing life-threatening illnesses, even as the tools of medicine dealing with such crises converge in the two medical disciplines (Rollin 2006a). Human cognition is such that it can value long-term future goals and endure short-run negative experiences for the sake of achieving them. Examples are plentiful. Many of us undergo voluntary food restriction, and the unpleasant experience attendant in its wake, for the sake of lowering blood pressure or looking good in a bathing suit as summer approaches. We memorize volumes of boring material for the sake of gaining admission to veterinary or medical school. We endure the excruciating pain of cosmetic surgery to look better. And we similarly endure chemotherapy, radiation, dialysis, physical therapy, and transplant surgeries to achieve a longer, better quality of life than we would have without it or, in some cases, merely to prolong life to see our children graduate, complete an opus, or fulfill some other goal.

In the case of animals, however, there is no evidence, either empirical or conceptual, that they have the capability to weigh future benefits or possibilities against current misery. To entertain the belief that 'my current pain and distress, resulting from the nausea of chemotherapy or some highly invasive surgery, will be offset by the possibility of indefinite amount of future time,' is taken to be axiomatic of human thinking. But reflection reveals that such thinking requires some complex cognitive machinery. For example, one needs temporal and abstract concepts, such as possible future times and the ability to compare them; a concept of death, eloquently defined by Heidigger as 'grasping the possibility of the impossibility of your being'; the ability to articulate possible suffering; and so on. This, in turn, requires the ability to think in an if--then hypothetical and counterfactual mode, that is, if I do not do X, then Y will occur. This mode of thinking, in turn, seems to necessitate or require the ability to possess symbols and combine them according to rules of syntax, ie, requires language.

I have argued vigorously elsewhere against the Cartesian idea that animals lack thought and are simple robotic machines (Rollin 1989). I in fact wrote the federal animal research laws that forced acknowledgment of animal pain and distress (Rollin 1989). I strongly believe that animals enjoy a rich mental life. It is also clear that animals have some concept of enduring objects, causality, and limited futural possibilities, or else the dog would not expect to get fed, the cat would not await the mouse outside of its mouse hole, and the lion could not intercept the gazelle. Animals also clearly display a full range of emotions, as Darwin famously argued.

But it is also equally evident that an animal cannot weigh being treated for cancer against the suffering it entails, cannot affirm a desire (or even conceive of a desire) to endure current suffering for the sake of future life, cannot understand that current suffering may be counterbalanced by future life, and cannot choose to lose a limb to preclude metastases.

None of this is intended to denigrate animals or their minds; it is simply meant to mark a difference. The commonsensical truism that animals think and feel was swept away by a scientific revolt against 19th century excesses of anthropomorphism of the sort that attributed larcenous intentions to pack rats or conscious industrious virtue to beavers. To assure the stability of belief in animal mind, we must be careful not to overemphasize its abilities, as when a woman I knew believed a dog could grasp the

concept of its birthday celebration. To be sure, the dog could enjoy the treats and attention coming in the wake of the party, but that does not mean that it could comprehend its birthday.

To treat animals morally and with respect, we need to consider their mentational limits. Paramount in importance is the extreme unlikelihood that they can understand the concepts of life and death in themselves rather than the pains and pleasure associated with life or death. To the animal mind, in a real sense there is only quality of life, that is whether its experiential content is pleasant or unpleasant in all of the modes it is capable of, for example, whether they are bored or occupied, fearful or not fearful, lonely or enjoying companionship, painful or not, hungry or not, or thirsty or not. We have no reason to believe that an animal can grasp the notion of extended life, let alone choose to trade current suffering for it. The recent rise of the 'pawspice' concept -- hospice for animals -- can accentuate this problem.

This, in turn, entails that we realistically assess what they are experiencing. We must remember, for example, that an animal is its pain, for it is incapable of anticipating or even hoping for cessation of that pain. Thus, when we are confronted with life-threatening illnesses that afflict our animals, it is not axiomatic that they be treated at whatever qualitative, experiential cost that may entail. The owner may consider the suffering a treatment modality entails a small price for extra life, but the animal neither values nor comprehends extra life, let alone the trade-off this entails. The owner, in turn, may ignore the difference between the human and animal mind and choose the possibilities of life prolongation at any qualitative cost. It is at this point that the morally responsible veterinarian is thrust into his or her role as animal advocate, speaking for what matters to the animals.

