

The Use of Dogs in Medical and Veterinary Training: Understanding and Approaching Student Uneasiness

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Although the educational use of dogs, both live and cadaverous, has declined in recent years in medical and veterinary schools, the practice still continues. The use of live dogs in U.S. medical education has dropped sharply during the last two decades. At present, the majority of such schools (68%) do not use any live animals in pharmacology, physiology, or surgery courses (Hansen & Boss, 2002). The use of dogs in veterinary schools has not declined as precipitously; only two schools offer a dog laboratory-free curriculum.

Research documents or suggests substantial uneasiness among medical and veterinary students when using dogs who either are already dead or are killed as part of their training and education. It is important to explore why this distress occurs and how students cope with it. Armed with this background, several recommendations can be made regarding the future use of dogs in these settings and how medical and veterinary schools can best approach this problem.

MEDICAL STUDENTS

The first, and most obvious, source of uneasiness among medical students results from a clash of lay and professional categories. Novice students, especially, see the world, including dogs in the laboratory, as do most lay people. Because of this perspective, the vast majority of medical students experience a disconnect when they confront “dog lab,” a freshman lab required in two thirds of Ameri-

can medical schools. The approaching lab is seen through the filter of each student's personal experience with companion dogs—whether their own, their neighbor's, or even their imagined relationships with dogs they one day want to own. Because dogs in the laboratory are categorized as “pets” rather than as learning tools, it strikes students at an intuitive level that it is wrong to kill them unless they are being euthanized to end suffering—and this moral stress applies to killing purpose-bred dogs as well (Arluke & Hafferty, 1996).

Indeed, the ability of lay categories to trump medical ones also can be seen in gross anatomy lab (Hafferty, 1991). Medical students construct meaningful relationships with their cadavers as formerly living beings rather than as mere biological specimens from the minute they first meet. The consequence is that many students humanize and individualize cadavers and create affective, rather than instrumental, relationships with them. Even by the end of anatomy class, most students do not see cadavers as mere biological specimens, seeing them instead as ambiguous beings who retain some of their lay characteristics.

A second source of uneasiness stems from feeling alone with one's reservations. When medical students feel that it is wrong to use dogs because their lay categories conflict with medical ones, they think, typically, they are the only ones who have this objection. When it comes to their peers, most students do not assume that others think and feel as they do, so at best they might share their thoughts with a trusted friend (Smith & Kleinman, 1989). Without a sense of broader group support for their objections, however, they tend to retreat. For some, this retreat even leads them to question whether they have the capacity to become doctors.

Reinforcing this privatization of moral conflict, most faculty do not “get it,” or are not sympathetic to the students' ethical reservations. They avoid discussing the moral implications of using living dogs in terminal surgery, believing that the ethical issue is “dealt with” by passing to students a brief one-page summary of the Association of American Medical Colleges official justification for using dogs as teaching tools. When student concern is expressed, faculty write it off to “squeamishness” or “sentimentality.” Such excuses to avoid the ethical confusion of students also may stem from an unarticulated fear of faculty that opening up and giving voice to these reservations might be dangerous to do—not quelling student concerns but exacerbating them—as a broader base of objection is inadvertently created. When pushed on this issue, some admit that they feel unequipped to handle ethical discussions, as opposed to clinical ones. In a sociological sense, the faculty may be correct: Routine organizational practices, like dog lab, rest precariously on untested assumptions about what is right and proper to do in that context and can, quite easily, collapse under the weight of challenges to these assumptions.

A third source of uneasiness is alienation from faculty members. Not expressing concerns creates alienation, as just discussed. However, other factors contrib-

ute to it. Medical students also feel alienated because they want to use faculty as role models but are disappointed with what they see when it comes to moral leadership. Medical students see faculty as supporting the use of dogs as educational tools and as largely unsympathetic to the distress they feel when facing this prospect. They also feel ethically let down by their instructors in gross anatomy lab, making them feel rudderless at a time when they want to become professionalized but do not like what they see.

