

NC SURVEY SUPPORTS ELIMINATION OF "DOG LABS"

In September, 1986, PCRM members Tom Giduz, MD, and Betsy Giduz, MSW, published a seven-page report, "The Use of Non-Human Animals in Medical Education in North Carolina." This document assesses the use of animals in educational classes in four North Carolina medical schools.

The report describes the specific applications of animal labs in each school. At the University of North Carolina at Chapel Hill, for example, no animal labs are conducted for physiology or pharmacology courses. Dogs are used only in the third year, in Advanced Cardiac Life Support courses. During one day of a one-week ACLS course, students attempt to resuscitate the dogs from "emergency" situations induced by instructors. Also during the third year, UNC offers an optional series of 3-4 dog surgery labs in which students perform splenectomies and other common operations.

At Bowman Gray Medical School, dogs are used for the first-year physiology class. In a series of labs, dogs are hyperventilated to study respiratory physiology, their abdominal cavities are surgically exposed in order to observe effects of drugs on the intestine, and one dog is used to demonstrate renal physiology. Unlike UNC, there is no practice surgery or ACLS course using animals at Bowman Gray.

First-year students at Duke watch a demonstration lab in their physiology class. One animal is used. During the third year, students participate in a series of four dog surgery labs. Unlike other surgery labs, however, some dogs are not euthanized after the operations at Duke, but are kept alive until a second surgery is performed the following week.

At East Carolina University, dog labs are used during all four years of medical school. In the first year, physiology class demonstrations and labs use dogs. The pharmacology curriculum of the second year incorporates one dog lab. In the third year, students perform abdominal surgery on dogs, and in the final year they learn manual skills of Advanced Trauma Life Support by practicing on dogs.

NO UNIFORM PURPOSE

The North Carolina report notes that no single use of the dog labs is uniform across all four schools. For example, ECU, Duke, and Bowman Gray use dogs to teach physiology, while UNC does not; conversely, UNC students learn cardiac resuscitation skills on dogs, while students at the other three North Carolina medical schools do not.

These findings in North Carolina are supported by a survey by the Office of Technology Assessment, which found no uniform pattern of animal use in medical education. That survey found that 10 out of 16 surveyed medical schools used animal labs for physiology, 10 used them for surgery, and 8 used animal labs in pharmacology. Conversely, this survey reveals that each discipline is already being taught at a number of schools without any use of animal labs.

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REAL AND POTENTIAL HARM

The North Carolina report goes beyond implying the superfluousness of the use of live animal labs. It also discusses the real and potential harm caused by the labs:

- The students performing the labs may be desensitized to individual suffering. They are encouraged to view animals as tools rather than as sentient creatures.
- Students may find the lab experience to be traumatic, interfering with learning rather than supporting it. Deborah Russell, a student at UNC, describes her encounter with the dog lab: "The experience was devastating for me. . . The goal of the dog lab was to demonstrate how to administer life-saving drugs and resuscitation, but because of my feelings for the dog and the misery he was in, I learned nothing that day about how to

save a life. I only wanted to help the dog die as quickly as possible."

- The dogs that are not euthanized after surgery may experience great distress and pain.
- The animals are stressed during travel, "conditioning," and housing.
- The dogs taken from pounds are potentially the most adoptable, being of good disposition and free of disease.

ALTERNATIVES

The report lists alternatives to live animal labs that are already in use in American and English medical schools. For physiology and pharmacology classes it suggests lectures, readings, videotapes and computer simulations. Given that classes on these subjects are intended to convey conceptual material, manual skills are irrelevant. Cardiac resuscitation skills are well learned through the use of mannequins such as Resusci-Annie, which have electronic monitors measuring the effectiveness of the trainee's technique. Surgical skills are traditionally learned on human patients in the operating room under careful supervision. Models may be adjuncts for some purposes. Manual skills such as starting IVs are learned through practice on models or in routine hospital duties.

The report concludes that dog labs are unnecessary and should be replaced with teaching methods that do not use live animals.

WHAT YOU CAN DO:

- If you are affiliated with a medical school, propose that alternatives be instituted where animals are currently used.
- If animals were used in your medical education, please write to the relevant department at your alma mater.
- Inquire about joining the Animal Care Committee at your institution.
- Raise the issue with medical students you teach.

Copies of "The Use of Non-Human Animals in Medical Education in North Carolina" are available from PCRM upon request.