Dr Frank McMillan has reminded us that euthanasia is not an end in itself, but rather a means to ending suffering (McMillan 2001). This was probably better understood by earlier generations, where the thought of heroic procedures to save animal life did not enter people's minds, nor was there technology available to pursue such modalities. But, with the contemporary role of pets as friends, family members, and emotional supporters for humans and the omnipresence of veterinary modalities to replicate human medical innovations (for example, dialysis, transplantation, radiation therapy, and chemotherapy), it is too easy to err in the wrong direction. Whereas once a veterinarian needed to advocate for treatment of the treatable in the face of financial or aesthetic reluctance (even to this day, some owners need to be persuaded that a dog can function with three limbs), today a veterinarian must be vigilant against the owner going too far, at the expense of the animal's quality of life.

It appears on the surface paradoxical that people who value their animals more than was ever done in history are inclined to go too far, in treatment, and ignore the animal's quality of life, but it is actually quite understandable. To comprehend this, we must recall the new role of companion animals in people's lives, which leads to going too far.

Historically, the major human relationship with animals was in agriculture. The relationship was based in pragmatism and mutual benefit. We kept these animals for practical purposes; food, fiber, locomotion and power. And we treated them by and large well, for the simple reason that failing to do so reduced their productivity. This was the basis of animal husbandry, as celebrated in the 23rd Psalm, wherein the Psalmist declares that we want no more from God than what the good shepherd provides to his sheep.

The rise of a bond between humans and animals, rooted not only in mutual symbiotic benefit, but also in something putatively more solid, did not occur on a large scale until the 20th century, with companion animals and the new sort of relationship we formed with them. While humans have enjoyed symbiotic relationships with dogs and with cats for some 50,000 years, the bond was, as we saw was the case with agriculture, one largely of mutual practical benefit. Dogs were useful as guardians of flocks, alarms warning of intruders, hunting partners, pest controllers, finders of lost people, hauler of cats, finders and

retrievers of game. Cats were controllers of vermin and partners in battle. In terms of mutual interdependence, dogs and cats were very much analogous to livestock, except that they were probably worth less.

In the past 50 or so years, however, dogs and cats (and, to a lesser extent, other species) have become valued not only for the pragmatic, economically quantifiable purposes just detailed, but for deep emotional reasons as well. These animals are viewed as members of the family, as friends, as 'givers and receivers of love' as one judge put it; and the bond based in pragmatic symbiosis has turned into a bond based in love. This new basis for the bond imposes higher expectations on those party to such a bond on the analogy of how we feel we should relate to humans we are bound to by love and family. If a purely working animal is crippled and can no longer tend to the sheep, it violates no moral canon's (except, perhaps, loyalty) to affirm that he needs to be replaced by another healthy animal, and like livestock, may be euthanized if the owner needs a functioning animal. (In practice, of course, people often kept the old animals around for supererogatory or 'sentimental' reasons, but, conceptually, keeping them alive and cared for when they no longer could fulfill their function was not morally required any more than was keeping a cow alive that could no longer give milk.)

But insofar as an animal is truly perceived as an object of love or friendship, as companion animals have come to be perceived in the past 50 years, or as a member of the family, a different set of moral obligations are incurred. We do not euthanize or adopt out (let alone relinquish) a crippled child or sick spouse or aged parent -- at most we may institutionalize them if we are unable to provide the requisite care. A love-based bond imposes a higher and more stringent set of moral obligations than does one based solely in mutual pragmatic benefit.

The rise of deep love-based relationships with animals as a regular and increasingly accepted social phenomenon came from a variety of converging and mutually reinforcing social conditions. In the first place, probably beginning with the widespread use of the automobile, extended nuclear families with multi-generations living in one location or under one roof began to vanish. At the beginning of the 20th century when roughly half of the public produced food for themselves and the other half of the public, significant numbers of large extended families lived together manning farms. The safety net for older people was their family, rather than society as a whole. The concept of easy mobility made preserving the nuclear family less of a necessity, as did the rise of the new idea that society as a whole rather than the family was responsible for assuring retirement, medical attention, and facilities for elderly people.

