Veterinary Ethics: Ivory Tower
Or Everyday Choices?

by Peter Bahnson*

Mention the word “ethics” and you will likely get one of the following reactions: 1) sudden silence followed by a comment on the weather, 2) a comment such as, “Well, that’s very interesting, but that’s not what is done in practice”, or 3) a look of indignation as you are passed off as a “do-gooder” or a self-righteous preacher. In the minds of most people it seems that veterinary ethics is remote, extreme, or pedantic. Ethics is what brainy people do as they sit in their offices in ivory towers, or it is the “word from above” and as such is the “final” interpretation of right and wrong. At any rate, it is often felt that ethics has little to do with the real world of veterinary medicine.

It is unfortunate that veterinary ethics has gained these connotations. Ethics does not center on preaching, rulemaking or mind games. Ethics is the process of thoughtfully choosing what ought to be. It is the active and dynamic process that is required of us every day. Ethics is not optional, it is essential. Ethics is philosophy made concrete and active.

Veterinary ethics is this process as it applies to ourselves and our interaction with patients, clients, colleagues, government and society. This process can be viewed from each of these perspectives. The perspective of organized veterinary medicine finds its mouthpiece in various local and state veterinary medical associations and the AVMA. One good reference for this perspective is the “Principles of Veterinary Medical Ethics, Opinions and Reports of the Judicial Council of the AVMA”.

However, regardless of the opinions of veterinary medical associations, ethically relevant actions are carried out by individuals and follows directly from their ethical decision-making process.

Veterinary ethics is not an issue for discussion in ivory towers. Ethical questions are forced upon us routinely in day to day practice, research, teaching and learning. We can pretend that ethically relevant decisions are not required, but in fact, we cannot avoid them. The only choice we have is between making these decisions in a well thought manner or arbitrarily choosing without forethought. In order to appreciate, more acutely, the relevance of veterinary ethics, consider the following hypothetical case studies.

Case 1

You are a new graduate (six months out) practicing in a mixed practice. You are on the phone with a client.

"...oh, and by the way, Doc, bring out a couple bottles of ‘Chloricol’ when you come out. I just ran out, and the scour is taking off again."

What do you do? That is one of the practice’s better feeder cattle clients, and every year he contributes $2,000 to $3,000 gross income to your practice. He wants you to come out to vaccinate and worm 150 head of feeder cattle he has just purchased. You know what “Chloricol” is; it is the mix of chloramphenicol your boss makes up from the canine product. You think back to pharmacology and remember that in humans, chloramphenicol results in aplastic anemia in 1 of 30,000 patients receiving therapy with it, and that people have died after exposure to as little as 50mg over several months time.

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You know why the producer wants the "Gloricol". Besides his feeder cattle, he also raises a few hogs, and chloramphenicol is the only drug that has been effective on the particularly virulent strain of *E. coli* that routinely causes baby pig scours on his farm. You saw the bottle labelled simply "Gloricol, give 1 ml per pig" in the producer's farrowing house when you were there to do some castrations a month ago, You had also seen a gallon jug marked chloramphenicol at the clinic, and when you asked your boss about it, he said that for a handful of his hog clients, it is the only thing that will work. You wanted to discuss it with him, but as always you were pressed for time, and so the subject was dropped.

This time, however, you cannot let the subject drop. You must make a decision and no matter what you decide, your choice will have to be an ethical one. Ethics, after all, simply deals with choices and doing what is right, or what is best. Logically, you will want to do the right thing; only a fool would do the wrong thing. Now the question becomes, how do you define what is right? Here is one productive approach to take to the problem, using a number of different perspectives.

1) The first perspective you can take is a personal one. The right choice from this viewpoint is the one that will benefit you most. If you refuse to deliver the "Gloricol", you risk losing a client and the income he generates for the practice. You risk straining your relationship with your boss, which hasn't been all that good lately anyway. On the other hand, if you give the producer what he asks for, he will be happy with you, your boss will be happy with you, and you will have made a few extra dollars for the practice. Of course, you would risk getting caught, but that seems unlikely. You know of several surrounding practices that also occasionally sell chloramphenicol this way, and no one has ever reported them. However, state-wide in Iowa last year there were a number of practices that were found to be dispensing chloramphenicol inappropriately, and that could happen to you as well.

2) A second perspective you may take centers on the producer. If you give him the drug, several things will happen. First, he will be happy with you. Second he will be happy when his baby pig scours come under control once again. Finally, he will be happy when his pigs are marketed. Of course, if residues are detected at slaughter, or if his use of chloramphenicol is found out, he would be in a lot of trouble. You haven't heard of that happening before. Still...

3) A third way to look at this problem would be to consider the patients. What would best serve the health and well being of the baby pigs? Obviously, the piglets would coose health over sickness any day. Another antibiotic might be effective, but finding one would mean culture and sensitivity and two days wait, and the producer has never been interested in this before. Even if you did this, there is a good chance the effective drugs would not be labelled for food producing animals, since all the approved drugs have been tried over the past several years. Still, bacterial populations change with time...

