AN ABSTRACT OF THE THESIS OF

Andrea R. Methven for the degree of Honors Bachelor of Science in Animal Science and Honors Bachelor of Arts in International Studies in Animal Science presented on August 19, 2014. Title: A Cultural Discussion of the Biomedical Ethics Regarding End-of-Life Decisions in Human and Veterinary Medicine

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Physicians and veterinarians arguably uphold the same ethical principles and responsibilities for their patients in general practice. Both professionals swear to, and practice their respective oaths of non-malfeasance (to do no harm) and beneficence (to alleviate patient from suffering and promote patient welfare). Despite these similar practices, different outcomes are often observed during end-of-life treatment. Using the Moral Deliberation Process, three case studies are selected and analyzed to demonstrate several common distinctions between human and veterinary medicine. These distinctions demonstrate the importance of biomedical ethics in daily practice; and authenticate the warrant for further research to be performed in order to improve the current comprehension of how to implement ethical reasoning into the medical fields.

Key words: veterinary; medicine; euthanasia; biomedical; ethics

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A Cultural Discussion of the Biomedical Ethics Regarding End-of-Life Decisions in Human and Veterinary Medicine

by

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I understand that my thesis will become part of the collection of Oregon State University. My signature below authorizes release of my thesis to any reader upon request. I also affirm that the work represented in this thesis is my own work.

_____

Andrea R. Methven, Author

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INTRODUCTION

Physicians and veterinarians arguably uphold the same ethical principles and responsibilities for their patients in general practice. Both professionals swear to, and practice their respective oaths of non-malfeasance (to do no harm) and beneficence (to alleviate patient from pain and promote patient welfare). Despite these similar practices, considerably different outcomes are often observed regarding end-of-life decisions. For the purpose of this investigation, end-of-life care refers to physician-assisted suicide (PAS) and convenience euthanasia in human and veterinary medicine, respectively. Many factors contribute to how a treatment regimen is decided on, including cultural bias, education about death, financial resources for healthcare, patient autonomy, and value of life. These factors also affect the way that ethical principals are applied in treatment, especially in treatment regimens that result in life preserving or life terminating events.

BACKGROUND

In recent years, increasing attention has been paid to the suicide rates within the veterinary profession. During a systematic review, 15 studies observed a range between 0 and 43% of all veterinarian deaths reported as a result of suicide (Platt et al., 2010). This may be largely attributed to the professional burn out and the occupational deviance associated with high occupational stress, long hours, frequency of performing euthanasia and access to lethal drugs (Whiting and Marion, 2011). Interestingly, despite the legalization and increased frequency of physician-assisted suicide, the suicide rates among physicians remain approximately 25% less than the suicide rates among veterinarians (Roberts et al., 2013). Some factors distinguish the lower rates among physicians from veterinarians, such as economic prosperity and lower frequency of performing terminal treatment.

Similarities between the two professions contribute to the occupational responsibility to their patients, which are outlined in the respective oaths. As stated by the American Veterinary Medical Association (AVMA), the Veterinarian's Oath is as follows:

> *Being admitted to the profession of veterinary medicine, I solemnly swear to use my scientific knowledge and skills for the benefit of society through the protection of animal health and welfare, the prevention and relief of animal suffering, the conservation of animal resources, the promotion of public health, and the advancement of medical knowledge.*
>
> *I will practice my profession conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics.*
>
> *I accept as a lifelong obligation the continual improvement of my professional knowledge and competence.*

Similarly, the Hippocratic Oath was established as the physician's principles in medical practice. Although it was originally written in Ionic Greek in the late 5th century BC, it was modified in 1964 by Louis Lasagna, the Dean of the School of Medicine at Tufts University (Johns Hopkins Sheridan Libraries). The revised version is currently utilized in many medical programs today. It reads as followed:

> *I swear to fulfill, to the best of my ability and judgment, this covenant:*
>
> *I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.*
>
> *I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of overtreatment and therapeutic nihilism. . .*
>
> *I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery. . .*
>
> *I will prevent disease whenever I can, for prevention is preferable to cure.*
>
> *I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm. . .*

Both oaths may be summarized to highlight several principles: to do no harm (non-malfeasance), to promote patient welfare (beneficence), to promote public health, science and medicine, and maintain professional integrity.

Despite the similarities in ethical oaths, medical procedures, and incurred stress, it has been suggested that, there is no correlation between the attitudes towards animal euthanasia and the acceptance of physician-assisted suicide (Ogden et al., 2012). One might infer that a primary cause of this is due to the multitude of ways to deliberate and apply ethics in the medical professions.

Biomedical Ethics

In the medical profession, ethical issues are presented on a daily bases. Although there is more than one way to derive the best solution, often this is done by applying one or more ethical theories. Although there are many, this thesis utilizes three ethical theories: virtue, utilitarian, and deontological ethics.

Virtue Ethics

The theory of virtue ethics examines what is right and what is wrong, by focusing on the type of person one hopes to be, rather than on the consequences of one's actions. A virtuous approach displays excellence in building relationships, critical thinking, and community involvement.

Utilitarian Ethics

In utilitarian ethics, importance is placed on the anticipated end result of an action, rather than on the considerations for making a decision. A person practicing utilitarianism

considers the usefulness of an object or course of action. Emphasis is often placed on a collective group, rather than promoting individual benefit.

