

Letters to the Editor

Disagrees with Armistead's philosophy of education

This letter is written in response to the opinion article "From My Armchair" by Dr. W. W. Armistead titled "The Philosophy of Professional Education" (*JAVMA*, Dec 15, 1999, p 1838). My concern with the article centers on the last 2 sentences, which state, "There is no room in any of the medical professions for slow learners or marginal students. And there certainly is no time in veterinary education for just hanging around."

In the first of these 2 sentences, my specific concern is with the term "slow learner." The term slow learner is antiquated and, when applied to individuals, can be damning. Using the term slow learner would be similar to a veterinarian using the term "rednose" to describe a cow with infectious bovine rhinotracheitis or the term "wobbler" to describe a horse that has one of the numerous diseases that cause horses to have ataxia. In the not-too-distant past, children with myopia would have been considered slow learners, because they couldn't see the blackboard. The tragedy is that children placed in the slow learner pool were assigned to a group that was thought to be incapable of advanced learning and often left there. Thank goodness, enlightened individuals decided to investigate why some students appeared to learn more slowly and, through research, came up with strategies that allowed many of those students to learn effectively. The list of individuals who at some time in their life have been considered a slow learner but who have achieved in a number of areas (including the medical professions) would fill volumes, much less a page in this journal. I would hate to see a student become discouraged about being a veterinarian or any other medical professional, because at one point in their life they were believed to have a learning disability or simply used a different method of learning than was popular at the time of their matriculation.

Second, I would like to defend "hanging around." I have probably been accused of just hanging around numerous times in my life, both privately and professionally. I believe that as educators, many of us believe that if our students aren't doing something at any given time, they are wasting time. I think we confuse activity with progress. I would argue that our students would benefit from time when they can observe or reflect on what they have just seen or heard, instead of being bombarded with new information or tasks. Higher forms of learning require reformulation of material into one's own words or thoughts, assimilation of the material into workable knowledge bases, and application of the material to a given problem. These activities do not require physical action, they require thought. Eureka moments can occur at any time and in any setting. We cannot and should not try to legislate or define when learning can or might occur. Learning will occur despite us in many instances.

As Dr. Armistead points out, there is more to learning than memorizing facts. I would point out that there is more to education than teaching to a theoretical standard professional student.

*John A. E. Hubbell, DVM, MS
Columbus, Ohio*

Opinions on the need for the veterinarian's oath

Do veterinarians really need an oath? (*JAVMA*, Jan 1, 2000, cover) Does taking an oath and swearing have any place in a civilized society? Do we need to have anybody spell out for us the basic moral val-

ues that go with our profession? Surely not!

All such sanctimony harps back to the Hippocratic Oath. It begins "I swear by Apollo the physician and Aesculapius, and Hygeia, and Panacea, and I take to witness all the gods and all the goddesses, to keep . . ." It is refreshing to realize that our medical brethren have dropped this original oath completely.

The history of swearing goes back to the but persists as an anachronism to the present day. Politicians swear oaths of office, new citizens are sworn in, and there is swearing in in the courts of law. Does that make it right?

As veterinarians, our work with animals is inspired by love and guided by knowledge. We embrace a concern for all living matter, and the principles of ethics are natural to us. Let us hope we have gone beyond the need to vainly swear that what we say is true.

*David A. Rickards, DVM
Cleveland, Ohio*

I was delighted to receive the Jan 1, 2000 issue of the *JAVMA* with the Veterinarian's Oath on the cover. We need an occasional reminder of this oath to which we all are presumably committed.

I am taken by the words ". . . I solemnly swear . . . the promotion of public health . . ." After a lengthy career spent in the veterinary aspects of public health, I must say I have seen the opposite occurring. One needs only to try to get assistance from a professional peer, qualified and active in public health at the

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Readers are invited to submit letters to the editor. Letters must be double-space typed and should not exceed 500 words. All letters are subject to editing. Those pertaining to anything published in the *JAVMA* should be received within one month of the date of publication. Submission via fax or e-mail (847/925-1329; jaudin@avma.org) is encouraged; authors should give their daytime telephone number, fax number, and e-mail address, if available.