With the concentration of agriculture in fewer and fewer hands, the rise of industrialization, and as the post-Depression Dust Bowl and World War II introduced migration to cities, the nuclear family notion was further eroded. The tendency of urban life to erode community, to create what the Germans called 'Gesellshaft' rather than 'Gemeinschaft', mixtures rather than compounds, as it were, further created solitude and loneliness as widespread modes of being. Correlatively, as selfishness and self-actualization were established as positive values beginning in highly individualistic 1960s, the divorce rate began to climb, and the traditional stigma attached to divorce was erased. As biomedicine prolonged our life spans, more and more people significantly outlived their spouses, and were thrown into a loneliness mode of existence, with the loss of the extended family removing a possible remedy.

In effect, we have lonely old people, lonely divorced people, and most tragically, lonely children whose single parent often works. With the best jobs being urban, or quasi-urban, many people live in cities or peripherally urban developments such as condos. In New York City, for example, where I lived for 26 years, one can be lonelier than in rural Wyoming. The cowboy craving camaraderie can find a neighbor from whom he is separated only by physical distance; the urban person may know no one, and have no one in striking distance who cares. Shorn of physical space, people create psychic distances between

themselves and others. People may (and usually do) for years live 6 inches away from neighbors in apartment buildings and never exchange a sentence. Watch New Yorkers on an elevator; the rule is stand as far away from others as you can, and study the ceiling. Making eye contact on a street can be taken as a challenge, or a sexual invitation, so people do not. One minds one's own business, one steps over and around drunks on the street, 'Don't get involved' is a mantra for survival.

Yet humans need love, companionship, emotional support, and need to be needed. In such a world, a companion animal can be one's psychic and spiritual salvation. Divorce lawyers repeatedly tell me that custody of the pet can be a greater source of conflict in a divorce than is custody of the children! An animal is someone to hug, and hug you back; someone to play with, to laugh with; to exercise with; to walk with; to share beautiful days; to cry with, to help weather life's crises. For a child, the animal is a playmate, a friend; someone to talk to. My son's first word was 'meow'.

These companion animals then, in today's world, provide us with love and someone to love, and do so unfailingly, with loyalty, grace, and boundless devotion. In a book that should be required reading for all who work with animals, author Jon Katz has chronicled what he calls the New Work of Dogs (Katz 2003), all based on his personal experiences in a New Jersey suburban community. Here we read of the dog whom a woman credits with shepherding her through a losing battle with cancer, as her emotional bedrock. Katz tells of the 'Divorced Women's Dog Club,' a group of divorced women united only by divorce and reliance on their dogs. He tells the tale of a dog who provides an outlet for a ghetto youth's insecurity and rage, and who is beaten daily. He relates the story of a successful executive with a family and friends, who in the end deals with stress in his life only by long walks with his Labrador, totaling many hours in a day. While raising the question of whether we are entitled to expect this of our animals, Katz explains that we do, and that they perform heroically. The same book could have been e and should be e written about cats.

Our pets have become sources of friendship and company for the old and the lonely, vehicles for penetrating the frightful shell surrounding a disturbed child, beings that provide the comfort of touch even to the most asocial person, and inexhaustible sources of pure, unqualified love.

But, even as they meet their end of this emotionally based, non-economic bond, we fail them. A divorced woman meets a man, falls in love, the animal hitherto so important to her is abandoned. A child is born to a childless couple; the animal is no longer needed as a child substitute, the former focus of attention is relegated to background, and becomes an annoyance rather than a delight.

The putative paradox we described -- owner insensitivity to animal suffering for the sake of prolonging the animal's life, given the new importance of animals to owners -- is easily resolved. Insofar as animals function emotionally as members of the family and emotional supports to people, people wish to prolong their lives at all costs, while failing to realize that life per se is not a goal for animals as it is for people. Thus, it is the veterinarians' job, ever-increasingly, to prevent prolonged suffering, owners' hanging on too long, in an ironic reversal of the historical tendency (which still endures in some clients) to give up too quickly or euthanize the animals for convenience. (One of the great ironies of veterinary practice is that a clinician may spend the morning persuading a client not to elect convenience euthanasia, and then the afternoon persuading another it is time to stop trying.)

