VIEWS

Letters to the Editor

Rabies vaccine labeling and the wolf hybrid

I would like to comment on the proposed labeling of rabies vaccines for wolves and wolf-hybrids, as reported in the Nov 1, 1999 issue of *JAVMA* (p 1226).

As the specialist in behavioral medicine here at Penn Vet, it has been my job to develop a policy for dealing with wolves and wolf-hybrids as pets. Our motivation in doing so was to keep everyone—including hybrids—safe, and to actively discourage, and show that we do not condone, ownership of wild-animals or wild-animal hybrids. There are practitioners in our area who will see these animals with special consideration so we are not absolutely abandoning these animals to a life without veterinary care.

This is an ethical, behavioral, and conservation choice and issue. Whether the canine rabies vaccine will protect wolf-hybrids—instead of just not damaging them—is solely a biological issue. Parsimony argues that for any 2 species that—like the dog and the grey wolf—vary by at most 0.2% of their mitochondrial DNA[1] there should be full homology for vaccine efficacy.

If the USDA-APHIS decides to alter the rabies vaccine label, I would propose that, concomitant with information about administration of the vaccine there should be mandatory information on all local laws and prohibitions, and a strong statement that the AVMA, the USDA, and a variety of other organizations—all of which should be listed—deplore private ownership of wild animals and absolutely oppose the development of hybrids.

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1. Wayne RK. Molecular evolution of the dog family. *Trends Genet* 1993;9:218–224.

Telling "the truth"

Dr. W. W. Armistead makes a cogent point in his essay titled "Enlightenment" (*JAVMA*, Nov 1, 1999, p 1305). After quoting humorist Josh Billings who said the trouble with most people is that "they know so many things that ain't so," Dr. Armistead added that teachers have a special obligation to seek and present truth.

What is truth? It's a fanciful abstraction, a filtrate of our culture, current opinion, experience, and preconceptions. It varies with time, circumstance, and our knowledge. It's guesswork and hypothesis. It's a will-o'-the-wisp, myth agreed upon, a chimera. It's a body of received opinion, shared expectations, and assumptions, a series of fads, misconceptions, and uncertainties gussied up to look presentable. The first myth of truth is it exists or ever has. There are few eternal verities, and the half-life of truth is extremely short.

We perceive truth differently, and different truths occur to different people at different times. It's what we want it to be. It's disheartening to see someone run rampant with their one-and-only truth. All of us would like to live in a world of solid truth (or think we would), but there's a lot of terra infirma. Truth is a clear and present danger. It pays to remain contemptuous of it.

All of us were taught contradictory truths in veterinary school. They were based on convention rather than fact. Some were inherited dogmas, convenient fictions, or virtual tribal fetishes. A major purpose of education is to demolish old truth and replace it with current truth. As Dr. Armistead says so well, history is strewn with shards of what was once unassailable truth. What truths are we inventing for posterity?

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Regarding euthanasia

As a member of AVMA's Committee on the Human-Animal Bond, I was given the opportunity to read a letter from a pet owner praising her veterinarian for the loving care provided to her dog and its final euthanasia while at the same time expressing great concern over aspects of the euthanasia event itself. She perceived that shaving the forelimb, looking for the vein, and inserting the needle were "painful and scary for my girl." She was also upset that her dog's eyes did not close after death.

Keddie, the British psychiatrist wrote that people who insist on a special relationship with a pet can be expected to have a rather sharp reaction at the loss of the pet. It was obvious that this was the case with the aforementioned client. Referring to the dog as "my girl" should have tipped off the practitioner.

Terminal patient care and death management require the utmost level of sophistication. When clients wish to be present during euthanasia service, a careful description of every step taken by the veterinary staff as well as the physiologic processes of the patient needs to be

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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.

discussed. At least the client did not witness an agonal gasp or the voiding of urine and feces.

Taking that little extra time for careful preparation makes all the difference. Hopefully the client will go back again and refer others to the practice.

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Believes veterinarians should help shelters

I volunteer at an animal shelter helping with their neuters and nonroutine surgeries. During this time I have been privy to multiple interactions with a common theme. An animal is adopted and subsequently taken to a local practitioner. The outraged "client" relays to shelter staff that "their veterinarian said" one of the following: 1) this animal is too young to have been neutered; 2) this animal is too sick to have been neutered; 3) this animal is too sick to have been adopted; 4) all animals from "that" shelter are sick; or 5) the shelter should have known this animal had ABC infectious disease. I recognize this is hearsay from the clients, but it is simply happening too often to overlook.

I want to ask the veterinary individuals who partake in such conversations with their clients—have you ever spent substantial time at the shelter about which you speak?

There are simply too many animals, and the veterinary budget for these shelters would astound any practice manager. We need to educate and sterilize! (Educate the people; sterilize the animals.) What purpose does it serve to browbeat fellow professionals who work in a demanding and often emotionally painful setting day after day chipping away at this problem?

If you think these animals are too young for neutering, read the latest literature or give it to your clients.

If you think these animals are too sick to have been neutered, offer your services to make them well. If they really are too sick to be neutered, they will be put to death. I would rather be neutered with an upper respiratory infection than be put to death (ok, so not really . . .). Educate your clients with new pets about nutrition and nursing care.

If you think these animals are too sick to have been adopted, please know that the animals would likely have been put to death if not adopted or if returned to the shelter. There are just too many. Educate your clients that they have taken on a noble cause—saving a life and caring for one in need.

If you think every animal from Shelter XYZ is adopted sick, then offer to the shelter your expertise in animal population management. Offer to develop a better disinfection protocol. Offer to triage incoming animals.

And if you think Shelter XYZ should have known this animal had a viral infection prior to adoption, study well the incubation and latency periods and signs of the common infectious diseases. Study well the effect of stress on the immune system, then spend a day in a kennel (take a book!); experience how stressful life is in a shelter. Bring along some donated parvovirus tests and run a few.

To the specialists and general practitioners out there, offer your services. (Even you large animal types can ask for a cadaver and relearn how to neuter a dog!) The animals will love you.

This is a population of individuals to which no other profession can offer quite what we can.

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