

Curriculum does include core training on ethics

Dear editor,

Further to Frank Busch's article, "Why ethical debates are necessary" (February 4 issue), we would like to respond to the assertions that "it is disheartening that these issues are not sufficiently debated at university level" and "compared to standards in some veterinary schools in the USA, the UK efforts seem wholly insufficient".

While this may have previously been the case, we feel this article does not accurately portray the current situation. We believe it is important for your readers to be made aware of the breadth and depth of ethics and welfare teaching that is now integrated into a number of UK courses.

For example, at the University of Nottingham, ethics teaching is embedded throughout the course and is explicitly delivered within a number of prominent modules. This is exemplified by the ethical and welfare teaching that has already occurred in the first two years of our course (2006/07 and 2007/08).

- **Personal and professional skills module (year one):** ethical problem-solving debate and exercise based on EMS placements.

- **Animal health and welfare module (year one):** lectures introducing animal behaviour and welfare; seminar on housing and the environment, including their impact on animal welfare; lecture and practical session on laboratory animal welfare, ethics and legislation.

- **Personal and professional skills module (year two):** seminars/interactive small-group sessions introducing ethical theories and decision support tools, such as the ethical matrix, and other sessions dissecting and analysing ethical issues. Half the module mark is based on problem-based questions on ethical and animal welfare issues.

- **Research methods module (year two):** introduction to research ethics and the philosophy of science; two lectures and a workshop on the ethics of animal experimentation.

- **Animal health and welfare module (year two):** six lectures on the principles of ethics and animal welfare, and one lecture on assessing the welfare of animals in populations. Twenty per cent of the module mark is based on a letter to a professional journal and a "conference" presentation on an animal welfare or ethical issue.

In addition, ethical issues are raised and discussed during clinical relevance sessions in years one and two, with teaching support provided by both bioethics and clinical academic staff.

The faculty has identified "ethical reasoning and assessment of animal welfare" as a core skill. This designation places a responsibility on all our module convenors to integrate this area of teaching into all aspects of their courses when appropriate. Consequently, years three, four and five will see teaching in this important subject area developed in a clinical setting based on the foundations we have established in the first two years of the course.

We are sure that many of our colleagues in other UK veterinary schools would be able to outline similar curricula, with the overriding aim of preparing our graduates to deal with the ethical problems they will face on a daily basis in practice.

Yours faithfully,

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Do we create dangerous behaviour in canines?

Dear editor,

Martin Atkinson (letters, February 4 issue) has obviously now personally resolved the ethical dilemma as to whether an "aggressive" dog should be treated, which he has discussed previously.

It would now seem that, rather than agonise over his decision, he has no qualms whatsoever in instructing the owners of such dogs to go elsewhere and that he would feel justified in reporting their dogs to the police as "dangerously out of control".

But whose responsibility is it to control a dog and prevent it behaving "dangerously" when on our premises? And how does our ability (or not) to do this impact upon our duty of care, not only as veterinary surgeons, but also as imposed by the new Animal Welfare Act, where this duty must extend to mental as well as physical health? Does simply passing the buck satisfactorily fulfil our obligations?

A so-called aggressive dog is, in reality, an extremely unhappy animal that has been forced, by associative memories and circumstance, into threatening to bite. Actually wanting to bite is bottom of the list of almost all dogs' motivational priorities.

It is high time that, as a profession, rather than consider only

the mote in our client's eye, we must recognise and address the beam in our own. How much of our patients' behaviour is iatrogenically damaged? Do we inadvertently create the very behaviour we later condemn as "dangerous"? And how might this impact upon the rest of a dog's life?

The only way to prevent aggressive behaviour is to guide and teach a dog to behave differently, yet it is still considered the norm, by both vet and client, that an eight-week-old puppy yelps and tries to escape at its first vaccination. This is the first nail in the coffin of any dog that subsequently considers humans dangerous enough to want to bite them.

Much as Mr Atkinson's "A strange tale of two pit bulls" (December 3 issue) was written in semi-jest, it was actually a very sad story of history being allowed to repeat itself, not only by the dogs' owners, but also by their attending veterinary surgeon.

Having just delivered a weekend seminar to 200 RVC vet students on the subject of behavioural husbandry and how easy it is – once one knows how – to alter a dog's perception, emotions and behaviour for the better in any context, including that of the veterinary surgery, one hopes that at least part of our future generation of vets will be enlightened enough to not let this happen.

Yours faithfully,

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Challenge of difficult animals is part of job

Dear editor,

The correspondence from veterinary surgeons on the problems of handling "dangerous" dogs (Martin Atkinson, February 4 issue; Russ King, January 21 issue) surprised and disappointed me.

I had understood that most, if not all, of us chose to enter the veterinary profession because we enjoyed, and had some natural talent for, handling animals. Difficult animals are part of the job and present a challenge that most of us would be ashamed to fail.

Whatever the reason for aggression (for example, pain, fear or improper or deficient training), the dog and its owner require help. As veterinary surgeons we have the privilege of being able to use a variety of medicines for "chemical restraint", if necessary, and we are, or should be, trained and experienced in how to handle animals.