Deontological Ethics

This theory differs from virtue and utilitarian ethics because it focuses on the intrinsic rightness or wrongness of an action. According the Immanuel Kant, an influential philosopher of deontology, the consequences of one's actions are irrelevant; rather, individual beings should act from a moral sense of duty(Kant, 1785). Rational choices and reason lead to moral actions, rather than emotional influences.

Physician Assisted Suicide and Animal Euthanasia

Although individual ethics play a substantial role in determining whether or not a physician or veterinarian participate in providing life terminating treatment, there are stringent guidelines for determining if patients are eligible for such treatment. In human medicine, legislature such as the Oregon Death with Dignity Act and Belgium's Euthanasia Act, explicitly outline patient qualifications and the physician's role in physician assisted suicide. In veterinary medicine, the AVMA and Royal College of Veterinary Surgeons (RCVS) provide veterinarians with guidelines for performing animal euthanasia. Both charters emphasize the importance of careful consideration in performing these life terminating treatments, as described below.

Dying with Medical Assistance

In 1997, the Oregon Death with Dignity Act (ORS 127.800-995) was enacted, making Oregon the first state in the U.S. to permit terminally ill patients to decide his or her own time of death. Death with Dignity, also referred to as physician assisted death, or physician assisted suicide, is currently legal in four states, including Oregon, Washington, Montana and Vermont. Eligible patients must be a state resident of at least 18 years of age, a resident of the state, be terminally ill with a prognosis of six months or less to live, make two oral and one written request for physician-assisted suicide to different physicians, and demonstrate decision making capacity (The Oregon Death With Dignity Act, 2011). Similar assisted dying programs may be seen elsewhere in Western Europe, including countries such as the Netherlands, Belgium, Luxembourg, and Switzerland.

In 2002, the Euthanasia Act legalized euthanasia and physician-assisted death in Belgium. Qualified patients had to be adults with terminal medical illnesses, and in constant and unbearable physical or mental suffering that could not be alleviated. Patients also must reside within Belgium, and must make several requests that are reviewed by a commission and approved by two doctors (The Belgian act on euthanasia of May, 28th 2002, 2003). In 2013, the law was extended to terminally ill children. The children must be conscious of their decision and understand its meaning. The request must also be approved by the child's parents and medical team. Also, the children must be in great pain, with no available treatment to alleviate his or her pain. A psychologist must also determine that the patient is mature enough to make the decision.

Veterinary Guidelines to Euthanasia

Due to the high frequency of euthanasia requests, the AVMA and RCVS have created a set of guidelines for veterinarians in the United States and in Europe, for performing euthanasia and promoting animal welfare.

The AVMA recognizes euthanasia as death by humane disposition; referring to the veterinarian's desire to do what's best for the animal. Euthanasia is promoted as a humane alternative when a continued existence is no longer an attractive option; such as when the patient is plagued by prolonged illness, suffering, and duress (Leary et al., 2013). Utilizing their knowledge of medicine and science, it is the veterinarian's duty to evaluate the patient's welfare and quality of life; and with the owner, determine when it is appropriate to relieve the patient of the suffering. The AVMA describes good welfare as being able to function well, feel well, and having the capacity of performing innate behaviors (Leary et al., 2013). The finality of euthanasia makes it an ethically important issue, and mindful consideration is advised. Although the AVMA is not a governing body, it serves as only accrediting organization in the United States; and provides information resources, continuing education services, as well as guidelines and standards for veterinarians in the United States (Who We Are).

The RCVS serves as a regulatory body for veterinary surgeons in the United Kingdom and European Union. Acting as a safeguard for the health and welfare of animals, the RCVS provides regulation on educational, ethical and clinical standards; as well as acting as a source for animal health and welfare issues and their interaction with human health

(About the RCVS). The RCVS considers animal euthanasia as painless killing in order to relieve suffering. Veterinarians are not obligated to euthanize an animal unless they are required to do so under statutory powers as part of the conditions for employment. However, veterinarians have to privilege to pursue euthanasia if it is the appropriate method to relieve the patient from discomfort, depending on: the extent and nature of the disease or injury, other treatment options, prognosis and potential for quality of life, availability and likelihood of successful treatment, the animal's age and health status, and ability for the owner to pay for treatment (RCVS, 2012). The RCVS emphasizes that the veterinarian's primary obligation is to relieve the patient from suffering; however, the veterinarian should consider the owner's wishes and circumstance as well (RCVS, 2012).

Despite these guidelines, ethical issues still arise on a daily basis. One example of this includes alert downer cows, which are cows that are unable to rise to their feet. Though there are a variety of causes, including trauma, metabolic irregularities, or illness, downer cows are often culled even if the primary issue is addressed. This is supported by the AVMA and RCVS with the consideration of the cows' likelihood for relapse, diminished quality of life if unable to rise, and burden placed on the owner.

There is not an explicit timeline or step-by-step guide for how to handle challenging scenarios, adding to the complexity of ethical issue. Ethical issues span across all medical fields, and similar issues are often inconsistently addressed, suggesting inconsistent application of ethical principles.

Statement of Purpose

The purpose of this thesis is to investigate the disparate outcomes of end-of-life decisions in human and veterinary medicine using an ethics-based deliberation process. Additionally, cultural biases reflected in medical guidelines and legislature may play a role in the way that ethics are applied into practice; therefore two countries, the United States and Belgium, with similar end-of-life practices in human medicine, will be examined for their application of ethics in veterinary medicine. The aim of this thesis is to determine whether or not further investigation is warranted in order to better understand how ethics are applied in medical practice.