How does a veterinarian approach an intransigent client such as the one described earlier, who insists on prolonging the animal's agony as a result of their own selfish needs and blindness to the animal's suffering? As the veterinarian must work through the client, his or her ability to function as an animal advocate is of paramount importance, once again illustrating that veterinary medicine is as much or more of a 'people profession' than human medicine. After all, a great human transplant surgeon can have no

personality at all, or a rotten personality -- in spite of his or her personality, the demand for his or her services is inelastic. If the patient does not like the surgeon's personality, he or she is not likely to storm out, saying 'I will go down the street.' But a veterinarian's role in saving life or preventing suffering is four-square tied to the veterinarian's ability to serve as an advocate without alienating the client.

The best way to accomplish advocacy is to set up the type of relationship with a client that has both agreeing to keep the best interests of the animal in view as the paramount goal of treatment. In this way, the veterinarian can educate the client on the nature of animal mentation, suffering, and what matters to the animal. Such education should begin along with treatment, as should the veterinarian's claim for advocacy for animal quality of life. This is not to say that the veterinarian should unilaterally declare that the animal needs to die, but rather that he or she should engage the client in an ongoing dialog regarding quality of life versus suffering. Nor should the veterinarian ever forget the powerful tool that is Aesculapean authority -- the unique authority vested in any healer -- that allows a physician to scold or intimately probe even an Adolph Hitler or a captain of industry (Rollin 2002). It is sometimes the case that veterinarians underestimate the degree to which they enjoy such authority.

Quality of life considerations should be introduced at the beginning of a veterinarian—client--patient relationship, not suddenly sprung on a client when treatment is over. In particular, it is useful to recall Plato's dictum that, when dealing with ethics and adults, it's far better to remind than to teach. For this reason, the client, who knows the animal better than the veterinarian, should be encouraged from the beginning to help define quality of life for that animal. For example, I once adopted a huge, battered and scarred junkyard dog who was enormously stoic in nature. When he developed degenerative spinal myelopathy and was paralyzed in his hind limbs, I would come home five times a day to move him around the lawn. I asked a veterinarian friend when it was appropriate to euthanize him. He replied that the dog will tell you. The dog ate and drank, seemed to enjoy the sunshine, and gave no sign that his quality of life was negatively balanced. As it happened, one of his favorite games was catching a handball; offering it to my wife; and then, as she reached for it, snarling and growling like a werewolf, though eventually allowing her to have the ball. He loved to repeat this routine. One day, he would not catch the ball, would not pick it up, and would not offer it to my wife. A week later, he stopped eating and drinking. It was only then I realized that he had indeed told me, but I was too ignorant and selfish to listen.

From the outset, I would then recommend that the veterinarian obtain from the client a list as long as possible of what makes the animal happy or unhappy and how the client knows. This list, written down as part of the medical record, can serve to remind the owners of their own criteria for quality of life at the point when treatment if failing and when wishful thinking and essentially selfish desires may replace objectivity. I used this method with a friend who asked me how to judge when it was time for euthanasia and how to avoid compromising his animal's quality of life by overly prolonging treatment. He later thanked me and told me that, were it not for his own encoded notes defining the animal's quality of life while it was still well, he would have rationalized trying a variety of modalities that would have greatly impaired the animal's quality of life. Unquestionably, he said, that denial would have distorted his perception but for his own reflective, codified deliberations on that animal's quality of life which, even in extremis, was impossible to ignore.

In the end, such dialog, while awkward, difficult, and emotional, can nevertheless benefit the animal, owner, and veterinarian's own peace of mind.

Not all geriatric or even chronically ill animals, however, require euthanasia. Herein lies the veterinarian's second major role in reference to the geriatric or chronically ill or injured animal -- the focus on controlling pain, suffering, and distress. Again recalling that animals do not value extended life per se, we are morally obligated to make sure that, while they live, they are not suffering. I have argued that animal

suffering may well be worse than human suffering. After all, a human in pain will realize that there are other modalities of pain control to try, or will realize the pain and suffering of radiation or chemotherapy or amputation is finite, and can look forward to the cessation of pain. An animal, however, lacking the conceptual apparatus to articulate to itself possible futures, has nothing but the pain, is the pain, has no hope.

Thus, a fundamental role for veterinary medicine in society is finding modalities to control pain and suffering in our use of animals because such control seems to be the main point of new societal concern about animals and the ethic and laws it has engendered. The track record of veterinary medicine in this area is not good, however, particularly with cats. The reasons for this neglect are worth detailing because relatively few veterinarians have actively thought them through.

