

An inconsistency in our labs

DISCUSSION

AUTHOR

ABSTRACT

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There is a gaping disparity between the way we practise medical research and the way we practise medicine; it is a significant void and one that shows no signs of shrinking. While the UK and the NHS go about treating patients in a deontological fashion, based on the principles of an age-old oath of doing no harm, we are utilising cold utilitarianism in research on animals.

The UK general public are animal lovers. Indeed, we were the first to introduce animal welfare laws in 1822 (1) and have since led the field in the protection of animals used for research and in prevention of cruelty to animals through the Animal (Scientific Procedures) Act 1986 (2) and the Animal Welfare Act 2006. (3) As is often the case, animal welfare laws reflect public opinion and behavior. It is evident from donations to animal welfare charities that we are fond of animals; in 2010, the RSPCA and RSPB were the 12th and 15th most popular charities in Britain, and the Don-key Sanctuary came in five places ahead of Medicines Sans Frontier. (4) On the whole, it is fair to say that we shy away from animal cruelty, even towards beings not covered by animal welfare laws, such as insects. Cruelty to mammals tends to evoke a gut reaction of distaste; testament to this is the number of children who become vegetarians after learning where burgers come from (though often only until they have forgotten their visit to the farm).

Animal research is usually portrayed on a spectrum of vilification. That which is done for the development of cosmetics is widely regarded as bad, again reflected in law, this time at a European level, with a total ban on all cosmetics or ingredients tested on animals. (5) That which is done for non-essential, but beneficial, medical treatment is often considered a grey area. And those research studies which are credited with directly saving human lives are generally perceived to be morally permissible, though for decades the mantra of replacing animal research with suitable alternatives wherever possible has been preached. (6)

The latter viewpoint is justified on utilitarian grounds; that the many will benefit at the expense of the few (or rather, that we choose the many to benefit, rather than the few). We permit harm to animals based on the assumption that human lives will be saved as a result. Early literature that discussed the problems surrounding animal testing concentrated on whether or not animals suffer and feel pain. It is now generally accepted that they do and science muses on the extent to which animals suffer. (7) Furthering our understanding of animals is a laudable scientific aim in itself, even more so if the knowledge gained is used to justify the replacement of animal testing and provide alternatives, thereby reducing animal suffering. It is clear that animal testing causes harm to animals but that this is done in an attempt to alleviate human suffering. What is not clear is the extent to which we should allow this, and where the line should be drawn.

Utilitarianism is largely ignored in the day-to-day practice of medicine. If you were to patrol the wards looking for organs to harvest and old people to kill you would receive a swift notice from the GMC and an even swifter visit from the police. As a rule, we treat the patient in front of us, ignoring the effects this will have on future patients. Doctors do play a pivotal role in deciding where the government spends its healthcare budget, but these are specific doctors, away from the patients their decisions will impact. With

the exception of some policies, such as the Cancer Drugs Fund, which remain controversial or are even publicly lambasted, we allocate resources on a strict rule-utilitarian basis; those services that can provide so many Quality Adjusted Life Years, for so much funding, are adopted. This enables us to do the most good for the most number of people, while never having to deny someone a reasonable treatment.

Unlike resource allocation, and like day-to-day practice, research does not usually operate on a utilitarian basis; this is solely reserved for animal testing. Placebo controlled studies in humans are frequently impermissible because they would require one cohort to receive suboptimal care. If early results from a study show significant detrimental effects, the study is stopped. All research proposals must undergo rigorous ethical approval. If you want to deceive a study participant, or expose them to potential harm, you would need to obtain full and informed consent from volunteers. Pharmaceutical research in pregnancy and children is near enough impossible to complete because the risk to both mother and child is deemed to be too high, no matter how promising the treatment or intervention under investigation nor how great the benefit may be to others. This, rightly, is not a utilitarian approach. First, do no harm.

The problem of inconsistency arises. If exposing human volunteers to sub-optimal treatment is unacceptable, why is it acceptable to test on animals in order to advance human medical knowledge? To do so is not in-keeping with traditional, deontological medical practice in the UK. Doctors do not sell their patients down the river because there is greater benefit to be found in their sacrifice – this would go against the very essence of deontology, which focuses on the duty itself: the duty of a doctor to protect each person who comes under their care, as an individual and irrespective of the impact this may or may not have on others. The inconsistency is this: we request expensive emergency procedures because we worry that it could be us or a loved one in that emergency room next, no matter how much more efficiently that money could be spent, but we also support animal testing because it benefits the human race, despite causing direct suffering to animals. It would appear we have a double standard. It is a tricky balance and these are tricky questions, which is why we do not expect the public to proportion the health care budget. We do, however, expect our regulatory, governing, and funding bodies to have considered their approach to the situation and come at it with some consistency.

It might be argued that ‘first, do no harm’ is applicable to humans only, and that, therefore, we are not in breach of our deontological principles by causing harm to animals to better treat ourselves. However, as a rule this is not how we behave. We have already discussed animal protection laws which prevent the total disregard of animal welfare, and our tendencies to donate to animal charities. All of these things benefit animals, arguably with some detriment

to humans and yet we go about them anyway. If this were a deontological principle, we would be in direct contradiction to it.

Likewise, the issue of pragmatism should not feature in this discussion; whether test 'A' or test 'B' is more efficient has no bearing on their ethical consistency with test 'C'. Of course, it would be more expensive, time consuming and restrictive to medical research if we only tested on humans, but the argument I am presenting concerns consistency. You can believe that animal research should continue and still appreciate that we do not conduct research in a way that is consistent with other ethical principles in medicine.

It seems that we are justifying animal testing by applying utilitarian principles to our actions, but this is not something we do anywhere else in medical treatment or research. Utilitarianism in healthcare is not used to support harm-doing and it would be worrying if it were. While we understandably want to do good for our own species, it is in opposition to our visceral reactions and reflected beliefs to harm other species in the process. The tide has already turned on cosmetic research; perhaps it is not a case of if, but when, we will look back on animal testing in medical research as a breach of our moral code. The medical profession may be hesitant to accept it, but if we are to maintain consistency in our convictions, research must only be conducted on consenting volunteers. Permitting harm to one being for the sake of another is the epitaph of an uncaring society.

REFERENCES

1. BBC. Ethics Guide – Animal Welfare Legislation. 2014. [Accessed 28 Apr 2017]. Available from: http://www.bbc.co.uk/ethics/animals/defending/legislation_1.shtml.
2. Animal (Scientific Procedures) Act 1986. [Accessed 28 April 2017]. Available from: <http://www.legislation.gov.uk/ukpga/1986/14/introduction>.
3. Animal Welfare Act 2006. [Accessed 28 April 2017]. Available from: http://www.legislation.gov.uk/ukpga/2006/45/pdfs/ukpga_20060045_en.pdf.
4. Guardian Data Blog. Britain's top 1,000 charities ranked by donations. Who raises the most money? 2012. [Accessed 28 April 2017]. Available from: <https://www.theguardian.com/news/datablog/2012/apr/24/top-1000-charities-donations-britain>.
5. Regulation (EC) No 1223/2009 of the European Parliament and of the Council. 2009. [Accessed 28 April 2017]. Available from: <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32009R1223>.
6. Russell WMS, Burch RL. The Principles of Humane Experimental Technique. London: Methuen 1959. [Accessed 28 April 2017]. Available from: http://altweb.jhsph.edu/pubs/books/humane_exp/het-toc.
7. Perry P. The Ethics of Animal Research: a UK perspective. Institute for Laboratory Animal Research Journal. 2007;48(1):42-46.



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