METHODOLOGY

This thesis qualitatively investigates the discontinuity of the ethical principles applied in end-of-life treatment in human and veterinary medicine. Case studies are analyzed using the Moral Deliberation Process, as explained below.

Case Studies

Two case studies are selected from Bernard Rollin's *An Introduction to Veterinary Medical Ethics: Theory And Cases.* Qualified case studies include those of which the medical condition is present to human and animals, may result in the pursuit of end-of-life treatment in either humans, animals, and/or both patients, and that may require ethical considerations prior to selecting treatment for either humans, animals, and/or both patients. Each case study is a veterinary case adapted to refer to each affected animal as an anonymous patient, rather than refer to its species. The case is first analyzed in the context of human medicine, followed by an analysis in the context of veterinary medicine, using the Moral Deliberation Process. The case study analysis is concluded with a discussion about each analysis.

A third case study is selected from Rollin's novel, in order to demonstrate subtle differences in veterinary ethics in the United States and in Belgium. The case study is analyzed using the Moral Deliberation Process, with emphasis in the principles stated in the AVMA and the RVCS guidelines. This case regards a life threatening situation, rather than treatment.

The Moral Deliberation Process

The Moral Deliberation Process is used to evaluate and approach case studies, with the intent of deriving the most pragmatic and ethical solution, often referred to as the moral ideal. This process includes six general stages that identify and investigate the dilemma and potential solutions. If a solution is not immediately derived, the deliberation process is repeated for further evaluation of additional information.

Ethical Framing

The first stage of the Moral Deliberation Process is used to identify to primary and secondary ethical conflicts that need to be addressed.

Ethics Jam

During the second stage of the Moral Deliberation Process, the ethics jam is used to identify which basic ethical principles are being utilized, and which principles are being violated. The biomedical principles that will be considered are the principles of beneficence, non-malfeasance, proportionality, justice, respect for autonomy, and sanctity of life.

For this analysis, beneficence refers to the prevention or removal of harm and the promotion of patient welfare. Non-malfeasance refers to the refraining from inflicting harm, such as through negligence or unnecessary treatment. Proportionality refers to the assurance of the benefits outweighing the harm being performed on the patient. Justice refers to the fair distribution of benefits, resources and burdens of medical care. Respect

for autonomy refers the right for self-determination or the ability to make independent decisions for treatment of oneself. Sometimes a guardian is designated to make decisions for the patient, such as for a child or patient in a coma. Sanctity of life refers to the ethical principle that sentient life is sacred and should be preserved at all costs. Other ethical considerations include medical paternalism (the implication that the physician should educate and advise the patient with his or her medical expertise), the doctor-patient relationship, the right to refuse service (if it violates one's conscience), and the principle of double effect (in which one intentional action may directly or indirectly result in a secondary outcome.

Fact Finding

This stage considers the information available, and pursues additional information that may be necessary for a conclusion.

Ethical Cross Roads

During the fourth stage, the most plausible alternatives are presented and further analyzed to find the most ideal solution.

Ethical Verdict

In this stage, one of the alternatives is selected as the most feasible and ethical solution.

Integrity Tests

The solution that is selected in the ethical verdict stage is analyzed by a series of tests. These tests include a test of the moral idea, which questions if the scenario results in the most ideal outcome for both, the decision makers and the stakeholders (this typically includes the physician, patient, and patient's family). The test of practicality measures how feasible it is to implement the proposed solution, and if the feasibility is appropriate given the circumstance. The test of collegiality considers how professionally appropriate the solution is. The test of publicity considers how appropriate the solution is to society and cultural standards.

