

## Letters to the Editor

### More on animal-friendly farming

In reference to the letter "Wants stand on animal-friendly farming" (*JAVMA*, June 1, 2003, p 1504), I could not agree more with Dr. Henderson on encouraging the AVMA and all of our colleagues to take a stand for a more animal-friendly farm environment.

I also applaud a statement by Dr. Bruce W. Little, AVMA Executive President, in which he disapproved of the use of wood chippers to kill old, unproductive, laying hens. In the *JAVMA* (June 1, 2003, p 1484) and *Veterinary Practice News* (June, 2003, vol 15 (6), p 6), he is quoted as saying, "It is absolutely absurd and ludicrous to believe that any veterinary medical association, especially an association that has for more than 140 years been the leading voice for humane and proper care of animals, could or would advocate throwing live chickens into a wood chipper as an appropriate method of euthanasia."

The AVMA must continue efforts to improve the animal-husbandry practices of the poultry, pork, and beef industries. The lack of compassion acquired through the acceptance of the way animals exist in feedlots, hog farms, and chicken farms, for example, is not an attribute of our profession.

*Sylvia Heerens, DVM  
Berkeley Heights, NJ*

### Dr. Henderson responds:

Thank you, Dr. Heerens, for taking time to express your agreement with my position. I am disappointed that I only received one other response, which was sent directly to me. I wonder whether the lack of a proactive stand by the AVMA represents the opinion of the membership more than I thought?

*Phillip Henderson, DVM  
Ponder, Tex*

### Recognizing signs of pain

The Commentary published in the June 1, 2003 *JAVMA* (pp 1505–1510) contains an outstanding assembly of resources concerning pain in laboratory rodents. However, one must consider the current situation. We accept that anthropomorphism, if used uncritically, may overdetect pain. Also true, analgesics possess deleterious effects, and different doses are required depending on the circumstances. And, it is widely accepted that pain management in clinical settings is best done by considering the individual's specific needs. Finally, assessment schemes, if properly constructed and used by individuals trained in recognition of normal and abnormal behavior of animals, will identify pain-related behaviors that lead to increased treatment of pain.

The reality is that until recently in the United States, laboratory rodents were not given any perioperative analgesics, because people did not believe that they felt pain. Few investigators have experience with animal behaviors associated with pain. Institutional animal care and use committees (IACUCs), with veterinary input, tell investigators that pain is likely and should be treated.

Rodents are used as models for human physiology and diseases. Why, then, cannot humans serve as models for rodents in certain cases? Critically, should one cite a study of gender difference in postoperative analgesic (acute pain) requirements in humans that finds a

different male-female bias from a model of adjuvant-induced arthritic (chronic) pain in rats and say that this indicates that humans are different from rats, especially when even among humans cultural differences in pain tolerance are found?<sup>1</sup>

Evidence-based analgesic doses have been published for rats (for certain surgeries), which help reduce the arbitrariness of treatment. Laboratory rodents are generally treated as herds of animals with respect to daily husbandry and anesthetic management. We submit that US investigators are more interested in herd-health approaches to treating pain rather than spending much time cage-side evaluating individual rodents after surgery. So, isn't a herd-health approach better than no analgesia?

In individually evaluating rodents, an assessment scheme will make a difference. We should be asking for this from researchers. But, the authors correctly recognize two problems with assessment schemes; rodents hide abnormalities well, and training makes a difference in recognition of abnormal behaviors. Taking a cage down from a rack will usually stir up a mouse enough that its behaviors appear "normal" even though it has been most abnormally inactive for the preceding 24 hours. Pain specialists argue that waiting until there are obvious signs of pain before administering analgesics leads to periods of untreated pain and, eventually, higher doses. If rodents hide pain well, then the

### 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. All letters are subject to editing. Those pertaining to anything published in the *JAVMA* should be received within one month of the date of publication. Submission via e-mail ([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 e-mail address if available.

Letters containing defamatory, libelous, or malicious statements will not be published, nor will letters representing attacks on or attempts to demean veterinary societies, 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.

less experienced the observer, the more painful the animal will have to be to earn analgesics.

It would be optimal if there were enough individuals qualified to diagnose rodent pain, but sadly, they don't exist at the moment. Knowledge of effective analgesic techniques is evolving. For now, IACUCs must regulate pain management in their oversimplified way. Until we can train people in pain recognition, we have no choice but to use a herd approach.