First, in the 20th century, both human and veterinary medicine became increasingly science based, essentially perceived as applied biologic science, with physics and chemistry serving as the exemplar of ideal science. In this light, emphasis on both the individual and idiosyncratic aspects of a disease (what comprises the 'art of medicine') became subordinate to the universal captured in medical science. Second, in keeping with an ideological emphasis on science dealing only with what is testable and observable, talk of subjective states, such as pain and suffering, tended to disappear as unscientific (Rollin 1997, Rollin 2006b). Even psychology became the science of observable behavior. Third, physicians and veterinarians measured success by prolonging life or function, focusing on quantity of life rather than quality of life, and emphasizing cure rather than care because quality of life is difficult to measure and impossible to quantify. Pain became more of a concern to the patient than to the clinician. Several articles by Frank McMillan have eloquently documented the untoward effects of this attitude in veterinary medicine (McMillan 1999). Thus, in essence, control of pain became increasingly irrelevant in scientific medicine, a tendency that unfortunately continues to this day.

The most dramatic and egregious example of the supposed irrelevance of pain in the history of human medicine is the failure to control pain in 80% of human patients with cancer, even though 90% of such pain is controllable (Ferrell and Rhiner 1991). Equally horrifying is the fact that, until the late 1980s, neonatal surgeons regularly performed open heart surgery on newborns after administration of paralytic drugs and still perform a variety of procedures from colonoscopy and setting broken limbs to bone marrow aspiration with the use of non-anesthetic, non-analgesic amnesiacs such as short-acting benzodiazepines (diazepam (Valium), midazolam (Versed, Dormicum)).

If human medicine was cavalier in dealing with pain and suffering in its patients during most of the 20th century (the term suffering does not even appear in medical dictionaries), this is even more true of veterinary medicine, because for most of the 20th century, society placed little moral value on control of animal pain.

Until the late 1960s, veterinary medicine was overwhelmingly ancillary to agriculture, and the veterinarian's task was strictly dictated by the economic value of the animal; the control of pain was not of concern to producers and thus not expected of veterinary medicine. This attitude is epitomized in Merillat's (1906) veterinary surgery textbook, in which he laments the almost total disregard of anesthesia in veterinary practice, with the episodic exception of the canine practitioner, whose clients presumably valued their animals enough in non-economic terms to demand anesthesia (Merillat 1906).

These practical considerations were further compounded by the persistence of the Cartesian belief that possession of language is a precondition for the ability to feel pain, a notion that until recently (2001) unequivocally existed in the International Pain Society's definition of pain (Rollin 1999).

The denial of the experience of pain by animals in veterinary medicine was so powerful that when the first textbooks of veterinary anesthesia by Lumb (1963) and Lumb and Jones (1973) were published in the United States in 1963 and 1973, respectively, they did not list the control of felt pain as a reason for using anesthesia, and did not mention analgesia. When I testified before Congress on behalf of our proposed laboratory animal bill, I could only find two papers in a literature search on laboratory animal analgesia, one of which said that there ought to be papers (Rollin 1989, 2006).

Many veterinarians who are more than 40 or 50 years of age still use the phrase chemical restraint as synonymous with anesthesia; some were trained in the 1960s to castrate horses using curariform (paralytic) drugs such as succinylcholine, which not only do not mask or diminish pain but probably intensify it by the fear they create. Others erroneously speak of anesthesia as sedation, although most sedatives neither mask nor diminish pain. Until very recently, ketamine alone was used for cat spay and neuter, despite the fact the ketamine is not viscerally analgesic on its own. Furthermore, veterinary medicine has yet to address the fact that animals receiving ketamine may experience both 'bad trips' and flashbacks.

Of equal concern are the ideological rationalizations still invoked by some (particularly older) veterinarians to justify withholding post-surgical or post-traumatic analgesia from animals. These rationalizations include the belief that anesthesia is more stressful than the surgical procedure performed without anesthesia. Also, post-surgical analgesics are not needed because animals supposedly will eat immediately after surgery. Analgesics are not to be used because without the pain, the animal will inexorably reinjure the damaged body part. (This is far more true of humans than of animals.) Post-surgical howling and whining are not signs of pain; they are aftereffects of anesthesia. Anatomic differences, such as the presence of an anatomic mesenteric sling, vitiate the need for pain control after abdominal surgery in the cat. Animals do not need postsurgical analgesia because we can watch them behave normally after surgery. Young animals feel less pain than older ones and thus do not need surgical anesthesia for procedures such as tail docking or castration, which are performed with 'bruticaine.' Analgesia deadens the coping ability of predators and thus is more discomfiting to an animal than the pain is. Liver biopsies do not hurt, and so on.