THE MORAL DELIBERATION PROCESS

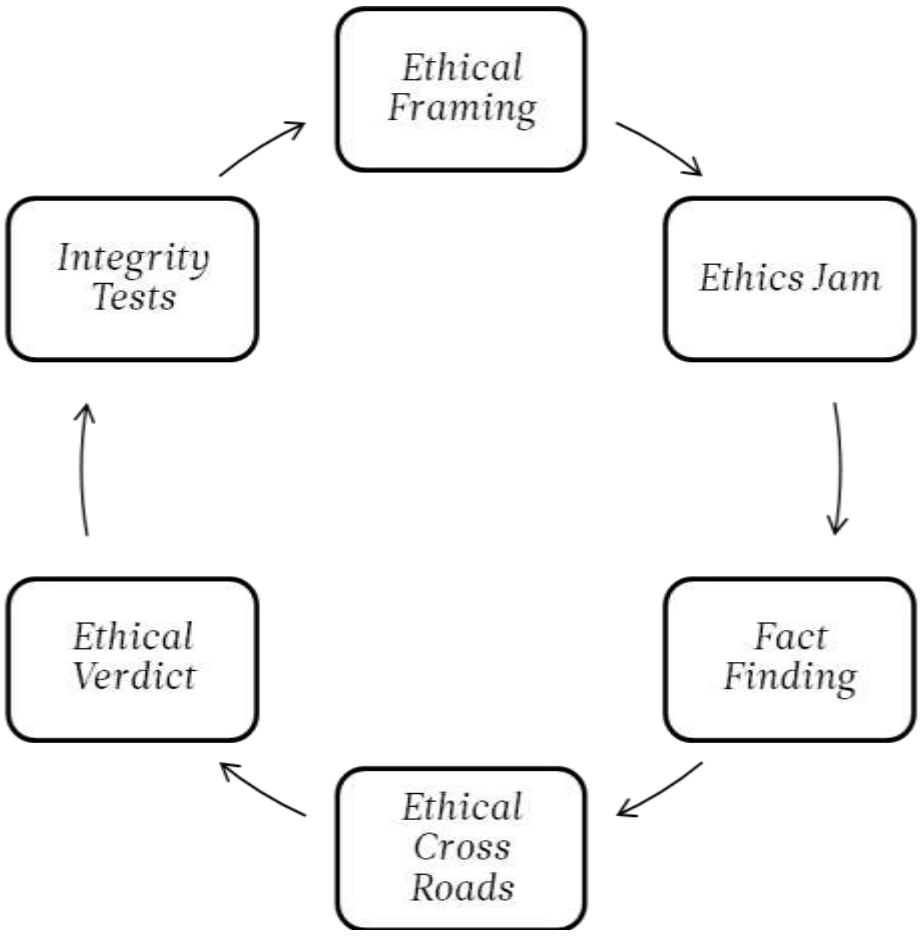

Figure 1. The Moral Deliberation Process, a philosophical theory, is used to analyze and derive the most ethically ideal solution.

Justification

The Moral Deliberation Process used in this thesis is based off of the Socratic Deliberation Process. This analysis technique was chosen due to its popular use among biomedical ethics committees, in medical practice, and as taught in Oregon State University's Philosophy 444: Biomedical Ethics taught by Dr. Courtney Campbell.

CASE STUDY ANALYSES

Case one: A pregnant patient with ocular squamous cell carcinoma

In this case study, a young patient in mid-stage pregnancy is examined and found to have keratoconjunctivitis (inflammation of the cornea and conjunctiva), blepharospasm (abnormal contraction or twitch of the eyelid) and photophobia (discomfort and sensitivity to the light), caused by an ocular squamous cell carcinoma. Although the tumor hasn't progressed yet, treatment must be started immediately to avoid metastasis and optimize the success. Treatment is expensive, and stress from surgical and chemical intervention or if left untreated, will result in the loss of the fetus. Overwhelmed by the stakes, the patient and patient's family ask the attending doctor to choose the appropriate treatment regimen.

Biomedical Ethics Approach

In this scenario, the ethical framework is immediately clear: the ethical issue concerns whether or not the patient should be treated immediately, likely terminating the pregnancy; or if treatment should be withheld or delayed in order to deliver the fetus. The conflicting ethical values from the ethics jam include: beneficence versus non-malfeasance, sanctity of life, the principle of age and patient autonomy.

A multitude of information must be gathered, including the prognosis of the patient with and without treatment, the chances of the fetus surviving, the definition of viable life, the mother and family's perspective, and alternative treatment options. Once this information is collected, a solution may be addressed. For this case, the patient (the

mother) may still exercise her autonomous right to pursue or refrain from treatment. With that in mind, the physician is likely to present the following alternatives: to treat the patient immediately and risk losing the fetus (or if medically appropriate, terminate the fetus), withhold treatment in order to deliver the fetus, or to provide appropriate care until the fetus may be safely delivered (perhaps prematurely), followed by immediately treating the carcinoma.

If the physician chooses to forgo treatment in lieu of delivering the fetus he or she violates the principles of beneficence and non-malfeasance by extending the patient's suffering and neglecting treatment of the patient. However, it is also important to consider the sanctity of life principle, which states that all life is valuable and harm should be prevented at all costs. The principle of age, which considers the patient's age as a measurement of the potential for a worthwhile life compared to that of an already established life with valuable relationships and connections.

Given the high likelihood of success of treatment for this variety of cancer (Galor et al., 2012), many patients and physicians opt to start treatment immediately. The ethical verdict supports this option, due to the likelihood of recovery and ability for the patient to maintain a fulfilling life. Although this option would violate the sanctity of life principle by terminating the fetus, the severity of this violation is lessened, depending on one's definition of the beginning of life. The physician is likely to promote the mother's health before the fetus', because she is the physician's primary patient. Although the fetus has the potential to live a valuable life, the patient has already established a worthwhile life

with connections to friends and family. Given her young age, she still has the ability to extend the value of her life, including building a family.

Integrity Tests

Although the morally ideal solution would be to save both, the mother and the fetus, this alternative is more feasible and medically optimal. Treating the mother immediately is practical and preferred in order to optimize the likelihood of success. This regimen is likely to pass the collegiality test, as it promotes beneficence by caring of the patient, which most medical peers will find acceptable. It is also likely to pass the publicity test, for similar reasons. However, depending on the region in which this occurs, this treatment regimen may not be as acceptable to a conservative public who believe that the fetal life should be saved. This verdict passes the test of consciousness by promoting the beneficence of the patient.

Veterinary Ethics Approach

According to the original case study the patient was a cow used for beef production. The owner did not want to invest any surgery or treatment, but did want to allow the cow to calve and wean the calf.

The ethical framework and ethics jam are the same as the corresponding human-patient scenario: the ethical frame questions which patient, the mother or the fetus, should receive primary care. The conflicting ethical values include beneficence, non-malfeasance, sanctity of life, the principle of age and patient autonomy.

