

## Research

## EDITORIAL

# Ethical decision-making in veterinary practice: using the head and the heart

Siobhan M. Mullan

Ethical decision-making is at the heart of veterinary practice. A recent study by Batchelor and McKeegan (2012) showed that nearly all vets surveyed faced ethical dilemmas at least once a week, with a third of vets saying they encountered three to five dilemmas a week. Exactly how veterinary surgeons resolve these dilemmas will have a bearing on whether good decisions are made and how clients and the wider public view individual vets and the profession as a whole. A paper by Quinn and others (2012), summarised on p 446 of this week's *Veterinary Record*, describes how first-, third- and final-year veterinary students approached hypothetical ethical dilemmas. They found that, overall, veterinary students use a balance between justice reasoning, characterised by trying to achieve a fair outcome for all, and a care-centred approach, being empathetic to people and/or animals.

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The authors point out that others have considered this type of care-justice balance to be a sign of moral maturity (Gilligan and Attanucci 1988), although there is no evidence that these veterinary students developed that maturity during their course. Other studies have shown that, in the past at least, veterinary (and medical) students did not make any progress in their moral reasoning ability during their course, and even appeared to have been prevented from making the expected improvements seen in others that occur through life experience alone at that time (Self and others 1996, 1998). Although this classification of progression in moral reasoning (Kohlberg 1973) is not by any means accepted by all, it has been widely used, and higher levels of moral reasoning have been associated with improved clinical practice in a range of medical settings, including veterinary practice (Bebeau 2002) as well as fewer malpractice claims among orthopaedic surgeons (Baldwin and others 1996).

Having an understanding of the approaches that vets take to ethical dilemmas allows a critical discussion on their appropriateness. In addition, when vets

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are able to act in accordance with societal values, or at least act in a way that is expected of them in their given role, for example, to show a care for animals, then conflicts will be less likely. Although Quinn and others (2012) found that females valued a care for animals approach more highly than males, the general balance between justice and care approaches found in these vet students was also found in a large meta-analysis of care-justice orientation studies of a range of people, with no overall significant gender effect (Jaffee and Hyde 2000). Therefore, vets should not automatically be at odds with clients of the opposite gender, although, of course, individuals could have differing stances to particular clients, which could cause some difficulty if not understood and resolved carefully.

One very interesting result in the study by Quinn and others, was that there was a significant reduction in the value placed on the care for people approach between third- and final-year students, which was most marked in males. Rightly, the authors point out the limitations of their cross-sectional study of a population where only 21 per cent are male, but, nevertheless, this builds upon other indications that veterinary and medical courses may 'de-empathise' students, sometimes, for male students in particular, during their clinical years (eg, Paul and Podberscek 2000, Hojat and others 2004). The question is, does it matter, and, if so, what can we do about it?

Whether any reduction in levels of empathy towards people or animals during undergraduate training has a negative impact on veterinary practice is not clear. One might imagine that empathy towards patients and clients is an important attribute of vets, helping to ensure that appropriate care, for example, adequate analgesia, is provided. On the other hand, it may be that too much empathy makes it difficult for vets to cope with the inevitable distress encountered during clinical work, and a reduction in empathy during undergraduate training ultimately has a protective effect for the working life ahead. If there is a balance to be struck, and this is by no means certain, then perhaps we should be aiming to develop vets with the maximum amount of empathy that can be sustained without personal detriment. It has been shown that levels of empathy of veterinary students can be improved, at least in the short term, through the teaching of an



Carefully planned small discussion group exercises aim to enhance ethical reasoning among undergraduates

animal welfare and ethics course (Hazel and others 2011). Clinicians in teaching settings, both in university and private practice, are likely to have a key part to play in empathy education; having a role model of an equivalent clinician in medical school was perceived by students to be the most important influence on their empathy education (Tavakol and others 2012).

Over recent years, there has been a gradual increase in teaching ethical reasoning to veterinary undergraduates using a variety of initiatives other than lectures alone, such as case studies, interactive webtools and reflective journals. The impact of these isn't always known but it is clear that teaching can improve medical ethical reasoning (Eckles and others 2005). In one initiative, developed at the University of Glasgow, students identified and reflected in a structured ethical way on animal welfare issues, which resulted in significant increases in higher level ethical reasoning compared to unstructured reports. Additionally, at least three-quarters of the students reported that this activity improved their ability to recognise both animal welfare and ethical issues (Batchelor and others 2011). This type of exercise may have been of some help to the 78 per cent of vets surveyed by Batchelor and McKeegan (2012), who reported that they felt the level of undergraduate training in ethics they received had been inadequate. These vets also reported high levels of stress associated with ethical dilemmas, which the authors suggest may be due to the lack of knowledge of how to resolve difficult ethical decisions (Batchelor and McKeegan 2012) without resulting in 'moral stress' (Rollin 1990).

Our understanding of ethical decision-making by veterinary surgeons is in its infancy and the study by Quinn and others

(2012) should serve to stimulate further research in this area. Making good ethical decisions is good for veterinary surgeons, good for society and good for the animals and their owners that vets aim to help.

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