Alicia Z. Karas, DVM, DACVA  
North Grafton, Mass  
Alan M Goldberg, PhD  
Baltimore, Md

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1. Weber SE. Cultural aspects of pain in childbearing women. *J Obstet Gynecol Neonatal Nurs* 1996;25:67-72.

### The authors respond:

We greatly appreciate the comments from Dr. Karas and Dr. Goldberg concerning our article in the June 1, 2003 issue of the *JAVMA*. The answer to their question as to whether a herd-health approach to providing analgesia in rats and mice is better than no analgesia is, of course, yes. The point of our commentary was that in the evolution of our efforts to better provide analgesia, institutional animal care and use committees (IACUCs) should remain flexible enough to recognize when an investigator has the extra training and insight to increase pain management to a higher standard. In recognizing this expertise, IACUCs allow these individuals (mostly veterinarians) to advance care beyond the herd-health approach to managing pain. We had hoped that our commentary would initiate dialogue on this issue so that the laboratory animal research community and the IACUCs that regulate the humane care of rats and mice in the research environment will remain open to the advancements in care that are possible. As Drs. Karas and Goldberg stated in their letter, IACUCs presently regulate pain management in an oversimplified herd-health methodology to ensure that a minimum of care is established. Although this method has resulted in a general

improvement in laboratory animal care over the past decade, IACUCs should be willing to recognize investigators (especially veterinarians with advanced training in laboratory animal medicine, pharmacology, or pain management) who may be able to provide a more sophisticated and knowledgeable approach to the humane care of laboratory rodents so as to guard against institutional complacency and dogma when considering the solution to this pivotal issue within the scientific community.

William Tranquilli, DVM, DACVA  
David Gross, DVM, PhD  
Urbana-Champaign, Ill

### Continued debate on admission policies

In his response to the letters of Drs. Freeman and Serven (*JAVMA*, June 15, 2003, p 1676), Dr. Beck expresses the opinion that they offered no potential solutions to the shortage of practitioners in the food animal field. On the contrary, they have offered a solution, one that Dr. Beck either fails to perceive or chooses to ignore; stop treating food animal medicine like an "old boys" club. In my experience as a veterinary student, I have heard many people express the opinion that it isn't possible to understand or participate in food animal medicine unless one has been brought up or worked on a farm, majored in animal science, or been involved in food animal production since a young age. This notion is just plain wrong. What other profession expects its members to have life-long experience? People learn to be cardiologists, rocket scientists, politicians, and fighter pilots without family ties to these professions. The same scientific principles we learn for small animals and horses apply to food animals as well. More should be done within the veterinary curriculum to encourage those of us who have a strong interest in food animal medicine but may be latecomers to the field.

Angelica Veitch  
Fourth-year student  
Louisiana State University  
Baton Rouge, La

### Dr. Beck responds:

My original letter in regard to the shortage of food animal veterinarians was to have hopefully served as a stimulus to discussion, study, and solutions to the problem.

Obviously the problem is not new. Responses received from representatives of academia indicate that acceptance into the professional curriculum is controlled by a number of factors, not the least of which is an implied quota system.

Referring to the excellent and clarifying article by Dr. Ronnie G. Gilmore (*JAVMA*, June 15, pp 1697-1699) in which he quotes demographics to show only 1.6% of Americans live on farms or in small towns and only 2% of the national labor force work on farms but 16% of veterinary students were raised on farms or in small towns. Interesting statistics but we must remember that those 2% produce more than 90% of the food fiber and animal products we consume.

Dr. Bradford Smith, in his previous reply (*JAVMA*, June 15, pp 1674-1675), points out that there were more female applicants than males and that admission practices must be fair, even handed, and legally defensible—absolutely no argument there.

The discussion continues, and the answers will come. I'm still happy and proud to be a member of the profession.

Robert Beck, DVM  
Modesto, Calif

### Differing opinions on regulating CAVM standards

I was delighted to read Dr. Ramey's Commentary (*JAVMA*, June 15, 2003, pp 1679-1682) on the regulatory aspects of complementary and alternative veterinary medicine (CAVM). I believe the lack of easily accessible and standardized training in CAVM, as well as the lack of adequate research, has contributed to this confusion and controversy in standardizing these modalities. I agree we need to standardize the training and practice of CAVM (as well as make it easier to attend these schools). He makes a compelling argument to

this point. However, I would like to comment on his statement "Given that most people providing alternative treatments to humans are not medical doctors, it is difficult to rationalize the position that those providing such treatment to animals must be veterinarians."

