

Working
to make
alternative
tracks the
status quo

ALTERNATIVES

IN VETERINARY MEDICAL EDUCATION



ISSUE 7, 1998

Association of Veterinarians for Animal Rights

After Alternatives

By Lara Rasmussen, DVM

"The pilot study results are in," sums up this account of a very successful and very determined veterinary surgeon. Dr. Rasmussen shares her struggle to achieve surgical excellence without harming nonhuman animals.

I'm afraid my story begins quite cliché. My ambition since childhood has been to help animals; over the years this drive developed into a goal of becoming a veterinarian and subsequently, a surgeon. My story perhaps deviates from the norm with, to quote our Hippocratic oath, my desire to "above all do no harm." I resolved that I would educate myself in the veterinary arena without the detrimental use of

animals. The following account documents my actions based on my beliefs. I do not pretend that my existence on this earth does not harm other creatures; my want is to minimize this influence. Perhaps some view this as naïve given the nature of the animal kingdom, but I believe humans are different. We have achieved a place in the animal kingdom quite unique and profound. We have been given the choice to be kind.

As an undergraduate at the University of California—Davis, two final-year exercises using frog skin and muscle

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brought an end to my physiology major. My polite refusal to participate was met with anger and threats compromising my veterinary future. Diplomacy and politics allowed me a change in majors and actually a chance to be exposed to such diversifying subjects as rhetoric, public policy, and environmental law.

I subsequently applied to veterinary school and was refused. I do not know whether or how much the aforementioned physiology threats influenced this outcome. Over the



Lara Rasmussen, DVM

subsequent year, I reevaluated my beliefs; and in retrospect, I think I "sold out." My adopted attitude became, "The good of the many must outweigh the good of the few or the one." Apparently, my contrition in my second application allowed my acceptance into the University of California—Davis School of Veterinary Medicine.

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After Alternatives

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My exuberance and celebration were cut short on my first day of school in front of the anatomy cooler. The sight of so much death—so many young, healthy, but all too dead dogs and cats and horses and cows and goats and chickens; I could no longer pretend it was “a few.” Through veterinary school I was repeatedly faced with situations requiring the detrimental use of animals. My puny attempts to change these means of educating became stronger and stronger attempts, bolstered by my personal disgrace and my disgust with the irony of “the veterinarian”—perceived as a healer yet training through killing.

I decided in my sophomore year that my goal of becoming a veterinarian carried too many sacrifices from others; “the few” had become too many. Junior surgery was the proverbial “straw.” Several of us worked very hard for many months to develop an alternative to the famed three terminal surgeries that would teach us the basics of surgery and anesthesia. To abbreviate an exhaustive ordeal, we were allowed an alternative. We participated in the Washington State University (WSU) Alternative Surgery course (3 weeks) and a U.C. Davis Veterinary Medical Teaching Hospital anesthesia summer clinic (6 weeks). To this day I am still impressed by this basic surgery and anesthesia training.

After veterinary school I was offered an internship in a small animal referral center. My surgical skill evaluations from that year were very positive, and my propensity to pursue further training increased. I applied for a surgical residency with strong recommendations from the surgeons with whom I had been working.

I was accepted into the surgical residency program at the University of Minnesota. My alternative skills training was not an

issue, and I felt no unique limitations regarding my abilities. I performed, I believe, as all residents do, with my share of successes and failures. Most surgeries I did were “for the first time on live animals,” not because I took the alternative track but because that is the way it is. We can never be taught in school all of the procedures we will face in practice. What we need in school, and what I received, are the basic skills of instrument handling, gentle tissue handling, rapid problem solving, etc. My books and many visits to the necropsy floor to review anatomy and practice techniques supported me through my residency.

A very positive outcome to my alternative training occurred in my second year of residency. I volunteered to teach the WSU Summer Alternative Surgery Course, and they welcomed me back. That fall, the

Minnesota junior surgery instructor approached me about teaching an alternative laboratory section for 13 students.

The traditional exercise was a terminal celiotomy; the alternative was to be on cadavers using proper surgical protocol. I was excited by the potential this alternative inspired, yet very disappointed in the rationale of those electing an alternative. The alternative used cadavers that were killed at the pound and sold to the university, in contrast to the traditional laboratory, which used live dogs from the same pound and killed them under anesthesia. I do not believe this alternative issue is about our sensitivities and how detrimental or painful it is for us to kill an animal. A cadaver killed at the pound is just a live terminal surgery

dog that was spared 24 hours of transport to the university. The alternative issue is about not wanting to see any animals killed unnecessarily for our training. I want to solve the pet overpopulation problem and stop viewing homeless animals as surplus, expendable, “they are going to die anyway” objects.

