

Incentives for Reform

Those who defend vivisection claim that without animal experiments, research would grind to a halt. Yet experience shows this is not the case because scientists quickly devise new techniques to achieve their objectives. For instance, Britain's former prohibition on the use of animals to practice microsurgery led to the development of human placental tissue as a viable substitute.¹⁷ Another example is the testing of vaccines for potency, an area in which animal experiments have traditionally been considered essential. However, such an approach is of no value in assessing pneumonia vaccines because the causal organisms are generally not virulent for laboratory animals. Once again the lack of an animal model provided the incentive to develop a successful alternative, this time based on chemical analysis and studies with human volunteers.³⁰

Unfortunately, continued reliance on outdated animal experiments has delayed the development of safer test systems which could more reliably protect the public. This has proved a serious mistake because wherever sufficient effort has been made to develop alternatives to specific animal tests, the result has improved reliability, sensitivity and reduced costs. One example is cited by the medical journal *Lancet* which notes³³ that "in recent years many animal tests for the safety of viral vaccines have been replaced by cell culture tests which are more sensitive and reliable." In the case of carcinogenicity tests (to detect cancer-causing substances), the high cost and long duration of animal experiments means that it will be impossible to assess the tens of thousands of largely untested chemicals currently in use. Only the quicker and more sensitive test tube techniques which have emerged in recent years³⁴ have the potential to cope with the problem.

It is clearly in the interests of both humans and animals that vivisection is stopped so that the energy and skill of scientific investigation is directed into better and safer channels. Governments need to provide strong incentives (such as the reallocation of funds from animal experiments) to ensure that medical research concentrates on the study of people, and alternative systems no longer remain underdeveloped. Only then can we expect medical science to achieve its full potential.

References

1. T. McKeown, *The Role of Medicine*, (Blackwell, 1979).
2. *Lancet*, 1974, 14 September, 632.
3. Inequalities in Health — report of a working group, Department of Health and Social Security (UK), 1980.
4. For instance, in the case of heart disease see: A. Stewart-Truswell, *British Medical Journal*, 1985, 6 July, 34-37; for cancer see: R. Doll, *Nature*, 1977, 17 February, 589-596.
5. J.C. Bailar and E.M. Smith, *New England Journal of Medicine*, 1986, volume 314, 1226-1232.
6. *Social Trends*, (Central Statistical Office — UK), 1984, number 14.
7. *Scrip*, 1985, 23 December, 20-21.
8. *New Internationalist*, 1986, November, 6.
9. *Drug and Therapeutics Bulletin*, 1987, 23 March.
10. *Technical Report Series of the W.H.O.*, 1977, number 615; see also ref. 8.
11. R. Sharpe, *The Cruel Deception — the use of animals in medical research* (Thorsons, 1988) and references therein.
12. *Lancet*, 1909, 20 March, 848-849.
13. N.W. King, *Veterinary Pathology*, 1986, volume 23, 345-353.
14. A. Pihl, *International Journal of Cancer*, 1986, volume 37, 1-5, see also ref. 11.
15. C. Bernard, *An Introduction to the Study of Experimental Medicine*, 1865 (translation of the original 1865 text by H.C. Green — Dover Publication Inc. 1957).
16. D.A. Howell, *British Medical Journal*, 1983, 11 June, 1894.
17. P. Townsend, *Lord Dowding Fund Bulletin*, 1985, number 23, 6-8.
18. M.C. Henman and G.D.H. Leach, *British Journal of Pharmacology*, 1983, volume 80, 591P.
19. J.T. Litchfield Jr., *Clinical Pharmacology and Therapeutics*, 1962, volume 3, 665-672; G. Zbinden, *The Handbook of Biochemistry and Biophysics* (World Publishing Company of Cleveland, Ohio, 1966).
20. Eraldin, see for example F.H. Gross and W.H. Inman (Eds.), *Drug Monitoring* (Academic Press, 1977). Opren, see *British Medical Journal*, 1982, 14 August, 459-460. See also ref. 11.
21. *Lancet*, 1972, 22 April, 887.
22. G.M.L. Gyte and J.R.B. Williams, *ATLA*, 1985, volume 13, 38-47.
23. J.W. Lash and L. Saxen, *Nature*, 1971, 27 August, 634-645.
24. For instance, see K.E. Enslein et al, *Benchmark Papers in Toxicology*, volume 1 (Princeton Scientific Publishers, 1983).
25. L. Hayflick, *Laboratory Practice*, 1970, volume 19, 58-62.
26. L. Hayflick, *Science*, 1972, 19 May, 813-814.
27. Letter from Wellcome Research Laboratory dated 2 September, 1982 to Dr. Robert Sharpe.
28. A.J. Zuckerman, *British Medical Journal*, 1986, 18 January, 158.
29. B. Larsson and J. Litman, *Developments in Biological Standardization*, 1980, volume 46, 241-247.
30. J.B. Robbins, *Journal of Infection*, 1979, volume 1, Supplement 2, 61-72.
31. *Scrip*, 1987, 16 January, 30.
32. S.E. Salmon in, *Cloning of Human Tumour Stem Cells*, (Alan Liss, 1980).
33. *Lancet*, 1985, 19 October 900-902.
34. F.J. De Serres and J. Ashby (Eds.) *Progress in Mutation Research* (Elsevier Science Publishing, 1981); H.F. Stich and R.C.H. San (Eds.), *Short Term Tests for Chemical Carcinogens* (Springer-Verlag, 1981).