4) Another approach would be to look toward the ethics of your colleagues and the AVMA code of ethics. When you think of your colleagues, you realize that there isn't complete agreement on this subject. Your boss and several veterinarians in surrounding communities have in fact dispensed chloramphenicol in this fashion. On the other hand, you know of others who refuse to do so. And if you think of some of the faculty members you admired most in school, you feel quite certain they would not approve. The AVMA "Principles of Veterinary Medical Ethics" states that "the principal objectives of the veterinary profession are to render service to society, to conserve our livestock resources, and to prevent and relieve suffering in animals." Also, "veterinarians should observe all laws", which brings us to the legal perspective!

5) The FDA specifically prohibits the use of chloramphenicol in food producing animals. There are no known "safe" withdrawal times and no "safe" residue levels in tissues. On the one hand, if you are found to be in violation by the government, you will probably pay a penalty. The ethical question here, though, is defining what your responsibility to the law is, regardless of the risk of being caught. In other words, is it your obligation to comply with the FDA regulations for their own sake?

6) Finally, you might consider the societal perspective. How will dispensing chloramphenicol in this case affect the health and well being of others? What is the chance someone will actually become sick or die from aplastic anemia? You know that chloramphenicol induced aplastic anemia is fatal in 70% of...
diagnosed cases. How much risk would be justifiable from this perspective? A second question involves society and the profession. If you dispensed the drug and your action was made public, how would the public's view of the veterinary profession be affected?

Case 2

You have practiced in a suburban small animal practice for the past five years. A client presents you with a four year old spayed female toy poodle with a complaint of lethargy and vomiting of 4 days duration. The dog has a history of being hospitalized and treated for otitis interna 6 days earlier by your partner in the practice. Your partner is now taking a two week camping vacation, and cannot be reached, but the record indicates that the signs associated with the infection cleared up within a few days of treatment. The dog was fine until a few days later, when it became dull and lethargic, and now has been vomiting for 24 hours.

On physical exam the dog is found to be lethargic and 10% dehydrated. Blood chemistries show a severe azotemia, and the urine is isosthenuric. On this basis, you conclude that the dog is in acute renal failure. You hospitalize the patient and despite intensive therapy, the dog dies two days later. The owner thinks it is very strange a dog with an ear infection should die of renal failure, and requests a necropsy.

Your necropsy reveals swollen reddened kidneys. In reviewing the records you notice the dog was given 2 ml gentamycin three times per day during the otitis therapy. This works out to 10mg/lb, which is 10 times the recommended dose. You know that overdoses of gentamycin are ototoxic and nephrotoxic. What do you do? Let's consider each perspective.

1) Personal perspective. You may tell the client that a miscalculation was made and the renal failure was iatrogenically induced. This way you gain the personal satisfaction of telling the truth. On the other hand, you may alienate yourself from your partner and the client may sue your partner and your practice. At any rate, you may never see the client or any of his friends in your office again.

2) Client's perspective. You may reason that the client deserves to know the truth. On the other hand, knowing that an innocent mistake killed the dog will not improve the owner's state of mind, and may in fact cause more distress.

3) Patient's perspective. This now appears to be a moot point. No decision will benefit or harm the dog.

4) The profession's perspective. Honesty and openness are generally expected by the profession in our dealing with clients and the public. The "Principles of Veterinary Medical Ethics" states that veterinarians "should conduct themselves in relation to the public...so as to merit their full confidence and respect," but does not speak directly to this problem. It also states that "No member shall belittle or injure the professional standing of another member of the profession." (1) Would volunteering information about the dosage of gentamycin in this case be most supported by the first or second premise cited above?

5) The legal perspective. Certainly the truth of the matter would have to come out in a court of law. But does the law require you to volunteer information about colleagues innocent mistake, and if it does, are you ethically bound to comply?

6) The societal perspective. Would the public be harmed or helped by either choice you make in this matter? Think of universalizing your behaviour to include the entire profession. If this would erode trust in veterinarians, how would this affect public health and well being?

In each of the preceding cases, the process would continue beyond consideration of the perspectives mentioned. Ethical choices require concrete actions. An either-or polarity is an oversimplification; most often a strategy would be developed to solve an ethical problem.(3) The goal of this paper, however, is not to present solutions to these dilemmas, but rather to emphasize the importance of the ethical decision making process.

As professionals, we have a responsibility to promote the thoughtful consideration of ethical problems. There are many channels available for this purpose. One-on-one interaction with colleagues is perhaps the most effective channel, and should be encouraged whenever possible. Other effective modes include professional journals, organized courses in veterinary ethics, student/faculty interaction, organized symposia, and ethics interest.

Iowa State University Veterinarian
discussion groups. The final test comes in
day-to-day practice, and in the end it is there
that we are forced to take stands on ethical
issues. Our goal, however, should be to en­
courage a thoughtful approach to these prob­
lems before action is required of us. If success­
ful, our response to these problems will be
timely and reasonable, and we will be doing a
service to ourselves, to our patients and
clients, and to our society.

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