An Introduction to Veterinary Medical Ethics
SECOND EDITION

An Introduction to Veterinary Medical Ethics
Theory and Cases

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of constructive
criticism and
unqualified support
Preface to the Second Edition, xi
Preface to the First Edition, xiii

PART I. Theory, 3
Social, Personal, and Professional Ethics, 7
Ethics\textsubscript{1} and Ethics\textsubscript{2}, 10
Ethical Vectors in Veterinary Medicine, 14
The Anatomy of Ethical Decision Making, 17
The Nature of Ethical Theory, 19
Effecting Ethical Change, 24
The Fundamental Question of Veterinary Ethics, 27
New Patterns of Animal Use, 29
Articulating a New Ethic for Animals, 34
Veterinarians and the New Social Ethic for Animals, 37
How Veterinary Medicine Should Respond to the New Ethic:
The Case of Animal Research, 39
Veterinarians and Farm Animal Welfare, 41
Recent Progress, 46
Veterinarians and Companion Animal Welfare, 49
Subtle Advantages of Pursuing Companion Animal Welfare, 53
The Changing Role of Companion Animals and Their Value, 59
Pain in Veterinary (and Human) Scientific Medicine, 64
Animal Distress and Animal Happiness, 69
The Ethics of Critical Care, 77
Aesculapian Authority in Veterinary Medicine, 83
The Ethics of Alternative Medicine, 93

