Believes cat declawing ban silly, poorly thought out

It took a bit of restraint to write this letter on the May 1, 2003 JAVMA news article (p 1187) “Bill would outlaw animal declawing in California.” Let’s just say that the thought of ostensibly well-educated people allowing pure emotion rather than critical evaluation and thinking to determine their stance on this issue is beyond my understanding. That aside, I would like to address those who would support the legislation in California (or any other state for that matter) that would outlaw the declawing of cats.

I suppose it would be prudent to first recognize that not all California veterinarians fall into the PETA left-wing extremist camp. Animal rights activists seem to have difficulty with logic and consistency when espousing their position. I wonder, for example, how some might support human abortion while vehemently opposing the declawing of cats. Kudos to Dr. Richard Schumacher (California VMA Executive Director) for his and the CVMAs opposition to this legislation. His straightforward response to a poorly thought out and silly proposal is commendable.

What struck me as curious was the comment by Dr. Jennifer Conrad (founder of The Paw Project) that declawing is a risky procedure. Assuming that Dr. Conrad is asserting that there is substantial risk in the declawing procedure, I would humbly suggest that she and others who believe so would benefit from some continuing education on this surgery.

The assertion by the Paw Project that permanent lameness, arthritis, and other complications may result from declawing would seem, in their collective minds, to trump the reality of the increase in abandoned and euthanized cats should such a ban go into effect. Using the same logic, wouldn’t banning ovariohysterectomies and castrations (both risky and painful procedures, do not) be a good idea as well? After all, both procedures are for the benefit of the owner.

I think it is time to get back to reality. We are (for the most part, anyway) properly trained, ethical, caring professionals who are here to help establish and maintain the human-animal bond. Poorly thought out, knee-jerk reactions by activists who hold their own agenda are an embarrassment to the rest of us who uphold our Veterinarian’s Oath by serving as our patients’ advocate.

John S. Parker, DVM
Novi, Mich

Dr. Conrad responds:

The Veterinarian’s Oath can be distilled into one simple idea: above all, do no harm. My interpretation of this is that as a veterinarian, I am responsible for my patients’ welfare and accountable for my actions. I have an obligation to do what is best for the animals and not what is most convenient for their owners.

Routine declawing (unlike sterilization) is never performed for the sake of the animal and, in fact, it may not even provide protection from abandonment or euthanasia. There is no persuasive body of evidence that shows declawing protects a cat from relinquishment. Patronek’s findings were equivocal, but multivariate statistical analysis of his data suggested that declawed cats were at a higher risk for relinquishment. There is a serious disconnection between the perceptions of clients and veterinarians poignantly depicted by Landsbergs’ report that only 4% of the owners would have relinquished their cat had it not been declawed. In contrast, the veterinarians in the survey speculated that 50% of the owners would have relinquished their pets.

Therefore, the assertion that a declaw ban would cause an increase in abandonment has no concrete basis and must be trumped by the reports of surgical and behavioral complications caused by declawing. Martinez’ reports 11% lameness, 17% wound breakdown, and 10% nail regrowth postoperatively in cats having declaw surgery. Jankowski reports that acute complications “develop in up to a half of onychectomized cats. Long-term complications of the procedure are reported for about a fifth of onychectomized cats.” He admonishes that “Owners should be aware of high complication rates for (declaw and tendonectomy) procedures.” Yeon states that 33% of cats suffer at least one behavioral problem after declaw or tendonectomy surgery.

Another misconception is that a veterinarian must declaw a cat to protect the immunocompromised client; however, the national Centers for Disease Control and Prevention, US Public Health Service, and infectious diseases specialists state that declawing is not recommended to prevent zoonoses.

Still another myth is that laser makes this surgery more humane.
A recent study by Mison\(^6\) found that there was no clinically relevant difference compared with conventional declawing.

It is unfortunately common for veterinary clinics to agree to declaw a cat without adequately offering alternatives or client education. This is in contradiction to AVMA guidelines, and speaks to the fact that there are a few practitioners who hold their own agendas over the well-being of animals. We as veterinarians must serve as our patients’ advocates and teach clients alternatives, such as routine nail trimming and the use of nail caps, sticky tape, and scratching posts.

Finally, Dr. Parker ignores the fact that in most countries in the civilized world declawing is already illegal or considered unethical. The Royal College of Veterinary Surgeons’ Director of Professional Conduct, Ed Atwood, said that they have always felt that declawing is “unnecessary mutilation.”

Jennifer Conrad, DVM
Santa Monica, Calif

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**Debate on equivalence testing continues**

I enjoyed the debate in Letters to the Editor (*JAVMA*, May 1, 2003, pp 1206–1207) concerning the common mistake of assuming equivalence when \(P > 0.05\).

Right—I knew that, sure. Many times during my 35 years of dairy practice while on my stomach behind a Holstein cow trying to either pull something out or push something back in, I would contemplate the null hypothesis and when \(P < 0.01\) or \(0.001\) might be preferable to \(P < 0.05\). Probably a good thing that I went into cow practice.

*Paul Wetzel, VMD*
*Waterford, Pa*

**Dr. Kronfeld responds:**

Thank you, Dr. Wetzel. I usually enjoy, but sometimes fear, the odds of clinical practice, which are often strong but sometimes Monte Carlo. A careful practitioner must be wary of the odds and take a global view of every case. Similarly, all of us must take a global view of every \(P\) value. That was the most important point in the exchange between Drs. Christley, Reid, and myself. Combine their final two sentences that urged interpretation of every \(P\) value with regard to its whole context with my plea for exact \(P\) values, and this little debate reaches a solid synthesis.