What Dr. Ramey fails to acknowledge is that most people providing alternative care to humans have had some form of formal training on humans. We all know that animals are not little people. The following case will illustrate my point: I was recently called out to a human complementary and alternative practitioner's house to euthanize her 12-year-old German Shepherd Dog. She explained in great detail all of the treatments she had given the dog, but despite her best efforts, the dog had not walked or eaten in two days. Merely observing the dog from a distance as I was listening to the history, I knew she had completely misdiagnosed its condition. Seconds into the examination my suspicions were confirmed. I treated the dog with Western medicine and gave her the correct acupuncture points to speed its recovery; the dog ate that night and was back to normal the next day.

My point is that veterinarians are the primary care providers for these animals. We know how to diagnose and treat them properly. However, what most veterinarians do not know is that CAVM works and usually without the adverse effects of many drugs. From cancer to kidney failure, CAVM can give us great results when Western medicine is no longer effective, feasible, or desired.

I wholeheartedly agree with Dr. Ramey's suggestions for regulating CAVM; I follow these standards in my own practice. I am certified in acupuncture by the International Veterinary Acupuncture Society (IVAS) and in chiropractic by the American Veterinary Chiropractic Association and have successfully completed the IVAS course on Chinese Herbal Medicine. As a CAVM practitioner, I can offer my patients the best of both worlds, something practitioners of complementary and alternative medicine

cannot do and should not attempt, for the sake of our patients.

*Kelly Nielsen, DVM  
Lake Oswego, Ore*

Dr. Ramey's suggestion for regulating complementary and alternative veterinary medicine (CAVM) is pointless (*JAVMA*, June 15, 2003, pp 1679–1682). A state board protects the public by monitoring the individuals it licenses to ensure that they practice according to the law and current professional standards. Laws differ state to state, but current standards depend on the board members' experience, the literature, and other sources of information such as professional organizations.

All approaches, including CAVM, must pass the same standards before a state board. For example, did the veterinarian:

- Ensure she or he had the requisite skills and knowledge for the modality she or he used?
- Make a diagnosis on the basis of sound principles?
- Give the owner or authorized agent the various treatment options available?
- Obtain an informed consent before initiating treatment?
- Keep clear and complete medical records, meeting statutory requirements?

In the final analysis, if a treatment is not successful, there has to be sufficient evidence, conventional or otherwise, to persuade a state board that the treatment was appropriate. From a regulatory point of view, Dr. Ramey's special set of rules only complicates existing statutes.

*Edward A. Leonard, DVM  
Wayland, Mass*

#### **Dr. Ramey responds:**

I certainly agree with Dr. Nielsen that veterinarians should be the primary care providers for animals; however, it is a position for which veterinarians must continually demonstrate their worthiness, both legally and ethically. Unfortunately, insofar as such demonstrations go and as they pertain to complementary and alternative veterinary medicine (CAVM), "We have met the enemy and he is

us."<sup>1</sup> In my opinion, the testimonials given and certificates attained by Dr. Nielsen and others are, in the minds of scientifically naive animal owners and eager, but perhaps unaware, professionals, no different than those given and attained by countless other purveyors of necessary animal health care services: seductive, glowing, and lacking substance. Where is the evidence for great results purported for CAVM in the treatment of cancer and kidney failure and what, exactly, are great results? There is simply no difference between these claims and those coming from any number of other people who may allege similar remarkable results from their well-meaning interventions.

The formal training of human aromatherapists, homeopaths, or magnetizers, for example, can hardly be construed as a substitute for scientific/medical training. Even chiropractic, with a formal training and licensing system in place prior to the still-not-forthcoming scientific validation of its approaches, has subsequently been unable to demonstrate the existence of its fundamental target lesion, the subluxation<sup>2</sup>; evidence for the effectiveness of chiropractic adjustments for any condition remains elusive after more than 100 years.