Letters containing defamatory, libelous, or malicious statements will not be published, nor will letters representing attacks on or attempts to demean veterinary societies, their committees or agencies, or persons serving on such committees or agencies. Viewpoints expressed in published letters are those of the letter writers and do not necessarily represent the opinions or policies of the AVMA.

national, state, local, and academic levels, and compare this to 25 years ago to see which direction the promotion of public health has traveled. In former time, the state of Missouri had some 10 board-certified public health veterinarians in various capacities; there are now 1 or 2.

Academic institutions have de-emphasized or eliminated positions and courses for veterinary public health, and some never had any. Therefore, few new graduates emerge having had an opportunity to explore a career in public health. It follows there are few veterinarians to pursue further education and ultimate certification as a public health specialist, which means there are few applicants for positions for which veterinarians can be eminently qualified. Yet, vacant public health positions must be filled. Veterinary expertise must be easily available to agencies rather than totally forgotten.

Much has been said and spent on programs to increase the public awareness of veterinary medicine. What better means is there to increase public awareness than having a qualified veterinarian on the primary team charged with investigating and solving the multitude of community health problems that occur in every community. There is no reason why the interested practicing veterinarian should not participate on an ad hoc basis in rendering assistance on a community health problem. Skills, knowledge, and confidence can be acquired via continuing education.

Rather than being swallowed by the medical profession as some fear, I have always found that the veterinarian is welcomed with open arms in public health circles when acting with professionalism and competence. Multitudes of animal- and population-related decisions are made in the absence of veterinary medical input. The problems erupt daily. Someone must deal with them, and new public health-oriented specialty disciplines have emerged to fill voids. No one will solicit us. We are, however, more than welcome if we make the effort. I feel we are facing a future with shrinking impact on the human animal and its communities. Instead of being swallowed, I think we are swallowing ourselves.

For the beginning of a new century with its explosive development of technology, we must ask whether our actions are a part of a problem or of a solution. I believe we have lost valuable professional space. It is impossible for the public health veterinarian to accomplish this promotion alone, and it should not be necessary, because the remainder of the profession has already taken an oath to "promote public health."

*Donald C. Blenden, DVM, MS
Edwards, Mo*

Concerning wild canids and wolf hybrids

I am in virtually total agreement with Dr. Overall's comments regarding the dissemination of information concerning the vaccination of wolf hybrids, including the ownership of them (*JAVMA*, Jan 1, 2000, p 20), but I do not concur in listing the USDA/APHIS as an impartial governmental agency for this purpose because of their bipolar and antienvironmental stance regarding wild canids.

To improve their image, the Animal Damage Control division of the USDA (currently renamed as Animal Services) has destroyed and continues to destroy coyotes on public lands for the benefit of the wealthy lessees who persist in grazing livestock there. All of this is funded at American taxpayers' expense.

During my previous behavioral studies with coyotes and pure Canadian and Alaskan wolves, it was necessary to depend on electrophoretic serum studies to establish the extremely close genetic relationship between wild canids and domestic dogs, because DNA testing was not available. It was not possible to differentiate between wild canid and domestic dog sera. We were careful to avoid using the Flury strain vaccine that was still in use for domestic canids then. All of the wild canids received an approved modified live virus vaccine.

I deplore the breeding of dog-wolf hybrids, although I treated numerous hybrids that were far more tractable than most of the domestic canine gladiator purebreds being bred today. If a dog-wolf hybrid bites a person, that

animal, irrespective of whether it was provoked by the person or its degree of diluted wolf genotype, suddenly becomes a "true wolf" subject to euthanasia. Real wolves receive the bad rap. Free-ranging wild wolves need all the support they can get.