Medical students cope with dog lab by relying on institutional coping devices. They draw on a medical school culture that absolves them from both responsibility and wrongdoing for the harmful use of dogs. This culture teaches them to focus on what is fascinating physiologically about the experience rather than its ethical correctness and to see the use of shelter dogs as a way of preventing wasteful death of purpose-bred animals. Although they learn to put their moral qualms aside, students leave the lab with some residual doubt about the propriety of what their instructors make them do—and some unsettling and unaddressed emotions about the dogs—including regret and sympathy for them, if not grief (Arluke & Hafferty, 1996). What this means is that they are learning to play a role but not internalizing it. They have taken cues from instructors and even some students, that the right way to get through such difficult times is by behaving professionally and not showing much affect. Although some faculty see these rites of passages as a necessary and lasting transformation of students into more detached physicians who can distance themselves from patients when necessary, the reality is more complicated and of less impact. They have not so much become hardened as to have been exposed to this message and play-acted it.

Although the majority of medical students resist objectification of lab dogs, a number of studies report that medical students appear to become hardened to the needs of patients. These studies document the loss of idealism and the development of cynicism in medical training, including increased desensitization to patient suffering (Becker, Geer, Hughes, & Strauss, 1961). Blame for this transformation focuses not on single experiences, like the killing of dogs in physiology labs, but on the larger culture of professional education.

The most formidable impact on changing student attitudes is their day-to-day observation of instructors and the kinds of attitudes they appear to demonstrate toward patients. Also, reports of cynicism are documenting attitudinal change. Behavior, however, may not follow attitudes, a finding consistent with years of social psychological research that has found little correlation between attitudes and behavior, although the reverse is not true. Once out of medical school, students often report that their earlier idealism reemerges, although it is more realistic and focused. There is a saying in sociology—change the situation and you change the person. A better predictor of how students behave when they are in practice years later is the kind of work situation they end up in rather than what they went through to get there.

VETERINARY STUDENTS

It is easy to extract the sources of medical student uneasiness and speculate that some veterinary students might experience a bit of them all when facing traditional anatomy and surgery classes. For one, many students probably view animals used in these classes as companion animals, and this definition in their eyes would trump educational definitions of these animals as tools imposed by faculty and administrators.

Students may sense that the ability and adeptness of faculty to categorize teaching animals as objects is an intellectual game or institutional convenience that too easily robs the actual animals of their integrity, sensate nature, history of companionship, and spirit. It may be patently obvious to students that these dogs are more than objects, even if they do not have relationships and histories with the dogs used in their training. If so, students will see through the superficiality and contradiction of shifting between these human-created and self-serving statuses.

Having this alternative definition means that students feel their attitudes and behavior are out of sync, causing them to experience conflict between their desire to help animals seen as companions and the requirement to objectify and kill them as part of their education. In other words, at some level, they feel they are harming rather than helping animals, or at least acting inappropriately toward them.

Veterinary students also are likely to feel alienated from faculty, believing that veterinary schools send out the wrong message for how animals should be regarded and treated. They no doubt see faculty supporting the “harmful” use of animals as “tools” and do not identify with them or understand how they can be expected to do this. They probably feel that veterinary administrators and some faculty “just don’t get it,” especially if they blame student resistance on their squeamishness or sentimentality. This leaves veterinary students, like medical students, feeling alone with their objections.

There may be additional sources of uneasiness. For instance, students may see larger contradictions in veterinary school policy and practice. On the one hand, schools may be seen as profiting from, and promoting, the human–animal bond in general, encouraging students to be empathic and sensitive to clients’ animals and to value individual animals. On the other hand, students are then expected to jump easily from categorizing animals as beloved, client companion animals to a different category where they are not concerned about, or empathic toward, animals just because they are in the status of lab animal or teaching tool. Practices such as doing “heroics” on clients’ dogs when they are terminal may seem particularly contradictory, if not unsavory, to students and make it very difficult to draw the line between clients’ animals and teaching tools.

