

## Letters to the Editor

### Focus on context, not breed, to prevent dog bites

We were distressed to see the recent letters to the editor<sup>1,2</sup> endorsing breed-specific legislation as a solution to dog bites. Although we fully appreciate the damage any dog bite can do and have devoted no small part of our lives to preventing dog bites, we argue that breed bans will continue to put children at risk and that the focus should be on dog bite contexts, not breed.

To date, breed bans and other types of breed-specific legislation have not produced the intended results. Although hospitals in Catalonia, Spain, saw a significant decrease in hospitalizations from dog bites following changes in legal regulations on dog ownership, including breed-specific regulations,<sup>3</sup> these results were not attributable to breed changes. As has been shown elsewhere, a study<sup>4</sup> from Aragon, Spain, found that implementation of so-called dangerous animals legislation did not alter the epidemiology of dog bites in the region, and a study<sup>5</sup> from the United Kingdom found that implementation of the Dangerous Dog Act had little effect on the rate of hospital visits for dog bite injuries. Combining these mixed results with findings that visual identifications of breed are frequently erroneous<sup>6</sup> and that breed is frequently not reported following dog-related injuries<sup>7</sup> suggests that the focus on breed in discussions of dog-bite injuries is misplaced.

Quite simply, we believe the role humans play—whether in the continuous oversight of small children or the development of dogs expressing socially acceptable behaviors—is the fulcrum around which dog bites pivot. We have previously<sup>8,9</sup> recommended

an interdisciplinary, one-health approach to dog bite prevention that incorporates ongoing reliable data collection and analysis, evidence-based risk mitigation strategies, and ongoing education for children, pediatricians, and veterinary staff that respects the needs, range of normal behaviors, and developmental stages of each species. We must go beyond handouts, lectures, and one-stop prevention programs and instead bring the scientific method to bear on understanding how we live with dogs, how dogs and humans can best meet each other's needs, and how these needs change with time, culture, and situation. Only this approach can result in humane, valid solutions.

**Karen L. Overall, VMD, PhD**  
University of Pennsylvania  
Philadelphia, Pa

**Tiny de Keuster, DVM**  
Laboratory for Ethology  
Department of Nutrition, Genetics  
and Ethology  
Faculty of Veterinary Medicine  
Ghent University  
Merelbeke, Belgium

1. Marusinec LE. More on breed-specific legislation (lett). *J Am Vet Med Assoc* 2018;252:163-164.

2. Partridge P. More on the dangerous dog debate (lett). *J Am Vet Med Assoc* 2018;252:164.
3. Villalbí JR, Cleries M, Bouis S, et al. Decline in hospitalisations due to dog bite injuries in Catalonia, 1997-2008. An effect of government regulation? *Inj Prev* 2010;16:408-410.
4. Rosado B, García-Belenguer S, León M, et al. Spanish dangerous animals act: effect on the epidemiology of dog bites. *J Vet Behav Clin Appl Res* 2007;2:166-174.
5. Klaassen B, Buckley JR, Esmail A. Does the dangerous dogs act protect against animal attacks: a prospective study of mammalian bites in the accident and emergency department. *Injury* 1996;27:89-91.
6. Voith VL, Trevejo R, Dowling-Guyer S, et al. Comparison of visual and DNA breed identification of dogs and inter-observer reliability. *Am J Sociol Res* 2013;3:17-29.
7. Bykowski MR, Shakir S, Naran S, et al. Pediatric dog bite prevention: are we barking up the wrong tree or just not barking loud enough? [published online ahead of print Apr 11, 2017] *Pediatr Emer Care*. doi: 10.1097/PEC.0000000000001132.
8. De Keuster T, Overall KL. Preventing dog bite injuries: the need for a collaborative approach. *Vet Rec* 2011;169:341-342.
9. De Keuster T. Safe relationships between children and dogs: a one health approach, in *Proceedings*. 42nd Annu World Small Anim Vet Assoc Cong 2017;28-29.

### Instructions for Writing a Letter to the Editor

Readers are invited to submit letters to the editor. Letters may not exceed 500 words and 6 references. Letters to the Editor must be original and cannot have been published or submitted for publication elsewhere. Not all letters are published; all letters accepted for publication are subject to editing. Those pertaining to anything published in the *JAVMA* should be received within 1 month of the date of publication. Submission via email ([JournalLetters@avma.org](mailto:JournalLetters@avma.org)) or fax (847-925-9329) is encouraged; authors should give their full contact information, including address, daytime telephone number, fax number, and email address.

Letters containing defamatory, libelous, or malicious statements will not be published, nor will letters representing attacks on or attempts to demean veterinary societies or their committees or agencies. Viewpoints expressed in published letters are those of the letter writers and do not necessarily represent the opinions or policies of the AVMA.