I would prefer to have the AVMA and major conservation organizations such as Defenders of Wildlife, The Humane Society of the United States, and The Alaskan Wildlife Coalition work together to ban the breeding of wolf hybrids. As long as states such as Michigan and California prohibit the ownership of pure wolves, but permit the ownership of hybrids, a segment of the population will attempt to acquire them.

Few mammals symbolize wilderness areas better than wolves do. They do not belong in captivity for the macho or personal aggrandizement of some individuals.

*Marvin J. Sheffield, DVM
Pacific Grove, Calif*

Dr. Overall responds:

I am in agreement with Dr. Sheffield's views and share his concerns about the internally inconsistent tasks for which the USDA is responsible. The same illogic puts the USDA in the position of inspecting—and therefore tacitly supporting—puppy mills that breed dogs for the pet trade. There is no question that puppies, coyotes, and wolves suffer in the balance; the latter despite government-supported scientific studies going back to the early 1970s that contradict the basis on which wild canid management decisions have been made.

Only part of the problem is attributable to the government agencies. In the case of wolves and wolf-hybrids, state governments determine to what extent ownership is legal, and the American Kennel Club (AKC) continues to register puppies born to puppy-mill litters. I don't think that these actions are malicious but may in some cases be ill-informed or attributable to entrenchment in old methodology. Certainly, the advancement of pure-breed DNA registries will make fraud difficult

and make it easier for the AKC to spot and tackle puppy mills; however, technology has seldom made us better people.

Despite past and ongoing political conflicts, I propose that the AKC, the Canadian Kennel Club, the AVMA, Canadian Veterinary Medical Association, Humane Society of the United States, American Humane Association, and some scientific- and research-minded charitable organization that already has the dual foci of conservation biology and the human-animal bond (ie, the Delta Society, the Morris Animal Foundation) form a consortium for the purposes of defining ethical, humane, and practical standards for pet derivations (eg, hybrids and new breeds), pet sources, and the extension of veterinary medicine into wildlife conservation and management issues. The products of this consortium could then be pursued as legislative initiatives. We have the technology and scientific knowledge to do better. If we lack the will, we are supporting the ownership and development of “vanity pets” and neglecting the Veterinarian’s Oath so wonderfully displayed on the first JAVMA cover of the new century.

*Karen L. Overall, VMD, PhD, DACVB
Philadelphia, Pa*

Requests for cooperation between private practitioners and shelter veterinarians

I want to thank the editors of JAVMA for printing the excellent letter from Dr. Rasmussen (JAVMA, Jan 1, 2000, p 21) regarding the absolute necessity for cooperation between private practitioners and shelter veterinarians. Fortunately, the majority of veterinarians in my community are better informed but, as staff veterinarian for a shelter, even I hear the same feedback from some clients that Dr. Rasmussen describes. It is my opinion that most veterinarians are far too busy with their own practices (and rightly so) to be able to truly appreciate how vast the homeless pet problem is. Our county shelter takes in 29,000 animals each year. Most are juvenile to young adult animals that have not been properly socialized or suffer from serious

health problems, making them almost impossible to rehome. We adopted out 2,500 this past year, and only 1,600 owners cared enough to find their animal and redeem it from the shelter in 1999. We deal with the unwanted/neglected animal and the irresponsible owner, things that the average practitioner sees infrequently if at all. I am deeply grateful to my colleagues who are sympathetic to the plight of shelter animals and their veterinarians. This is an area of veterinary medicine that needs to receive more attention and exposure.

*Michelle Brush, DVM
Tampa, Fla*

Thank you Dr. Rasmussen for bringing attention to a situation that has been ignored by all but a few in our esteemed profession in your Jan 1, 2000 letter to the editor (p 21). Perhaps it is human nature that causes us to harbor an attitude that compels us to belittle fellow colleagues and humane establishments. However, like Dr. Rasmussen, I have involved myself with our local humane rescue groups and animal shelters. Some of our causes include the education of interested public groups and dissemination of information throughout our community regarding the plight of stray and feral cats. My involvement in these endeavors has integrated homeless stray and feral cats into my primarily feline practice.