The relevant information that should be gathered during the fact finding stage includes what other treatment options are available, the prognosis, the amount of time left in gestation, the owner's motivation for saving one patient or the other, how treatment may affect fertility, and what the estimated quality of life would be for the patient.

The ethical cross roads present several plausible solutions for this case: immediately enucleate the tumor and pursue the appropriate treatment regimen (therefore terminating the fetus), immediately euthanizing or harvesting the cow, or allowing the cow to calve before harvesting or euthanizing the cow.

Already it has been expressed that the financial burden plays a substantial role in the owner's decision. Given that the cow is used for beef production, one may assume that the financial burden of treatment on the farmer, and the possibility of rendering the patient unusable for breeding, is likely to deter the farmer from pursuing treatment. However, neglecting treatment in order to allow the cow to calve violates the do no harm principle (non-malfeasance) nor does it promote the best interest of the patient (beneficence). Rather, it extends the patient's suffering and stress, even though the cow may abort the fetus anyways.

Therefore the ethical verdict supports the option to immediately harvest the cow (given that the carcass is still fit). This alternative will somewhat allay the farmer's financial

concern; but more importantly, it relieves the patient from additional suffering and distress.

Integrity Tests

This solution does not entirely pass the test of moral ideal; however, it is a reasonable compromise because it alleviates the patient's suffering, and is not entirely a loss for the farmer. This passes the test of practicality, because culling is a common practice. It doesn't require many extra resources or services. There may be some criticism from the public, that the veterinarian had the appropriate drugs that could have treated the cow or saved the calf; therefore it may or may not pass the publicity test. However, given the circumstances and the condition of the cow, risky pregnancy, and the owner's disinterest in paying for treatment, this solution passes the collegiality test because the veterinarian accommodated the needs of the patient and the client. This solution also passes the test of conscience, because the veterinarian realizes that despite not being able to treat or save the patient, he or she provided an alternative that alleviates it and prevents further suffering, but also supports the client's interest as well.

Discussion

This case study exhibits the quintessential outcome often seen in human and veterinary medicine. Whereas in human medicine, virtuous ethics emphasize the importance of promoting the patient's life and the lives that he or she enriches, in veterinary medicine

(particularly with livestock) the patient has only a certain intrinsic value, as determined by utilitarian ethics.

The theories of utilitarian and virtue ethics are both validly applicable to this case; however, one of the few distinctions between the two scenarios pertains to the species being treated. The sanctity of life principle suggests that all life, at any stage of development, is valuable and should be preserved at all costs. However, we have culturally defined this principle to only be relevant to humans and our closest companion animals. This is demonstrated in several guidelines to end-of-life care. The AVMA and the RCVS recommend euthanasia or humane slaughter as viable treatment regimes to alleviate animal suffering. Especially in livestock production, utilitarian ethics supports euthanasia or slaughter as a means to promote the most good for the greatest number of those affected. In this scenario, this resulted in euthanizing and harvesting the cow, in order to benefit all stakeholders (the cow, owner and vet) involved.

In human medicine, death is almost never presented by a physician as a treatment regimen. End-of-life care, such as hospice care, is usually recommended if there are no other curative options. However, if the patient wants life-ending medication, he or she must actively pursue and meet strict criteria in order to be eligible for consideration. This is true even in nations, such as Belgium, where human euthanasia (which is considered to be a controversial slippery slope) is legal.

Since the same moral deliberation is applied to identical cases, the disparate outcome must stem from the societal value of life and death. Economic factors aside, we see that even in a region with seemingly more progressive practices regarding end-of-life care like Belgium, cultural factors apply different ethics in veterinary medicine than they do in human medicine.

Case Two: A family of the patient insists on continuing cancer treatment

A middle aged patient has been treated for lymphosarcoma for the past nine months with chemotherapy. Although the initial response to treatment was positive, the patient has relapsed and is failing to respond to all subsequent therapeutic interventions. The patient is extremely thin; the illness is impairing his or her ability to make autonomous decisions and he or she is experiencing diminished quality of life. The family of the patient is convinced that the patient can be cured, and wants to continue treatment. They are outraged at the physician's suggestion to cease treatment, and threaten to transfer to a different attendant. They insist that they have the right to keep on trying to treat the cancer.

Biomedical Ethics Approach

The ethical framework for this scenario questions whether or not the physician should continue treatment at the request of the family, despite the poor response from the patient. The primary ethical values at conflict include the patient's autonomic right to make decisions about receiving treatment versus professional integrity and non-malfeasance.

In this situation, one can imagine how challenging it is to watch a loved one relapse after months of treatment. With this in mind, the physician ought to learn information about the family's motivation to want to continue treatment, despite the patient no longer responding to it; and how much the family understands about the implications of continuing or stopping treatment. It is also important to find out if there are any other treatment regimens or clinical trials available, and whether or not the patient might have a

better response to them. It would be useful to know if the patient has signed any advance directives, designating what kind of treatment he or she would like to receive in the event that the patient loses his or her own autonomy. Finally, it would be important to find out which palliative care options are available, and which would be best suited for this patient.