Veterinary students probably fall back on institutional coping devices to get through traditional classes in anatomy and surgery practice, just as do medical students. They too may role play but not become the role, as part of the culture of vet-

erinary schools. They too may feel lingering moral stress, but not necessarily moral damage, from their experiences. Reports that veterinary students show a decline in moral reasoning and compassion during their 4 years of training may have the same significance as similar reports of medical student desensitization and objectification of patients. Three recent studies, in particular, are often cited in the alternatives literature to support the allegation that traditional anatomy labs and surgical practice “inure students to animal suffering” (Humane Society of the United States, 2001, p. 4). One reported that students in two vet schools were less compassionate about animal hunger and pain, as well as fear and boredom, at the end of their training (Paul & Podberscek, 2000). A second study found that moral reasoning declined over the 4 years of veterinary education (Self et al., 1991). A third study argued that fourth year veterinary students appeared to be less likely to treat animal pain than were second- or third-year students (Hellyer, Frederick, Lacy, & Wagner, 1999).

WELFARE IMPLICATIONS AND RECOMMENDATIONS

These findings are likely byproducts of student cynicism about their larger academic experience and their short-term, situational coping rather than evidence of lasting moral injury to them. If so, traditional practices in anatomy lab and surgical practice should not be singled out as the culprit behind declining moral sensitivity. Their elimination or modification might not even produce better results in pre- and postsurveys of moral reasoning and compassion. Of course, alternatives should be enacted if done in the name of protecting the welfare of animals or making veterinary training more consistent with the assumptions underlying companion animal practice.

Although the use of dogs in medical and veterinary education may not necessarily cause permanent damage to student sensitivities to animal suffering, short-term desensitization to animal suffering—whatever its cause—must be considered. Smith and Kleinman (1989) observed that medical students, during the course of anatomy lab, sometimes carried their changing sensitivities to the human body out of the lab and into their private lives and relationships, desentimentalizing or dehumanizing the body of loved ones. In a parallel fashion, especially when combined with increased cynicism, students may approach animals they encounter, both in and out of the classroom, with declining moral sensitivity. Efforts to ameliorate student uneasiness, as a symptom of larger cynicism with their training, may counter desensitization to the needs and suffering of animals.

If schools retain traditional anatomy and surgery practice, how should medical and veterinary faculty deal with student uneasiness prompted by the use of dogs in their curricula? Clearly, it should not be ignored. Rather than keeping it an academic secret or dismissing it as mere sentimentality or squeamishness, programs

would do well to acknowledge student uneasiness as a genuine and legitimate moral dilemma. Medical and veterinary educators should deal with moral stress among students in ways that validate and support it rather than to ignore or devalue it. I can suggest several ways that this might be done.

First, ethics courses might be required, revamped, and offered at the beginning of training that would focus on this uneasiness. These courses could encourage forthright and perhaps difficult discussion of student concerns regarding the use of dogs in professional education, although it is wrong to “ghettoize” veterinary ethics into one course, just as medical and law schools are starting to realize. As they now stand, ethics seminars are often elective, taken toward the end of training, and are geared toward practical and economic dilemmas encountered after graduation. They also are devalued by many students who see ethics courses as inferior to those that teach clinical skills, as is the case with law students who regard their ethics courses as the “dog of the law school curriculum” (Rhode, 1992).

It is ironic that perhaps one of the biggest moral issues staring students and faculty in the face is not aired in this class. By facing this issue head on, faculty can acknowledge student uneasiness, and perhaps their own, an important step toward reducing the privatization of moral concerns by students and their alienation from faculty. Admittedly, opening up such discussion would be challenging for faculty, but the situation presents an opportunity to do what a few biomedical researchers have done successfully when confronting animal rights protests; namely, to admit that they, themselves, are not comfortable with the current use of animals but do not see an acceptable alternative. This acknowledges that the issue is a moral one without easy and quick solutions as well as the fact that faculty too have emotions around the use of animals.

Second, medical and veterinary educators can validate and support student uneasiness by acknowledging it through rituals that honor dead nonhuman animals used in the course of professional training. In another context, a few biomedical research labs have taken steps to address the uneasiness of their employees (Iliff, 2002) through memorials or funerals. A small number of veterinary schools have instituted optional funerals as well, following the use of dogs in anatomy and surgery training. There is a growing movement in American medical schools to maintain reverence for the cadaver and to encourage students to define the cadaver as a formerly living being by offering students the option of attending a funeral to bury the remains of cadavers. More veterinary and medical schools might consider this option.