PART II. Cases, 103
Introduction, 105
Case 1. Cow with Cancer Eye, 106
Case 2. Substandard Husbandry for Sheep, 108
Case 3. Fracture Fixation, 110
Case 4. Farmer Using Illegal Growth Promotant, 111
Case 5. Client Sells Known BVD Shedders, 113
Case 6. Client Requests Dog Euthanasia Because She Is Moving, 115
Case 7. Farmer Requests a Fetotomy, 118
Case 8. Suspected Dogfighting, 120
Case 9. Docking and Cropping of Dobermans, 122
Case 10. Leaving a Sow Untreated, 125
Case 11. Euthanasia of Cat Who Sprays, 127
Case 12. Euthanasia of Treatable Horse for Insurance, 129
Case 13. Euthanasia of Grieving Dog, 131
Case 14. Supernumerary Teat Removal, 133
Case 15. Breeder Seeking Euthanasia for Puppy with Overbite, 135
Case 16. Veterinary Anatomist Spaying Farm Cats, 137
Case 17. Breeder Asking for Anesthetics So She Can Crop Ears, 139
Case 18. Penicillin Residue in Milk, 141
Case 19. Marketing Heartworm Regimen, 143
Case 20. Dairy Farmers Using Unauthorized Feed Additive Prescribed by a Veterinarian, 145
Case 21. Veterinarian’s Responsibility When a Dog Is Suspected to Be Overly Aggressive, 147
Case 22. Painful Research Designed without Analgesia, 149
Case 23. Clients Who Insist on Continuing Treatment for Failing Cancer Dog, 151
Case 24. Tail Docking in Dairy Cattle, 154
Case 25. Killing of Neonatal Buck Kids, 156
Case 26. Veterinarian Discovers Violations in Religious Slaughter, 158
Case 27. Using Information about Alternative Surgical Training in Hiring, 160
Case 28. Pig Farmer Asking for Euthanasia Solution, 162
Case 29. Feeding Kittens to Snakes, 164
Case 30. Veterinarian Seeking Maternity Leave, 165
Case 31. Surgical Procedures Performed by a Technician, 167
Case 32. Veterinary Liaison with Pet Store Chain Providing Poor Animal Care, 169
Case 33. Freeze-Firing Racehorses, 171
Case 34. Performing Cat Castration on the Farm, 173
Case 35. Irresponsible Veterinarian-Breeder, 175
Case 36. Annual Rabies Vaccination, 177
Case 37. Government Policy Regarding Export of Breeding Swine, 179
Case 38. Improperly Labeled Prescriptions Swallowed by Child, 181
Case 39. Referral Practice “Stealing” Clients, 183
Case 40. Confidentiality and a Breeder Perpetuating a Line of Dogs with Seizures, 185
Case 41. Should Veterinarians Be Required to Report Animal Abuse? 187
Case 42. Two Cases of Found Dogs, 189
Case 43. Should a Biting Dog Be Adopted Out? 191
Case 44. Euthanizing Sick Animals without Their Owner’s Permission, 193
Case 45. Partner’s Misdiagnosis, 195
Case 46. Heavy Metal Toxicosis and Slaughter for Food, 197
Case 47. Conflict of Interest, 199
Case 48. Rabies Vaccine for Livestock, 201
Case 49. Female Veterinarian Receiving Unwelcome Attention, 203
Case 50. Female Veterinarian Offended by Colleagues’ Humor, 205
Case 51. Client Refuses Euthanasia for Sick Cat, 207
Case 52. Should Veterinarians Prescribe Drugs to Increase Productivity? 209
Case 53. Previous Practitioner Leaves Sponge in Dog’s Peritoneum, 211
Case 54. Illicit Importation of Boar Semen, 213
Case 55. Misreading of Radiograph, 215
Case 56. Cattery Serving as Source of FIP, 217
Case 57. Injured, Unowned Animal, 219
Case 58. Writing Prescriptions for Branded Drugs in Return for Financial Incentive, 221
Case 59. Negligence of an Emergency Clinician in Treating Trauma, 223
Case 60. Poor Air Quality in Swine Barn, 225
Case 61. Supplementing Income with Prescription Drugs, 228
Case 62. Client’s Request to Euthanize His Dog after His Death, 230
Case 63. Confidentiality and an Employee’s History of Drug Abuse, 232
Case 64. Convenience Euthanasia of a Dog without Proper Permission, 235
Case 65. Veterinarian Who Ignores Roundworms in Puppies, 237
Case 66. Stray Tattooed Beagle, 239
Case 67. Prescribing and Selling Pharmaceuticals, 241
Case 68. Suspected Poisoning, 243
Case 69. Euthanasia of Research Animal without Researcher’s Permission, 245
Case 70. Anorexic Client Not Feeding Her Dog, 247
Case 71. Improving Rural Euthanasia, 249
Case 72. Second Commentary on Stray Tattooed Beagle, 251
Case 73. Bull Mastiff with Osteosarcoma, 253
Case 74. Financially Stressed Client and Annual Physical, 255
Case 75. Botched Caesarean Section, 257
Case 76. Farmer Asking Advice of “Experts,” 259
Case 77. Confidentiality in the Case of a Client Selling Sick Animals, 261
Case 78. Conflict in Obligations to a Peer and a Client, 263
Case 79. Reporting a Dog Being Used to Carry Drugs, 265
Case 80. An Elderly Client Seeking “Unnecessary” Medical Advice, 267
Case 81. A Cat Who Fractures Both Legs after a Surgical Procedure, 269
Case 82. Can Annual Vaccinations Be Justified? 271
Case 83. An Organic Farmer Who Won’t Use Antibiotics for Foot Rot, 273
Case 84. Using Wood Chippers to Kill Chickens, 275
Case 85. Should Shelters Place Animals in Less than Perfect Homes? 277
Case 86. Why Should We Worry about Animal Suffering Right before Death? 279
Case 87. “Good” versus “Natural” Death, 281
Case 88. Is It Wrong to Modify Animals to Fit Production Systems? 283
Case 89. How Do Veterinarians Respond to Clients with Too Many Animals? 285
Case 90. Should a Veterinarian Wear Company Logos? 287
Case 91. Technicians Performing Management Procedures on Farm, 289
Case 92. Extralabel Drug Use, 291
Case 93. Animal Welfare versus Animal Rights, 293
Case 94. Raw Diet, 295
Case 95. Using an Elastrator on Older Bulls, 297
Case 96. Finding Animals for Continuing Education, 299
Case 97. Should Veterinarians Support Activist Groups? 301
Case 98. Auditability of Animal Welfare, 303
Case 99. Producer Unwilling to Euthanize Sick Pigs, 305
Case 100. Veterinarians and Laws Banning Pitbulls, 307
Case 101. Giving Analgesics to Mask Pain in Horses, 309
Case 102. Are Animals Raised in Confinement Happy in Confinement? 311
Case 103. Elderly Couple Adopting Many Animals, 313
Case 104. The Ethics of Killing Healthy Animals, 315

Appendix, 317
References, 321
Index, 324
Since the first edition of this book appeared in 1999, much has occurred that is relevant to veterinary ethics. In particular, public concern regarding farm animal welfare in confinement has increased dramatically, and with it, public expectation of veterinarian involvement in resolving the issues. Additionally, a social movement for increasing the economic value of companion animals has steadily gained momentum, as have the demands for augmented legal status of these animals. Further, veterinary specialization has continued to grow and is thriving, as has veterinarian experimentation with complementary and alternative medicine. Concern with animal pain and distress and their control has proliferated beyond what I ever dared hope for. All of these, of course, pose major ethical challenges for veterinary medicine.