*David Kronfeld, PhD, DSc, MVSc*
*Blacksburg, VA*

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**Request for more information on veterinary war efforts**

Thank you for illuminating the work of the military veterinarians under the banner of CENTCOM (*JAVMA*, May 15, 2003, pp 1323–325). This educated those of us wondering how our profession is faring in Iraq.

I understood by this article that most of the work is directed toward keeping our men and women healthy (through food inspection) and environmentally safe (by testing air, soil, and water) and keeping the dogs and horses healthy that support the military at work.

In the era of disaster preparedness in our country where preparedness also involves safeguarding our pets, domesticated animals, and wildlife, it behooves me to know a little more. I am wondering whether the United States considers the plight of our enemy’s animals, such as Saddam Hussein’s horses, and the pets, cattle, and camels in Iraq. The lions or rather the “ex-lions” of Baghdad Zoo may have gotten us a lot of compliments if we had air dropped raw meat in their vicinity.

In a world where extinction is a problem and the safety of animals is a concern, I am amazed that the military veterinarians serving with the US Army Central Command are not required to assist in animal husbandry to show the kinder side of our profession directed just for the well-being of animals, their existence, and safety.

A group on the lines of Doctors without Borders, but one that includes husbandry, with the help of the Doctors without Borders, AVMA, and CENTCOM, could indiscriminately provide safety, food, and veterinary care in war-prone zones and in postwar situations.

Please let me know how I can play my part, preemptively, to support those less valuable than the human race, yet part of the fiber of my being.

*Shirley Koshi, BVSc, MVSc*
*New York, NY*

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**Defending criticized veterinarian**

I am stimulated to comment on Dr. Jennifer Doll’s experience (*JAVMA*, May 15, 2003, pp 1348, 1350). I applaud her on her work and support her efforts.

Our profession should be leading the effort to reduce the shameful overpopulation of pets in this country. With an estimated one million dogs and cats being euthanized monthly, it does not. Most veterinarians I have met in my 23 years of practice do not push spaying and neutering. If they advise it one time, that is enough for them. Some may not even go into the medical benefits. Some advise spaying females but don’t mention neutering males (these are usually male veterinarians).

I have often wondered why my colleagues do not make a more profession-wide effort to reduce the suffering caused by overpopulation. My theories are that they are afraid they’ll lose business; they were taught, or incorrectly learned, that spaying and neutering should not be performed younger than six months; or they are ignorant (ie, they’ve never visited a pound, do
not know what a puppy mill is, or just don’t understand the problem). There are also many veterinarians who have invested in pet stores that sell puppy mill puppies to the unwitting public, justifying the action as giving the people what they want.

The population problem is compounded by veterinarians who advise letting pets have a heat before spaying. Obviously, this increases the chances of accidental pregnancies. But then, think about having all those puppies or kittens to vaccinate and provide veterinary care for! I know some veterinarians who even advise letting them have a litter for various reasons, such as making the mother more protective or a better pet. And these are the pet experts the public turns to?

In my opinion, the veterinarians who criticize Dr. Doll only see what she is doing as a threat to their incomes. Spaying and neutering as young as six weeks has been proven to be safe and effective. The six-month age was taught in many veterinary schools, perhaps because most dogs and cats do not come into estrus before six months. It was more tradition than medically correct. I advise spaying and neutering at four months but acknowledge that younger is equally safe.

On a trip to Tarawa, Republic of Kiribati, I observed a veterinary technician performing a lateral-approach spay on a young cat. I had never seen or read about this technique and asked him about it. It seems this is the preferred method taught in England. It has merit as it defies gravity and the possibility of surgery site dehiscence because of ventral pressure on the incision. It is also closer to the organs being removed. So, who is teaching a better technique?

Dr. Doll and others with her ideals should continue their valuable work, ignoring the archaic grumblings of insecure malcontents who really care less about the overall welfare of the pet population in this country.

Donald K. Allen, MS, DVM
Youngstown, Ohio

Requests review of AVMA resolution on gestation crates

I recently signed a petition requesting that the 2003 AVMA House of Delegates review and reconsider Resolution 3 that passed during the 2002 session. The resolution, proposed by the American Association of Swine Veterinarians, sought and gained official AVMA support for gestation crates in swine production.

Since the 2002 AVMA HOD, the state of Florida has banned the use of gestation crates in swine production, and similar legislation is being proposed in other states. The premise is that housing intelligent, sentient beings for months in a space too small to turn around in constitutes cruelty, and I would have to agree. Most veterinarians decry the warehousing of small animals in puppy mill operations, so tell me how is the extreme confinement of other sentient animals any more acceptable to the veterinary community?

There is an abundance of scientific literature demonstrating the adverse effects of gestation crate confinement on porcine well-being. Crated pigs develop a significant chronic stress response manifested by increased cortisol concentrations, compared with gilts housed in turnaround stalls. The well-being of stall-housed sows is compromised, compared with group-housed sows, on several indicators of welfare including behavioral stereotypes, aggression, and body weight.

The veterinary community is esteemed by the rest of society as the ultimate authority on what constitutes animal welfare. We owe it to our animal charges to protect their interests, especially when they are in conflict with the interests of their producers.

Brenda K. Forsythe, PhD, DVM
Fresno, Calif