Third, uneasiness can be validated and supported around the issue of using dogs for training if medical and veterinary schools were more open and flexible about the use of alternatives. In the past, students have had to come up with their own alternatives, sometimes after threatening law suits. Rather than providing alternatives out of default or in a case by case manner, schools might want to consider institutionalizing such choices. Doing so gives legitimacy to such options and makes it easier for reluctant or reserved students to come forward. Fourth, medical

and veterinary schools might consider helping students learn to deal with moral stress and compassion fatigue through stress management seminars and on-site counselors who provide a safe place for students to discuss these issues. American Veterinary Medical Association's council on education might consider including such student supports on its list of essentials for a veterinary school. Similar measures might be taken by parallel organizations in medical education.

Finally, faculty members, themselves, might benefit from resocialization to some of the very issues that plague students regarding the use of dogs in terminal surgery and anatomy. Consultants might be hired who, during retreats or role playing exercises, can review for all faculty the kinds of emotional and ethical "hot buttons" faced by their students and help some faculty recollect their own memories of uneasiness experienced when undergoing training years earlier.

A more traditional way to resocialize faculty to these issues might be to encourage and conduct research into the psychological stressors of medical and veterinary school, including animal use. This will make faculty not only more aware and perhaps sensitive to these matters, but enable students also to become aware of whether they are experiencing moral stress or compassion fatigue.

Of course, there are limitations to implementing any of the above policy suggestions. Some might object, saying that they serve only to continue the status quo rather than to push for change. For these critics, the best or only solution to student uneasiness would be to eliminate its cause. Medical and veterinary schools might consider further decreasing the number of dogs used or simply abolishing such use entirely.

Implementing these suggestions also does not guarantee that uneasiness will be eliminated or even curtailed. There still may be student uneasiness to address, albeit of a different sort, even with alternatives such as the use of client-owned dogs in veterinary anatomy class. As well, attempts to acknowledge student uneasiness and give it credibility can in themselves create an entirely different sort of uneasiness for those medical and veterinary school faculty who are uncomfortable with or resist such change.

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REFERENCES

- Arluke, A., & Hafferty, F. (1996). From apprehension to fascination with "dog lab": The use of absolutes by medical students. *Journal of Contemporary Ethnography*, 25, 201-225.

- Becker, H., Geer, B., Hughes, E., & Strauss, A. (1961). *Boys in white*. Chicago: University of Chicago Press.
- Hafferty, F. (1991). *Into the valley: Death and the socialization of medical students*. New Haven, CT: Yale University Press.
- Hansen, L., & Boss, J. (2002). Use of live animals in the curricula of U.S. medical schools: Survey results from 2001. *Academic Medicine*, 77, 1147–1149.
- Hellyer, P., Frederick, C., Lacy, M., & Wagner, A. (1999). Attitudes of veterinary medical students, house officers, clinical faculty, and staff toward pain management in animals. *Journal of the American Veterinary Medical Association*, 214, 238–244.
- Humane Society of the United States. (2001). *Educational memorial programs*, p. 4.
- Iloff, S. (2002). An additional 'r': Remembering the animals. *ILAR Journal*, 43, 265–274.
- Paul, E., & Podberscek, A. (2002). Veterinary education and students' attitudes towards animal welfare. *Veterinary Record*, 146, 269–272.
- Rhode, D. (1992). Ethics by the pervasive method. *Journal of Legal Education*, 43.
- Self, D., Schrader, D., Baldwin, S., Root, S., Wolinsky, F., & Shadduck, J. (1991). Study of the influence of veterinary medical education on the moral development of veterinary students. *Journal of the American Veterinary Medical Association*, 198, 782–787.
- Smith, A., & Kleinman, S. (1989). Managing emotions in medical school: Student contacts with the living and the dead. *Social Psychology Quarterly*, 52, 56–69.