The new edition reflects these concerns, and contains new material on farm animals, legal status and value of animals, alternative medicine, Aesculapian authority, ethics of critical care, and animal pain, distress, and happiness among other new discussions, which I hope will help the veterinary community engage these issues and, as Plato said, “Make a virtue of necessity.”

As always, since I first became involved with veterinary medicine almost thirty years ago, I appreciate and value how the veterinary community has embraced me and treated me as a colleague and as a friend. I am grateful to the thousands of veterinarians who have taken the trouble to write, call, or meet me in person to discuss ethical issues, and who have sent me large amounts of invaluable material I would otherwise have missed. I am also grateful to the veterinary students around the world who have demonstrated an unsalakable thirst for discussions of ethics.

The veterinary community and all people concerned with veterinary ethics and animal welfare join me in mourning the passing of Dr. Frank Loew, a titanic figure in veterinary medicine and a beloved friend to many.

Finally, I wish to warmly acknowledge and thank Dr. Doug Hare of the Canadian Veterinary Journal for allowing me to write and reprint my columns, and Dr. Tim Blackwell for assembling the cases, and for unfailing counsel and friendship.
This book is the result of more than twenty years of reading, writing, teaching, thinking, lecturing, learning, and talking about veterinary medicine. Entering an area that, for a philosopher, was indeed uncharted territory, I encountered overwhelming kindness, interest, and support from veterinarians to whom philosophy was equally terra incognita. Illustrating a visionary truth enunciated by Dr. Edmund Pellegrino in reference to human medical ethics, my veterinary friends became developing philosophers while I (more slowly) emerged as a closet clinician.

I have been privileged to lecture at most of the veterinary schools in North America and indeed in the English-speaking world, and at many local, regional, national, and specialty associations. And everywhere I went I found the same encouragement, kindness, and enthusiasm for veterinary ethics that I did at Colorado State University. A full acknowledgment would thus constitute a small volume, as I would need to thank every veterinary school faculty member and student who ever asked me a question; every practitioner of companion animal medicine, food animal medicine, equine medicine, or laboratory animal medicine who has engaged me in dialogue; every association that gave me a forum; every editor of a veterinary journal who was willing to let me address the journal’s readers. No stranger in a strange land has ever been treated better.

I would like, however, to single out those veterinarians at CSU who have most directly shaped my work: the late and remarkable Dr. Harry Gorman, with whom I taught at CSU the first course ever designed in the world in veterinary ethics; Dr. Dennis McCurnin, who carried on with me after Dr. Gorman’s retirement; and Dr. Tony Knight, who has put up with me as a team teacher for longer than anyone else, and who is far more of a philosopher than I will ever be a veterinarian; Dr. Bill Tietz, the dean who gave me a chance; Dr. Robert Phemister, his successor, who nurtured my work; and Dr. Jim Voss, our current dean, who more than anyone else in the world gave me the opportunity to practice what I preach, and who was always there.

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Dr. Rod Rosychuk, Dr. Bruce Heath, Dr. Wayne Wingfield, Dr. Steve Withrow, Dr. Jim Ingram—have all been true mentors.

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Dr. Tim Blackwell, the founder and editor of the ethics column in the Canadian Veterinary Journal, has been a partner in hundreds of hours of dialogue and deserves at least half of the credit for the column’s success. We are both grateful to the veterinarians who sent in the challenging cases we deal with in the column, and to the editors of the Canadian Veterinary Journal, who graciously allowed me to reprint these cases.

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Most important, I would like to thank my wife, Linda, and son, Michael, who not only discussed with me every ethics case I ever dealt with, but who themselves have become, like me, closet veterinarians, with an abiding interest in, and love for, the field.
Part I

Theory
There is an ancient curse that is most appropriate to the society in which we live: “May you live in interesting times.” From the point of view of our social ethics, we do indeed live in bewildering and rapidly changing times. In less than thirty years veterinary medicine, reflecting this rapid change, has seen itself transformed from an essentially male profession to a profession soon to be dominated by women. Similarly, the rigid, almost military, rules governing the demeanor, conduct, and deportment of veterinary students have vanished, to be replaced by a laxity literally unimaginable thirty years ago. Whereas sporting a beard, mustache, or long hair was sufficient reason for a faculty member to order a student out of class at my institution as recently as the late 1970s, woe to the instructor who now questions a student’s bare feet, halter top, or nose ring. Indeed, the instructor may be so attired.