The ethical cross roads present several alternatives: to continue treating the patient as per the request of the family, stop treating the patient, as advised by the physician, or provide palliative care and pain management in lieu of chemotherapeutic treatment. If the physician were to continue treating the patient, it would violate non-malfeasance by inflicting harm through unnecessary treatment. Therefore, it would damage the physician's professional integrity to do so. By completely stopping treatment, some might perceive the physician as abandoning his or her patient. Thus the ethical verdict would best support palliative care. Since the family has become the decision makers for the patient, this option may help them feel like they are still treating the patient, by providing medical care in the form of pain management while promoting patient welfare. The maintenance the pre-established patient-physician relationship will be important to help the family prepare for the end of the patient's life.

This solution is as morally ideal as possible- it stops the chemotherapeutic treatment as suggested by the physician, but still provides medical care as requested by the family. It would also pass the publicity and collegiality tests, because it keeps the patient's best interest in mind by not treating him or her unnecessarily (inflicting harm) nor is it

perceived as abandoning the patient. With the frequency of pain management practice and the likelihood that medical insurance with help with the cost of medication, this solution should be very practical. If the scenario was reversed and the patient capable of making an autonomous decision, this would most likely still be the alternative that the patient would pursue, given that he or she understood that the chemotherapeutic treatment was no longer effective.

Veterinary Ethics Approach

For this scenario, the patient is a family dog. The ethical framework and ethics jam is the same as for the human biomedical approach: the ethical framework questions whether or not the veterinarian should continue treatment at the request of the family, despite the poor response from the patient. The ethics jam includes the owner's autonomic right to make decisions about treatment versus professional integrity and non-malfeasance.

As an animal advocate, it is the responsibility of the veterinarian to effectively communicate his or her knowledge and understanding of the patients' reaction to treatment. To effectively do this, the veterinarian must find out the extent that the owners comprehend the patient's lack of response to treatment. The veterinarian should also determine what the dog's prognosis is, and what its current quality of life is, and its greatest potential for a decent quality of life. Finally, the veterinarian should determine what palliative care options are available.

The ethical crossroads offer several alternatives: the veterinarian could continue to pursue chemotherapeutic treatment, discontinue medical treatment, offer palliative care, or euthanize the patient. Continuing chemotherapeutic treatment is unfavorable, because it violates the do no harm principle by providing unnecessary treatment. Completely discontinuing treatment may not only be perceived as violating non-abandonment; but it also violates the veterinarian's obligation to promote animal welfare, as it's diminished quality of life will lead to suffering. Palliative care options are feasible for managing pain to provide medical relief for both the patient and the family. In this circumstance, euthanasia would be supported by both the AVMA and the RCVS; however, as emphasized in both sets of guidelines, the veterinarian should be considerate of the family's desires to extend their dog's life.

Therefore, the ethical verdict would be to provide palliative care for the patient, until the quality of life is diminished to the point where euthanasia is the more humane option. Due to the owner's adamancy for continuing treatment, it may be useful to call another veterinarian for a second opinion to demonstrate the seriousness of discontinuing unnecessary treatment. The veterinarian should do his or her best to help the family understand the prognosis of the patient and how to determine the patient's quality of life. Maintaining a strong veterinarian- client relationship will later help prepare the client for when it's time for the patient's end of life.

Integrity Tests

This solution is the most morally ideal, because it honors both the owner's will to extend the patient's life, and the veterinarian's desire to discontinue ineffective and unnecessary treatment. Palliative care is practical and easy to implement into the treatment regimen, therefore passing the test of practicality. This solution also passes the collegiality and publicity tests, because it advocates for the welfare of the patient. Finally, this alternative will pass the test of professional conscience, because the veterinarian is doing the best he or she can to promote the health of the patient, and honor the owner's wishes.

Discussion

In both scenarios, the physician and the veterinarian reserve the right to maintain his or her professional integrity of not treating the patient unnecessarily, if they feel morally opposed to it. In both cases, the doctor-patient relationship is an integral part of aiding the patient and the family in choosing the most appropriate treatment. The similar outcomes demonstrate the parallelism of values between human and veterinary medicine.

This particular case study utilized virtue ethics to deliberate the most ethically appropriate verdict by evaluating each action as either right or wrong. These principles determined that the patient's well being is first and foremost of interest. However, consideration of the family's concerns and circumstances is also important.

A few notable distinctions to consider include the disproportionate inclusion of euthanasia as a treatment in veterinary medicine, the concept of an escapable death, and

the emphasis of quality of life. During the ethical cross roads portion of the moral deliberation process, euthanasia was presented as a plausible solution in veterinary medicine, but not offered in human medicine unless explicitly stated in an advanced directive. The primary reason for this is that in Oregon and Belgium law, the patient must actively pursue the application process for PAS (or euthanasia as permitted by Belgium law). This rigorous process requires that the patient adhere to strict guidelines, and is declared mentally capable of making this decision. However, both the AVMA and the RCVS recognizes animal euthanasia as an affordable and practical treatment regimen to remove the patient from suffering.

In part, the laws governing PAS and human euthanasia may be written with the social discomfort regarding death, in mind. Compared to veterinary medicine, human medicine tends to inspire an idea of an escapable or prolonged death. Medical advancements have provided many new treatments and pharmaceuticals to treat illnesses that, decades ago, would have resulted in death. In turn, these medical advancements sometimes promote a compromise in the quality of life for quantity of life.

Quality of life is the most important consideration for determining when it is appropriate to euthanize a patient. In this scenario, the ethical verdict was that the veterinarian would offer palliative care until the patient's quality of life became unproportionally burdensome. Often, the same treatment regimens used to treat human patients are criticized as being too inhumane to subject the veterinary patient counterparts to.