Although adequate, even definitive, responses to this spurious reasoning exist, these rationalizations persist as barriers to pain management. One drug company executive has even told me that, by the company's reckoning, approximately one-third of veterinarians do not and would not use analgesia. This is buttressed by a statement made by the executive director of one large state veterinary association who expressed amazement that so many veterinarians fail to supply pain control, even though it is easy to achieve, lucrative, and causes remarkable changes in the animals' demeanor.

Finally, many veterinarians do not know a great deal about pain management. In a 1996 study, Dohoo and Dohoo showed that veterinarians' knowledge is quite limited and that what practitioners do know is typically not acquired in veterinary school (Dohoo and Dohoo 1996), although I suspect that this is rapidly changing as society increases its demand for pain control in animals.

If we keep our companion animals to give and receive love, as members of our families, we have an insurmountable obligation to not let them suffer. Equally important, it is now definitely known that uncontrolled pain is not only morally problematic when allowed to persist in humans or animals, it is biologically deleterious. Unmitigated pain is a major biologic stressor and affects numerous aspects of physical health, from wound healing to resistance to infectious disease. The conclusion is inescapable; uncontrolled pain damages health and well-being and can even, if pain is severe enough, engender death. Ironically, the new edition of Lumb and Jones's veterinary textbook stresses this dimension of pain management, a major salubrious change since the publication of the 1970s edition (Lumb and Jones

1973). Indeed, as federal laboratory animal laws recognize, pain control is not enough -- we must also manage distress, such as nausea, boredom, loneliness, deprivation of love and stimulation in an ICU, neglect, etc.

One of the unexpected consequences of ignoring pain and suffering in human and animal medicine in the 20th century has been the fueling of the development of alternative, non-evidence-based, non-scientific 'therapies'. To put it crudely, patients and animal owners have reasoned that if doctors do not worry about human or animal suffering, they will find others who will. Many alternative practitioners do approach human and animal patients with empathy and understanding of the full significance of pain and suffering. Unfortunately, however, compassion is not cure and is only part of care. Recognition that a being is suffering is not alleviation of that suffering, although it is surely a necessary condition for such alleviation. If veterinary clients are drawn to alternative unproven therapies that may be fueled by compassion but do not work to control pain, the animal may be cheated of a proven modality for pain control, creating an intolerable moral situation for the animal owner and a loss of credibility for veterinarians because clients may not be able to judge when pain is (or is not) alleviated. If veterinarians will not manage pain, they also risk a grave loss of credibility among the public, who may then seek to remove the special status of scientifically-based veterinary medicine and open animal medicine to the forces of the free market, at an incalculable cost in animal suffering.

As we argued, it does not appear that animals fear death, lacking after all the concepts to understand, in Heidegger's masterful phrase, 'the possibility of the impossibility of their being.' Yet they clearly fear pain. We urge death in veterinary medicine as a merciful tool for escape from pain. (There is reason to believe that humans also fear pain more than death, and it is often suggested that if we truly attacked pain in terminally ill patients with all of our medical armamentarium and with no absurd fears that they will become addicted, people would not seek euthanasia as much as they do and would die with far more dignity, as the hospice movement has shown.) It is thus reasonable to say of animals that letting them live in unalleviated pain and distress is the worst thing we can do to them. If the veterinarian's raison d'etre is, as is so often remarked, the health and well-being of the animals in his or her care, then the assiduous pursuit of eliminating or at least managing pain and suffering should be his or her top priority. The fact that it has not been so in the past only makes it all the more imperative to make it so in the future.

It is incumbent, therefore, on veterinarians to learn much more about the behavior of their patients, particularly felines, as feline behavior is by no means as anthropomorphic as canine, and teach their clients. In particular, we need to know more and teach more regarding signs of pain and distress, and their alleviation. The role of the contemporary veterinarian is, ever-increasingly, assuring a decent quality or life and the absence of suffering at the end of life. Insofar as it appears that an animal judges its life by its 'nows', we must assure that the final series of 'nows', are not filled with pain, distress, and suffering.

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