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You Can't Go Back—or Can You?

Great Eastern University took a certain pride in its large-animal surgical suite. Located in the University's new research building, it had state-of-the-art equipment and was substantially larger than the surgical suite in the former research building. Nevertheless, the old research building and its surgical suite remained very active and functional. The University relocated many ongoing large-animal studies from the old building to the new one when it was opened—a move that had the full support of the research faculty. However, that support started to wane when the usual new-building startup problems began surfacing. The surgical lights were working, but not fully reliably, the new surgical monitoring equipment was functional but more difficult to use, the hydraulic table lifts were balky, and so on. There were no fatal flaws, only numerous problems that had not been recognized during the initial adjustment process.

The real problem developed when some of the researchers with animals housed in the new building requested IACUC approval to use the surgical facilities of the old building. Any change of location required IACUC approval. These researchers said that not only was it unsafe to perform surgery in the new facility until everything was working perfectly, but they were also unhappy with the monitoring equipment because they were having trouble learning how to use it properly. They wanted to continue housing their animals in the new building but use the surgery suite in the old one. The Attending Veterinarian (AV) was unhappy with any transfer of animals back to the old building because of the potential for disease exposure during the move, increased animal stress, and limited postoperative recovery space. The AV indicated that the veterinary staff would provide any additional training that was needed to bring people up to a comfort level with the more sophisticated monitoring

equipment. He also noted that the lighting problem was in the process of being repaired and that the hydraulic and other issues were real, but not critical, and were being addressed. In the AV's opinion, the disadvantages of moving the animals back and forth far outweighed the relatively few advantages. Still, in appreciation of the researchers' concerns, the AV left the final decision in the hands of the IACUC. The issue came to a crisis when one of the animal facility's major users, who was scheduled to move his pigs to the new building, declared that he would not do so until all of the surgical suite problems were resolved. This turn of events gave added impetus to the investigators who wanted to use the old surgical facility, put a considerable strain on the use of the old surgical suite, blocked the conversion of large-animal holding space to mouse space, and left the IACUC with a major headache. An enclosed bridge connected the two buildings, but back-and-forth movement would require transporting animals through public areas, and the entire scenario did not have the full support of the veterinary team.

How would you approach this problem facing the Great Eastern IACUC?

What's the Real Problem Here?

Gwendalyn M. Maginnis, DVM

It is evident that Great Eastern needs to follow through on its commitment to the new large-animal surgical suite. However, the extent to which this is truly an IACUC issue is questionable. In attempting to extricate the real animal welfare concerns from the political posturing, the only prominent issues are problems with the new monitoring equipment and concerns about animal movement. These should be the primary concerns of the

IACUC.

The researchers claim that their dissatisfaction with the monitoring equipment stems from their difficulty in learning its proper use. Their proposed solution to return to the old facility and equipment with which they are more familiar is shortsighted, because only through continued experience with the new equipment will they gain proficiency with it. Add to this the AV's willingness to support them through this transition period, as well as the concrete concerns about transporting the animals to the old facility; a decision denying approval for a change in location for surgery appears to be the most sound decision.

Yet all of this is assuming that the newer, "more sophisticated" patient monitoring equipment is better than or (in the hands of the current users) at least as good as the patient monitoring equipment in the old facility. If the newer equipment provides better patient monitoring, then one can consider it to be a refinement to the surgical procedures in general. As such, the IACUC should strongly encourage its use. However, the increased sophistication of the equipment may make it more challenging to use without necessarily providing more or better information about the patient's status. In this case, the increased sophistication combined with the current skill level of the users may actually make the equipment a poorer monitoring tool. Duplicating the monitoring resources from the old surgical suite could be a more practical solution. More information about both the old monitoring equipment and the new would be very helpful in making this decision.

Another issue that is of potential concern for the IACUC involves the researchers' claims that the new facility is unsafe. Considering the descriptions of the problems, these claims seem somewhat specious. The IACUC should request clarification of