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U-M's surgical training experiments on dogs blasted

Animals used, then killed; faculty defends class

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The University of Michigan is coming under fire for training doctors to perform the kinds of drastic surgical procedures that can save the lives of human trauma patients by practicing them on healthy, anesthetized dogs.

The procedures so badly damage the animals that they must be euthanized.

One of those dogs was Koda, a male malamute that was surrendered at an animal shelter by Sherri Bertram of Fowler. Instead of Koda being adopted, as she hoped, it was sold to R&R Research of Howard City, which resold it to U-M for its Advanced Trauma Life Support class.

"They said 'no guarantee.' They didn't say anything about selling him," she said of the shelter.

U-M uses simulators for doctors in other courses, but Dr. Richard Burney, who directs the Advanced Trauma Life Support class, insists the dogs are the most realistic training tool.

"This is a fair and proper use of animals," he said, insisting the dogs do not suffer. "If you come ... with a gunshot wound, without adequate training, you become the animal that is being learned upon."

The U-M course is one of 15 in the country -- and the only one in Michigan -- that uses animals, according to a survey from the animal welfare group Physicians Committee for Responsible Medicine. The group is to file a complaint today with the U.S. Department of Agriculture against Burney.

In the medical community, whether doctors should train to perform lifesaving procedures by practicing on live animals is not clear-cut.

Almost every medical center now has doctors practice creating emergency airways, inserting tubes to drain organs damaged by injury and other procedures on human cadavers or dummies.

But the University of Michigan is among a handful of schools that still uses live animals, with the director of its trauma class saying that live animals under anesthesia give the best simulation.

The Physicians Committee for Responsible Medicine found in a survey of 198 Advanced Trauma Life Support courses nationwide that more than 90% use human cadavers or simulator dummies. The remaining courses, including the one at U-M, use dogs, goats or pigs to teach these skills.

Even as medical technology improves, some doctors and researchers maintain that animals are a better model for medical education.

“The experiences are not the same. It’s living versus dead tissue,” said Will Chapleau, the American College of Surgeons’ manager of Advanced Trauma Life Support courses. “A mannequin doesn’t respond to distress or show a favorable outcome like living tissue.”

The ACS says when feasible, alternatives to live animals should be used in training. It approves of animal, human cadaver or mannequin use in teaching trauma procedures.

“Now, they’re easier to acquire and more accessible than animals,” Mary Kay Smith, a nurse and simulation coordinator at Michigan State University, said of mannequins. “Animals require more planning and setup rather than pulling the simulator out of the closet.”

The trauma course at Detroit Receiving Hospital dropped animals in favor of simulators.

“The Trauma Man is just more realistic with what physicians are dealing with,” said course coordinator Sharon Maleyko-Jones.

But Burney, the U-M course organizer, said dogs are the ideal model and uses them instead of U-M’s simulation facility.

The Animal Welfare Act prohibits the U.S. Department of Agriculture from dictating how research should be done, said Dr. Jodie Kulpa-Eddy, staff veterinarian in Washington.

But, if as the Physicians Committee for Responsible Medicine alleges in its complaint to the USDA against Burney, there is the possibility of false information being used to justify using animals, it will be investigated.

PCRM claims Burney told a U-M review board that there were no viable alternatives to training doctors for trauma procedures than live animals.

Burney said he has used some of U-M’s simulators in the 25 years he has taught the course and does not think they are adequate.

“A piece of rubber is not the same as working on people,” he said. “It won’t feel like the real thing.”

But Dr. John Pippen, senior medical and research adviser for PCRM, quotes research suggesting that trainees prefer mannequins, and there is a high rate of error in transferring skills from animal models to humans in practice.

“The shape of the chest is totally different. The angle is totally different. Yes, you can learn these procedures in a dog or a pig, but you have to make adjustments in people,” he said.

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