Interestingly, this case demonstrates how similar cases in human and veterinary medicine can result in similar outcomes, despite the ambiguity in what the “most humane” and ethical treatment can be interpreted as.

Case Three: Doctor suspects abuse

A juvenile patient is admitted to the hospital, suffering from severe malnourishment and dehydration. The patient also has a broken foot and several fractured ribs. The patient had previously been admitted once for malnourishment. Radiographs show several previous fractures; and the attending doctor suspects abuse and neglect. The patient was admitted by the spouse of the patient's family, but is uncertain of how the patient's condition had developed.

Biomedical Ethics Approach

The ethical framework of this case pertains to what the doctor should do about the suspected abuse. The conflicting ethics include professional integrity versus the patient-physician confidentiality, and the welfare of the patient versus the patient-physician relationship. The crucial information to investigate include: the extent of the injury, consulting the patient's guardian about what caused the condition, further exploring specific signs made the physician suspicious of abuse, and determine if there has been any history of the patient's family exhibiting any abusive behaviors (or has there been any previous cases of suspicious injuries).

The ethical crossroads permits three solutions: immediately report the suspected abuse, not report the abuse, or confront the patient's guardian about the suspicion and discuss how the guardian should improve his or her behavior in order to avoid being reported. In this particular case there is already legislature in place, which mandates that all professional personnel report cases of abuse (Swaelen and Willems, 2004; Committee,

2011a). However, child abuse cases are often under reported, due to the fear of misreporting, damaging one's credibility, failing to recognize signs of abuse, or not knowing who to report to. By ignoring the suspected abuse and not reporting it, the physician fails to promote the patient's best interest. Since the spouse of the patient's guardian admitted the patient, the physician should be cautious about confronting the guardian. If it is a case of abuse, the guardian may not adhere to the physician's concerns, and the patient may not be brought back for treatment. Once again, this might not promote the patient's best interest. Or, the guardian might need educating about how to properly provide care and nourishment to the patient. Therefore, confrontation would be very beneficial, and the negligence would likely be considered unintentional. However, due to the mandated reporting laws, the ethical verdict would support reporting this case, if the physician truly suspected abuse. If uncertain, the physician might consider a second opinion from an available nurse or doctor. However, since immunity is granted to the physician for reporting suspected abuse, there isn't any justification for risking the patient's health for the sake of one's reputation.

This solution is not necessarily the most morally ideal, because the patient has the misfortune of being in a poor condition and later will likely have to go through an investigation by child services. The physician has the displeasure of reporting his or her clients for abuse, and risking not knowing the truth about the situation. The clients will be subject to potential misunderstanding and having to go through an investigation. However, if the abuse is verified, then the health and safety of the patient outweighs the other considerations. Reporting clients is not always practical, as there is risk for

misinterpretation of the signs of abuse, confusion about who to report to, and the burden of performing a thorough and accurate investigation. However, this option not only passes the collegiality and publicity tests by performing actions that pursue what's best for the patient, but it also complies with the federal legislature of mandated reporting. Therefore, this solution would pass the test of good conscience, because the physician would have reported this incident with the health and safety of the patient in mind.

Veterinary Ethics Approach

For this scenario, the patient is a young dog. The ethical framework concerns what actions the veterinarian should take regarding the suspected abuse. The ethics jam pertains to several conflicting values, including professional integrity versus the patient-physician confidentiality, and the welfare of the patient versus the patient-physician relationship. Some of the important information necessary to this case includes: the severity of the injury, investigating the veterinarian's suspicion for abuse, the extent of the owner's comprehension about the patient's injuries and how to prevent and care for them, possible causes for the condition, any previous history of abuse or suspected abuse for this patient or from this client, and whether or not the suspected abuse and neglect is aggravated.

The ethical crossroads presents three plausible options: the veterinarian can report the suspected abuse, he or she can choose not to report the suspicion, or the veterinarian can consult the client about the concern before taking further action. Depending on the veterinarian's location, some alternatives may be more viable than others. Oregon

welfare laws mandate reporting of aggravated animal abuse or neglect (Committee, 2011b). The AVMA considers it the veterinarian's responsibility to promptly disclose information regarding the suspected neglect to the appropriate authorities (Animal Abuse and Animal Neglect). Therefore, the first alternative would be most appropriate so long as the case took place in Oregon.

The second alternative may be considered as means for honoring the veterinarian-client confidentiality. The veterinary-client relationship is founded on trust, and as a result, information regarding the client or the patient should not be disclosed to a third party without permission, unless animal welfare or public interest is compromised (Client confidentiality - RCVS). If the veterinarian is uncertain about their suspicion, they may be considering the necessity of breaking the veterinarian-client confidentiality.

The third alternative is encouraged by the RCVS, stating that the veterinarian should consider whether the suspicion is serious enough to justify breaching the usual obligations of client confidentiality; and that the veterinarian should attempt to discuss his or her concerns with the client first (Client confidentiality - RCVS). If the client's reaction increases concern rather than allays it, the veterinarian should contact Belgian authorities (Client confidentiality - RCVS).

The ethical verdict for this case study would support the first alternative: the veterinarian should comply with legislature for reporting the suspected abuse and neglect. Radiographs showing previous breaks, history of malnutrition, and admittance from a

spouse rather than the owner demonstrate a reasonable suspicion of abuse and warrants reporting. Since the patient is in immediate danger, it is imperative that the veterinarian sees to the patient's safety first.