After my residency, I was offered an instructor position at WSU. My surgical abilities as a result of my junior surgery alternative training were not an issue. I was much beyond that, and I don't think that will influence my future except perhaps in one way: I like to teach, and I like to teach surgery; but my bittersweet alternative surgery experience at Minnesota led me to the decision that I will only teach under conditions that meet my moral specifications. I am a living example that it can be done well, so why should I sacrifice any more animals under my direction?

Would I do it all again? Yes, I believe I would. I am quite disappointed in the many people who put up roadblocks along the way, but they are all so insignificant. More importantly, I am impressed with the assistance I have had on my journey. The many interactions and discussions have strengthened my philosophical and rhetorical skills and made me who I am today.

During veterinary school and residency, I faced intense opposition or blank-faced apathy from humane societies, shelters, and veterinarians when I tried to procure acceptable-source cadavers. Established human organ donor programs are accepted by the public and the medical profession; I see natural-death cadaver donations in the same light. When handled compassionately, learning from death is a positive thing.

As cadavers are an integral part of veterinary training, their technical management needs improvement and refinement. The topic is not pleasant but is quite in need of advancement. Everyone involved in

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the use of cadavers as a veterinary training tool must understand the limitations. No one should expect dead tissue to bleed spontaneously or handle the same way as live tissue. Understanding what one can expect to gain from an exercise is as important as the exercise itself. The unpleasantness of working with nonpreserved cadavers must also be acknowledged, minimized, and accepted. Dealing with an unpleasant smell in order to gain invaluable experience without causing a healthy animal to suffer and die is a trade-off I accept.

So what do I say to aspiring veterinarians? Be strong and resourceful! Study well your personal beliefs, and learn to articulate them in a controlled manner. Unfortunately, there are times when you must justify yourself to others who stand in the path of your chosen future. Decide who and what you will sacrifice to achieve your goals, and justify that to your conscience. I caution you

also not to allow yourself to become hardened and indifferent to suffering and pain as a means of dealing with our difficult role. Why enter this profession if not to help animals and people? Yes, even the large animal veterinarian should care about the downer cow, the exotics practitioner should care about the little boy whose turtle just died, and the surgeon should treat the postoperative pain in the "stoic" dog.

And as a product of the system, what do I say to the system? I see a system resistant to change. If the hypothesis is that we can only produce good veterinary surgeons with live terminal surgery training, then I disprove this hypothesis. The pilot study results are in. I strongly believe that veterinary

surgery skills and anesthesia training must encompass so much more than they do today. We need to emphasize basic hand-eye coordination and manual dexterity; we need models and videos and demonstrations and tutoring. We need mentors to guide those in training. We need live recovery experience on animals who benefit from our work. We need minimum standards and enforced repetition. We need excited and motivated teachers.

The list goes on. But above all, we need to require excellence; without it, we dishonor the art of surgery.

Editor's Note: Dr. Rasmussen plans to apply for board certification in surgery in 1999. We wish her success. She is an excellent example of the rewards, not the limitations, of following one's convictions.

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Accent on Alternatives

"Advances in Medical Education" - A videotape

The students climb into their scrubs and don surgical masks...a cardiac anesthesiologist quizzes them on the effects of epinephrine and dopamine...they enter the OR as the patient is prepared for open-heart surgery. That day, a life will be saved. This is what medical education is all about.

Harvard Medical School recently developed a comprehensive, popular, and clinically based alternative to the traditional "dog lab." Now, instead of watching the effects of various drugs on an anesthetized dog, students at Harvard can go directly into the operating room, right alongside the surgeons, perfusionist, and cardiac anesthesiologist, and observe an actual human cardiac bypass surgery.

Narrated by world-renowned medical innovator Henry Heimlich, M.D., "Advances in Medical Education" provides an inside look at this exciting operating room practicum. The film includes interviews with the Harvard professor who designed the course, the student whose concerns prompted this change, and prominent surgeons and other physicians discussing the use of animals and nonanimal methods for physiology, pharmacology, and surgery training.

Produced primarily for medical students and faculty, "Advances in Medical Education" examines one of the most pressing issues in medical education today. General audiences will find it a fascinating look into one of the world's

top physician training programs and a poignant examination of the relevance, ethics, and effectiveness of live animal laboratories and their alternatives.

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To order the videotape, contact:

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