I began this endeavor because it was quite apparent that there was a striking lack of willing participation from other veterinarians to help these neglected animals, particularly when full-fee compensation was not available. Dr. Rasmussen has pointed out one of the most blatant annoyances—disparaging the very persons who are voluntarily trying to help the helpless. Education of clients is desperately needed as a positive input against overwhelming odds. It is as much a necessity to the correction of the situation as the rescuers who gather these strays off the streets. A solidarity among caring and capable colleagues would serve the public far better and contribute to our common goal of stopping the proliferation and suffering.

How many of you gratuitously

spay or neuter a stray once a week as a humane gesture in your community? Even once a month would be a noble start. If every veterinary establishment did this, wouldn’t we see diminished suffering? This may seem like an idealistic prospect at first, yet I have seen how my own contributions to shelters and rescue groups have resulted in rewards.

Many cringe at the suggestion that they partake in donation of services to humane societies, claiming that it sets a precedent or causes their other clients to expect similar complimentary services. However, the humane society should not be considered a client. It is completely different from paying clients, who bring in their pets for your expertise in veterinary care. The humane society, by nature, gives back and should be given to. Your own practice would benefit as your reputation for humane care is noted in your community. The needs are real, and your motives should be pure. Don’t dare think about suggesting it cost you too much in time and money. Given the line of work we have chosen, we all have an obligation to the animals, our community, and our profession.

*Laura Gay Senk, DVM
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In support of veterinary pathologists

Not long ago, my sister’s favorite, pampered, indoor-only cat became abruptly and seriously ill. When the cat failed to respond to supportive treatment, a laparotomy was performed. My sister was informed that her cat’s pancreas was destroyed. I asked for more detailed information on the preliminary diagnosis, including the name of the diagnostic laboratory handling the biopsy specimen, so I could speak with the pathologist and perhaps review a recut section.

The veterinarian answered my sister’s questions by telling her that he had sent the biopsy specimen to a local human hospital. He explained to her that a veterinary pathologist would immediately diagnose feline infectious peritonitis without considering other diseases, whereas the medical pathologist would not be

biased in his evaluation of the lesion.

I have not seen the biopsy specimen from this cat and, therefore, I cannot comment on the diagnosis. But I can comment on the number of erroneous diagnoses that I have seen other medical pathologists make. For example, during a slide review of primate tissues, a number of missed or misdiagnosed lesions were identified and subsequently shown to the research medical pathologist who had generated the original reports. Her response? The original results were adequate, because it was only an animal model. Further, her 20 years of experience stood as sufficient qualification, and she saw no need to acquire any additional knowledge, consult with veterinary pathologists, or read veterinary literature. In another example, a

practitioner forwarded slides and a report generated by a physician who diagnosed chronic granulocytic leukemia in a dog. Although the veterinary literature stated that canine neutrophils stain completely opposite that of human neutrophils for alkaline phosphatase, his expertise and experience with human blood did not support the report's conclusions. This diagnosis resulted in the dog being euthanatized when it could have been treated for a systemic infection.

A number of years ago, I showed my department chair (past American College of Veterinary Pathologists [ACVP] president) a case record in which a physician had diagnosed *Coccidioides immitis* infection from skin scrapings of a dog that had never lived outside the Louisiana bayous. On the basis of that diagnosis, the dog was

euthanatized. The slides I received were nondiagnostic. We discussed the potential malpractice of the physician and what actions, if any, the ACVP might take. In the end, it was my department chair's belief that the problem was with the practitioner who sent the sample to the physician in the first place.

This is a serious ethical issue. How can we possibly hope to raise our professional image when we have veterinarians who do not respect the expertise within their own profession? I believe these individuals take advantage of the trust their clients have bestowed on them by sending specimens to laboratories lacking qualified veterinary pathologists. I wonder whether they would accept the quality of medical practice that they deliver?

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