Farm animals, horses and wild animals (such as those in zoos) are handled calmly and effectively by veterinary surgeons. Have the authors referred to above chosen to treat not just "small animals" but only "well-behaved, safe small animals"? Have they perhaps chosen an insufficiently dull, risk-free profession?

Yours faithfully,

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Health scheme regulator offers stamp of approval

Dear editor,

I read with great interest the two articles about bovine viral diarrhoea (BVD) virus in the December 24 issue. However, I am writing to rectify Tim Potter and Richard Booth's apparent lack of knowledge about the current situation in the UK.

Cattle Health Certification Standards (UK) – abbreviated to CHeCS – is a self-regulated body for cattle health schemes in the UK. Launched in late 1999, it is a non-trading organisation established by the British cattle industry for the control and eradication of non-statutory diseases, working to a set of standards to which all CHeCS-licensed cattle health schemes must adhere. These standards ensure that herd health status in one scheme is equivalent to that in all other schemes in the UK.

The "owners" of CHeCS are the National Beef Association, the National Cattle Association (Dairy), Holstein UK and the BCVA. Initial start-up money was provided by the Milk Development Council and the administration for the organisation is provided by the Royal Association of British Dairy Farmers.

CHeCS is not a cattle health scheme; it is the regulatory body for the cattle health schemes and is a stamp of approval and a quality mark signifying conformity to an industry standard. The CHeCS technical document sets out the rules to which CHeCS-licensed cattle health schemes and their member herds must adhere to meet the standards. The rules have been agreed and are found to be acceptable to the cattle industry. They are based on best-available practice and are routinely updated.

Cattle health schemes provide programmes for the monitoring, control and ultimate eradication of disease. The schemes also provide certification of accredited-free status when a herd meets the agreed CHeCS cattle health standards. There are currently programmes for the four most important non-statutory diseases that are prevalent in both beef and dairy herds in the UK: infectious bovine rhinotracheitis, leptospirosis, Johne's disease and BVD. It is possible that other diseases may be included in the future.

Herd owners may test for any, or all, of the diseases at the same time. Where to start depends on a herd's individual performance. For BVD, there is also a vaccinated monitored free programme. The objective of this programme is to control BVD by vaccination of the breeding herd and, by regular monitoring of youngstock, to demonstrate that exposure of youngstock to BVD virus has not occurred. The goal is to allow the sale of stock that are accredited as being from a vaccinated herd, and monitored free of active BVD infection. The status of BVD vaccination monitored free herds is lower than that of BVD accredited herds.

Five CHeCS licensed cattle health schemes now operate in the UK: Biobest Herdcare (operated by Biobest Laboratories); Premium Cattle Health Scheme (operated by the Scottish Agricultural College); HI-Health (operated in conjunction with Biobest Laboratories); Advance Cattle Health Scheme (operated by NationWide Laboratories, Leeds); and AFBI Cattle Health Scheme (operated by the veterinary sciences division, Agri-Food and Biosciences Institute, Belfast).

The pilot trial operating in Norfolk and Suffolk – referred to in the article by Messrs Potter and Booth – is being run in conjunction with Premium Cattle Health Scheme, while the Orkney experience is covered by HI-Health (the Highlands and Islands Cattle Guarantee Scheme), which also incorporates herds in the north of Scotland, as well as the outlying islands.

It is believed that there are about 3,500 cattle herds in the UK going through some form of BVD programme. The situation is considerably better than the article implies, although there is still plenty of scope for improvement.

Further information about CHeCS is available at www.checs.co.uk or by email (info@checs.co.uk) or by telephoning 0845 4582711.

Yours faithfully,

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Invitation to experience Danish veterinary past

Dear editor,

Your readers may be interested in joining a group visit – organised by the Veterinary History Society (VHS) – to Denmark on April 22-24, to meet with colleagues from the Danish Veterinary History Society.

In addition to the presentation of papers on a variety of topics, to be held in Copenhagen at the Royal Veterinary and Agricultural University (RVAU) – founded in 1773 – visits will also be made to the Danish Veterinary History Museum and the RVAU gardens. A sightseeing tour of major Copenhagen sites (including the Carlsberg Brewery with its still-in-use shire horses) will also take place.

The meeting is planned as a leisurely, informal, no-stress trip, which will include time for shopping. The first and third evenings will be spent at restaurants in the renowned Tivoli Gardens. The second evening will be spent at Gimle, the historical part of the veterinary school, to enjoy "the Danish veterinarians' midnight snack".

Full details of the programme can be obtained from VHS secretary Jean Mann at 17 Anseres Place, Wells, Somerset BA5 2RT or by telephoning 01749 673558.

Yours faithfully,

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LETTERS to the EDITOR

THE editor welcomes letters from readers (by post or email – addresses on page two) but regrets that space does not allow all of them to be published. In some instances, and at the editor's discretion, letters will be shortened. Readers are asked to state clearly if their letters are not intended for publication: only in exceptional circumstances will anonymity be permitted.