In the absence of clinical efficacy, training in a modality serves no obvious purpose. For example, why worry about learning correct acupuncture points when such structures have not been shown to exist as discrete entities?<sup>3</sup> There is no point in trying to restrict the practice of nonscientific, pseudoscientific, or ineffective modalities to licensed veterinarians; attempting to incorporate such procedures into the practice of veterinary medicine simply dilutes the pool of knowledge. Without scientific evidence to support them, such diagnoses as dampness, obstructed nerve energy, or nebulous toxin accumulations have no place in veterinary medicine, nor do any therapies designed to correct such conditions (eg, cleansing the kidneys).

I largely agree with Dr.

Leonard, that is, I agree that veterinary medicine should be held to consistent standards across-the-board. However, those who eschew scientific approaches to medicine are essentially advocating different standards for their practices—or none at all. Unfortunately, in today's environment and in light of an abundance of misinformation regarding CAVM practices, regulators may be unable to adequately assess even the good points that he makes. If we cannot adequately regulate ourselves, we will be regulated by others.

Medicine, like driving directions, is not alternative unless it provides a reliable means of reaching one's destination. "The existence of conflicting sects and schools, for instance, of chemistry or astronomy or any objective science, is unthinkable; it is equally incongruous in medicine."<sup>4</sup> The more veterinary medicine allows science and medicine to be subsumed into a world of anecdote and good intentions the less it will be able to effectively regulate itself and the more risk there will be to its coveted position.

David W. Ramey, DVM  
Glendale, Calif

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1. Kelly W. Pogo: *we have met the enemy and he is us*. New York: Simon & Schuster, 1972.

2. Nelson CF The subluxation question. *J Chiropractic Humanities* 1997;7:46-55.

3. Ernst E. Complementary medicine: the facts. *Phys Ther Rev* 1997;2:49-57.

4. Nichols JB. Medical sectarianism. *JAMA* 1913;60:332-337.

## Wants to clear up Internet misinformation regarding aspartame

While the Internet has been a wonderful addition to our informa-

tion network, it has also brought the rapid spread of misinformation. Veterinarians have already seen a couple of notable examples.

Recently, I have become aware of a new direction for a very old Internet rumor about aspartame safety that could affect veterinarians. In this Internet posting, a dog is supposed to have been poisoned by ingesting 28 pieces of sugarless gum sweetened with aspartame. The writer relates how neither the veterinarian involved (no name given) nor the local poison control center would believe the dog had been poisoned by aspartame until it was too late. This isolated posting would not cause much concern within the food industry except for the fact that a similar posting about aspartame and multiple sclerosis (MS) in the late 1990s caused a flood of questions from concerned consumers to physicians, MS Web sites, and company consumer hotlines. This initial Internet posting is still the source of much of the aspartame safety misinformation that continues to this day. In the interest of providing the veterinary community with information in preparation for potential client questions about aspartame safety and with the hope reducing the chances that another anti-aspartame rumor runs rampant, I am providing the following information.

Aspartame has been widely and safely used around the world for many years. The safety of aspartame has been affirmed by regulatory agencies around the world, which included an extensive review by the US Food and Drug Administration. Earlier this year, the European Commission's Scientific Committee on Food

reviewed and reaffirmed aspartame's safety again.

Aspartame consists of two amino acids, phenylalanine and aspartic acid, linked together by a small amount of methanol.

Aspartame is quickly metabolized in the gastrointestinal tract of any animal into its constituent parts. Since aspartame is much sweeter than sugar only a very small amount is used in food products. Common pet food would contain far more of the amino acids found in aspartame than any low-calorie food product. During development, aspartame safety was tested in dogs for up to 2 years with daily doses as high as 4,000 mg/kg (1818 mg/lb) without any adverse effects. The amount of aspartame in 28 sticks of gum or any food or beverage would be a tiny fraction of this amount.

Occasionally, Internet postings cite the role of methanol in adverse reactions to aspartame. Methanol is produced during aspartame metabolism, but the amount is very small and easily metabolized by the body. The amount of methanol produced from a diet soft drink is about the same as that found in a similar amount of orange juice. Methanol is produced as a part of normal mammalian metabolism, and it is not toxic in small amounts.

Veterinarians who are told by owners that their pet has been poisoned by aspartame would be well served by considering alternative reasons for the clinical condition of the animal. Further information about aspartame can be obtained at [www.aspartame.org](http://www.aspartame.org) or [www.caloriecontrol.org](http://www.caloriecontrol.org).

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