

care and for ensuring adequate veterinary care. However, that does not mean that the IACUC must automatically accept the AV's judgment about whether the scientific justification for withholding analgesia outweighs the level of pain and distress to be experienced by the animals. That decision must reflect the differing perspectives of scientists, nonscientists, community members, and veterinarians. The IACUC as a group makes the decision and not just the individual veterinarian.

1. USDA. Animal Care Policy #3, Animal Care Resource Guide (14 January 2000).

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RESPONSE

Listen to the AV

Karen Cadle, RVT

The real issue in this case is who is more qualified to decide which animal is experiencing pain or which procedure might induce a significant amount of pain, the IACUC or the AV? It is my opinion that if an agreement cannot be made, then the AV should have final say on analgesia provision. We must not forget that the purpose of the IACUC is to monitor procedures for the benefit of the animal (and the community), not to determine exactly how every surgical procedure or experiment is to be performed. Albeit, that monitor allows facilities to produce good, consistent science.

Laboratory animal veterinarians are compassionate, educated, well-trained people. They are very familiar with the procedures performed in laboratory animals, as well as the subjects' tolerance to such procedures. Let us not buy into the all-encompassing HMO point of view, in which insurance companies control, through statistical analysis, the way that each practitioner performs his or her duties.

'Routine' veterinary surgeries of about 15 years ago did not commonly include the use of analgesics. The idea was that if the animals experienced some pain, it would keep them from moving about and give them a chance

to heal. This line of reasoning ignored one important issue: analgesics manage pain but do not eliminate it. Analgesia allows the patient to take in nutrients, keep the body mobile, and keep oxygen flowing, all of which are essential for proper healing. It is inherent to have several good choices of analgesia and dose ranges for each species. Thus once pain has been assessed, an appropriate analgesic can be given.

Lest we forget, our furry friends have a different priority when it comes to pain. In view of this, a 'normal' appearance does not always mean that the animal is pain free.

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RESPONSE

Make the AV part of the plan

Tonja M. Henze, MS, CMAR, LATG

Terrasi's complaints are a case of too little too late. While venting to McGee may help her to feel better, it does nothing to address her true concern about the well-being of the animals.

The regulations are very clear that minimizing pain is imperative in animal research. The Animal Welfare Act stipulates that we must "ensure that animal pain and distress are minimized, including adequate veterinary care with the appropriate use of anesthetic, analgesic or tranquilizing drugs, or euthanasia¹." It further specifies that "in any practice which could cause pain to animals ... a doctor of veterinary medicine is consulted in the planning of such procedures ... for the use of tranquilizers, analgesics, and anesthetics ... [and] that the withholding of tranquilizers, anesthesia, or euthanasia when scientifically necessary shall continue for only the necessary period of time¹."

Great Eastern is clearly not taking a team approach to optimizing animal care while preserving the research goals. During the development phase of the protocol, there is a need for more involvement by all parties (PI, IACUC, and veterinarians). While the

veterinarian is the trained advisor to the IACUC in assessing the need for analgesia, the IACUC does make the final decision. However, it is still the institutional veterinarian who has the legal responsibility for veterinary issues and who must have the support of the IACUC to make veterinary medical decisions.

Once the protocol is approved (even over Terrasi's objections), it may be difficult to negotiate for a change until the renewal is due. The investment in the development phase of the protocol will facilitate the review process.

Clearly the bigger problem here is not whether or not this particular procedure induces pain but in the perception of Terrasi and McGee that the veterinary staff will be blamed for anything that goes wrong as well as being voted down in IACUC decisions.

Her IACUC must give Terrasi support to fulfill her duties of providing adequate medical care, and should initiate the necessary fence mending through educational avenues. Terrasi, in her comments to McGee about how they usually agree, shows she is taking this as a personal rather than a professional issue. This is not about agreeing with a colleague, it is about what is mandated by regulations and veterinary ethics.

There is no mention that analgesia will interfere with the science, and there is no mention of a narrative from the PI requesting an exception to the regulations. There seem to be only conflicting opinions about whether the animals will feel pain from this procedure. This may be a case where a veterinary consultation with the PI will bring about a meeting of the minds and an agreed plan for analgesia can be determined.

Terrasi's comments about postsurgical monitoring on her campus make it clear that personnel need additional training in postoperative observation skills. Perhaps this is an example of a project in which a pilot study would be appropriate with close veterinary monitoring of the postsurgical animals to both assess pain levels in the animals and train the research team in monitoring these same skills before the full protocol reaches the IACUC for approval.

1. Animal Welfare Act, Section 13, Part 3.

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