Integrity Tests

This solution does not entirely pass the moral ideal integrity test, because the client will be subject to investigation and potentially charged with a felony for aggravated abuse. However, it will ensure the safety of the patient. Filing a report passes the practicality test, as it is directly outlined in the Oregon laws, as well as the AVMA, how to and who the veterinarians should report to (Animal Abuse and Animal Neglect; Committee, 2011c). The tests of publicity and collegiality are likely to pass, due to the veterinarian maintaining his or her professional integrity to care for the patient. However, there may be some criticism about violating client confidentiality and the client relationship. Finally, this solution passes the test of consciousness, because the veterinarian will have made the decision to report the client based on reasonable suspicion, and with the patient's safety in mind.

Discussion

This case study primarily utilizes deontological ethics in conjunction with established legislature to deliberate a solution for this case. The deontological ethics considers reporting abuse as the intrinsically correct action to take; and that the doctors should have a strict moral sense of duty to care and protect their patients before themselves or the patient's guardians. The theory of virtue ethics plays a role in considering the risk of

compromising one's professional integrity with (potentially) false accusation, damaging the doctor-patient relationship, and violating patient confidentiality. Ultimately, the application of deontological ethics prevails when the patient's life is in immediate danger.

In human medicine, there is little tolerance for abuse cases, especially those pertaining to juvenile patients. In fact, failing to file a report is considered a class A violation (Committee, 2011a). Although there is still under reporting of human abuse cases, this misconduct is easier to recognize with the untrained eye. However, there is a little more discretion in veterinary medicine due to clients frequently misunderstanding care requirements. More dependence is placed on the veterinarian's expertise to interpret the patient's conditions as an aggravated injury. Perhaps the variation between the legislatures in Oregon and Belgium is associated with this dependence.

Interestingly, the RCVS advises European veterinarians to take a more personal approach than the AVMA. Whereas the AVMA encourages veterinarians to use good judgment and follow state regulations, the RCVS recommends that veterinarians first confront and educate their client. This approach is likely to be highly effective because the majority of neglect cases that veterinarians are likely to see are not a result of aggravated abuse. Rather, the veterinarian can help educate the client there is some confusion about how to properly care for the animal. Maintaining the veterinarian-client relationship is also a way that the veterinarian can check up and monitor the client for illicit behaviors in future visits.

This may be related to subtle cultural difference between the United States and Belgium. One factor includes the difference in population sizes, and the greater variation of perspectives among regions within each culture. In American culture there is a great disparity among people who advocate for certain laws (especially regarding livestock production) and those who participate in such practices. In recent years, the United States has responded to animal rights activists by enacting and enforcing more animal related laws, resulting in a greater social expectation for enforcement by government authorities. To accommodate local legislature, the AVMA refers veterinarians to act according to the appropriate guidelines of state regulations.

There is come criticism that the animal abuse laws in Belgium aren't strict enough (Animal law: Severe punishment for infractions on animal welfare law), despite the numerous animal protection laws. Belgium's smaller population size may hold peers and veterinary professionals more accountable for promoting animal welfare, which is reflected in the RCVS' veterinarian guidelines.

Although there are ethical considerations when devising statutes, there is little room for deliberation where there are already strict mandates in place, as seen in this case study. However, a different cultural placement of authority, as seen in Europe's RCVS guidelines, allows for different opportunities for ethical deliberation and application.

CONCLUSION

This thesis addresses an outstanding gap in the biomedical ethics field: the inconsistent use of ethics to justify a course of action. It has been observed that even when using the same deliberation process for identical scenarios in human and veterinary medicine, disparate outcomes occur. It was determined that this continuity is observed when different ethical theories are applied based on the species being treated, or when influenced by cultural differences.

Limitations

One of the most valuable aspects of applying ethical deliberation systems in practice is the flexibility and adaptability of the systems to each unique scenario. In the same respect, being able to incorporate many perspectives and backgrounds presents a challenge: there is not always an absolutely correct or incorrect answer. The vast amount of under reporting of euthanasia, as well as it being a social normative, desensitizes the public and professionals from viewing it as an ethical concern. Be it justified or not, the irreversibility of any end-of-life consideration makes it an important ethical issue.

One of the many limitations that this thesis faced was the general lack of information comparing ethics between human and veterinary medicine. The disconnection between the two industries was apparent in the limited suggestions as to why there is such a discontinuity. Another limitation included the limited data regarding the number of cases of and justification for euthanasia. Unlike the meticulous documentation of physician-

assisted suicide, animal euthanasia is self-regulated by veterinarians. This lack of reporting limits our understanding of the ethical deliberation involved in the decisions.

Proposal

Based off of the preliminary analysis from this thesis, further research is warranted to understand the ethical disparity regarding end-of-life treatment between human and veterinary medicine. The research should be conducted qualitatively, in the form of interviews and/or surveys, in order to comprehend the moral deliberation processes that are utilized. This research should also address other factors such as the quality of the biomedical ethics taught in the respective professional programs, the amount of regulation enforced by professionals, and justification of whether or not the ethical processes are the most appropriate for the given scenarios. By understanding these factors, a greater connection between the medical fields may be established; and improved ethical practices may be implemented.

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