

Animal rights v animal research: a modest proposal

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Abstract

The practical problem of assuaging the opponents of animal research may be solved without formally addressing (or resolving) the underlying ethical questions of the debate. Specifically, a peaceful boycott of the “fruits” of animal research may lead to a wider cessation of such research, than, say, vocal or even violent protest. To assist those who might wish to participate in such a boycott – and, moreover, to critically inform them of the implications of their actions – I offer a modest proposal: the use of an “animal research advance directive”, a form which enumerates precisely which “fruits of research” are declined.

Many people love animals. Some animal lovers, though, in the name of their love, oppose the use of any animals in any medical research, regardless of the care given, regardless of the cause. Of course, many other animal lovers acknowledge the need for animal subjects in some medical studies, as long as no alternatives exist, and provided that care, respect and dignity are applied at all times. Unhappily, between the opponents of animal research and the researchers themselves lies no common ground, no place for an agreement to disagree: the opponents are not satisfied merely to abstain from animal experimentation themselves – they want everyone else to stop too.

Despite that, I would argue that in this case (to a far greater extent than, say, in the case of abortion) the animal rights question can be answered by exactly that tactic: the abstention of the opposition. Of course, I do not advocate abstention from debate; and, of course, abstention from performing research by those who are not researchers is not meaningful. Rather, I propose that the protesters – and every citizen they can enlist – abstain from the benefits of animal research. I say let the proponents of animal rights boycott the products of animal research. Let them place fair market-place pressure on ending activities they find reprehensible. Let them mobilise the tacit support they claim. Let the market for

therapies derived from animal research evaporate, and with it much of the funding for such work. Let the animal lovers attain their desired goal without clamour, and without violence.

To assist them, I offer a modest proposal.

I suggest that we adopt a legal release form, readily available to all patients, which will enable them to indicate precisely which benefits of animal research they oppose – and from which, accordingly, they refuse to benefit. This form could be sent to all hospitals and physicians, and would be included in the patient’s chart, much like operative consent forms, or Do Not Resuscitate instructions. It should resolve the issue once and for all.

This “Animal Research Advance Directive” would look something like this:

Dear Doctor:

Animals deserve the basic freedom from serving as experiment subjects against their will. Today, we who are committed to seeing the world’s scientific laboratories free from unwilling and innocent animals, hereby refuse to benefit from research performed on these victims.

Accordingly, I ask that you care for me to the best of your abilities, but request that:

(CHECK ALL THAT APPLY)

- You do not perform on me a coronary bypass operation, or fix any heart defect my child may be born with, as these operations and the heart lung machine used during the procedures were developed using dogs. In fact, since the entire field of cardiology has been polluted by animal research for nearly a century, I cannot in good conscience accept any cardiological care.
- You treat my child for any disease she may develop, but do not give her a vaccine that was tried first on a blameless animal. As I am not aware of any vaccines that were not animal-tested, please skip them all.
- You avoid offering any suggestions regarding my diet and habits, when that information was derived from animal studies. This includes salt and fat intake, tobacco smoke, and various cancer-causing food additives. Do not bother to test my cholesterol

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levels, as the association between high cholesterol and heart disease is knowledge stolen from the suffering of the innocent.

□ Should I develop a malignancy, you do not give me chemotherapy, as those drugs were administered first to animals. I must also decline surgical treatment as well, since modern surgical technique and equipment owes its existence to sinful animal research. Finally, do not treat my disease with radiation, since that field, too, was contaminated by dog studies.

□ You amputate my leg or arm should I break it in such fashion that it requires surgery. Fracture fixation devices were designed through the suffering of dogs, so I must refuse repair of the bone. That probably will hurt a lot, but since I must refuse all pain medicine studied on rats (and that includes just about all of

them), it is best if you just remove the damaged limb.

Needless to say, I will not accept an AIDS vaccine should one be developed, as unwilling Rhesus monkeys have been used in AIDS research.

Thank you for considering my wishes. Only through the concerted avoidance of these ill-gotten technologies can we halt the barbaric practice of animal research. Of course, I have no objection to studying disease on humans. To that end, I pledge my body to science upon my death. It probably will occur a lot sooner than I'd like.

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News and notes

More GMC lay members "will strengthen accountability"

The announcement that there will be 12 more lay members on the General Medical Council has been welcomed by General Medical Council President, Sir Donald Irvine. He said it was a significant step forward in increasing the public's involvement in the work of the GMC, the medical profession's regulatory body.

"The increase in lay members is a step forward for the GMC and will strengthen our accountability to the public and so enhance the value and effectiveness of professional self-regulation," he said.

"The new nominations mean that around 25% of GMC members now come from non-medical back-

grounds. Lay members already play a vital role at the GMC. I am sure the new members will contribute significantly in all areas of our work, and particularly in the development of our new performance procedures. I look forward to working with them."

The new members will serve on the GMC from 1 November 1996. At present there are 13 lay GMC members out of a total of 102. The rise in lay members will be coupled with a reduction in the number of members appointed by universities, royal colleges and other medical bodies. The overall majority of directly elected medical members is unaffected.