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## When the IACUC and AV don't agree, who wins?

"Another day, another ulcer" was the half-joking, half-serious comment of Maryann Terrasi, the Attending Veterinarian (AV) at Great Eastern University. She was walking out of an IACUC meeting with Gwenn McGee, another Great Eastern veterinarian. Terrasi had argued in vain that rats should routinely receive postoperative analgesics when a small burr hole was made in the cranium as part of a research project.

"Well, you know" said McGee, "not all people having burr holes made request analgesia. We discussed this before the meeting, and you know that we didn't agree on this." "Maybe in this case we didn't agree," replied Terrasi, "but we usually do. And anyways, how do you know which rat does or doesn't need some relief? We're not there to monitor each one after surgery, and you know as well as I do that most rats seem to act just fine after much more invasive

procedures. Maybe that wouldn't be true if each and every one was carefully watched by a trained observer, but that just doesn't happen around here. And I'll tell you something else that really irks me," said Terrasi. "Every time an animal gets sick or injured, the first thing that happens is that it gets blamed on poor veterinary care. It doesn't matter if the ceiling falls down on a mouse, it gets blamed on us. All I hear is that the veterinarians are supposed to ensure adequate veterinary care. But if I insist that an analgesic must be given and somebody disagrees with that, it gets thrown back at me that the IACUC has to approve the use of any drugs used in research, and analgesics are drugs. If the IACUC has the final say, why do the AWA [Animal Welfare Act] regs say that the AV is supposed to have the authority to provide adequate veterinary care? Why does the PHS *Policy* say that the

veterinarian is supposed to provide medical care? Does that mean only if an animal becomes sick or injured? Are we only allowed to suggest that analgesics should be used? What happened to preventive medicine? What if we think that giving analgesia is medically appropriate? Maybe we're not right all of the time, and maybe it's good to have input from the IACUC in case a drug would affect the study, but after all is said and done, who actually has the final say on providing adequate veterinary care?"

Terrasi was upset, but was her argument really valid? When it comes to a decision such as using or not using analgesia, reasonable people can have different opinions, even with the "if it hurts a human it will hurt an animal" rule of thumb. If there cannot be an agreement between the AV and the IACUC, then does the AV or the IACUC have the final say on the provision of analgesia?

### RESPONSE

#### Veterinary variability

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The *Guide for the Care and Use of Laboratory Animals (Guide)*, the AWA Regulations, and ACLAM's public policy statement on adequate veterinary care all agree that a veterinarian should be involved in the planning of surgical procedures and provide guidance on the selection of appropriate anesthetics and analgesics. The *Guide* also states that the AV must provide oversight of postsurgical care. USDA clarifies their interpretation of the AWA Regulations in Animal Care Policy #3 by stating, "All animal activity proposals involving surgery must provide specific details of pre-through post-procedural care and relief of pain and distress. The specific details must be approved by the attending veterinarian or his/her designee<sup>1</sup>."

When the investigator and the AV cannot agree upon an effective analgesic regimen that will not interfere with a study, then it becomes the IACUC's responsibility to weigh the scientific justification for withholding analgesics against the pain and distress that the animals are expected to experience. An IACUC discussion of whether or not a given procedure warrants the use of analgesics in the first place is appropriate to that decision. If those concerned expect the postoperative recovery period to involve only momentary or slight pain or distress, then there is little or no need for scientific justification.

Although the given scenario does not indicate what level of justification for withholding analgesics the investigator provided, it seems that the IACUC was trying to do its job by listening to both veterinarians about whether analgesics would be needed. It was the veterinarians' failure to reach a consensus when they discussed their opposing viewpoints before the meeting that caused

the problem. They could have avoided the trouble if they had agreed to monitor the animals for signs of postoperative pain or distress. The Principal Investigator (PI) could have written the protocol to state what analgesic regimen would be used if the veterinarians detected signs that it was needed. The protocol could have stated that if the first few animals demonstrated signs of pain or distress, then all subsequent animals would receive analgesics. If the PI found that unacceptable, then he or she should have had to provide proper scientific justification for withholding analgesics even if the animals developed pain or distress.

Cooperation between the veterinarians might have prevented Terrasi's afternoon ulcer. In the rare cases when veterinarians cannot agree on whether there is a need for analgesics, what analgesic to use, what doses to give, or how often it should be administered, the IACUC should rely on the judgment of the AV. It is the AV who has final responsibility for oversight of postsurgical