These changes are of course reflective of changes in society in general, or more accurately, in social ethics. The traditional, widely shared, social ethical truisms that gave us stability, order, and predictability in society for many generations are being widely challenged by women, ethnic minorities, homosexuals, the handicapped, animal rights advocates, internationalists, environmentalists, and more. And all of these changes will inevitably be reflected in veterinary medicine. Most veterinarians now realize, to take a very obvious example, that society is in the process of changing its view of animals, and of our obligations to animals. Laboratory animal veterinarians have probably seen the most clearly articulated evidence of such a changing ethic, but it is also patent to any companion animal practitioners, food animal practitioners, or zoo veterinarians who take the trouble to reflect upon the new social expectations shaping and constraining the way they do their jobs.

It is very likely that there has been more and deeper social-ethical change since the middle of the twentieth century than occurred during centuries of an ethically monolithic period such as the Middle Ages. Anyone over forty has lived through a variety of major moral earthquakes: the sexual revolution, the end of socially sanctioned racism, the banishing of IQ differentiation, the rise of homosexual militancy, the end of “loco parentis” in universities, the advent of consumer advocacy, the end of mandatory retirement age, the mass acceptance of environmentalism, the growth of a “sue the bastards”
mind-set, the implementation of affirmative action programs, the rise of massive drug use, the designation of alcoholism and child abuse as diseases rather than moral vices, the rise of militant feminism, the emergence of sexual harassment as a major social concern, the demands by the handicapped for equal access, the rise of public suspicion of science and technology, the mass questioning of animal use in science and industry, the end of colonialism, the rise of political correctness—all provide patent examples of the magnitude of ethical change during this brief period.

With such rapid change come instability and bewilderment. Do I hold doors for women? (I was brought up to do so out of politeness, but is such an act patronizing and demeaning?) Do I support black student demands for black dormitories (after I marched in the 1960s to end segregation)? Am I a bad person if I do not wish to hire a transsexual? Can I criticize the people of Rwanda and Bosnia for the bloodbaths they conducted without being accused of insensitivity to cultural diversity? Do I obey the old rules or the new rules? Paradoxically, the appeal to ethics, and the demand for ethical accountability, have probably never been stronger and more prominent—witness the forceful assertion of rights by and for people, animals, and nature—yet an understanding of ethics has never been more tentative, and violations of ethics and their attendant scandals in business, science, government, and the professions have never been more prominent. There is probably more talk of ethics than ever—more endowed chairs, seminars, conferences, college courses, books, media coverage, journals devoted to ethical matters than ever before—and yet, ironically, most people probably believe that they understand ethics far less than their progenitors did. Commonality of values has given way to plurality and diversity; traditions are being eroded; even the church is no longer the staunch defender of traditional ethical norms.

In such a world it is exigent to understand the logical geography of ethics, and to possess the tools with which to negotiate reasonably what is often tortuous and slippery terrain. This is especially true for professionals, because in order to maintain their autonomy, professions must anticipate and accord with changing ethical thought, as we shall shortly see in detail. Our ensuing discussion will provide a conceptual map of the nature and role of ethics in general, and of veterinary ethics in particular. Attempting to analyze difficult ethical cases with many threads or to debate complex ethical issues without such a map is relevantly analogous to attempting to do surgery without an understanding of the basic concepts of anatomy, anesthesia, and asepsis: One can do it, but one literally doesn’t know what one is doing and cannot, therefore, adapt to the unexpected. Conversely, once a person has mastered the relevant basic concepts, that person can go well beyond what he or she has hitherto done by rote.

As we shall see, I am not saying that one cannot behave ethically without mastering the conceptual map we shall present. After all, few people make a study of ethics. Most of us just behave properly in an automatic way. And many of our ethical decisions are obvious and straightforward and routine: We don’t overcharge a gullible client; we don’t attempt to steal another veterinarian’s patients; we don’t prescribe useless medication; and so on. What we often cannot do, without a conceptual map and a reflective stance on ethics, is see the subtleties and variegated dimensions posed by complex cases; we tend to react to one obvious component and ignore others. Just as it takes training and practice and a conceptual map of medical possibilities to learn differential diagnosis of disease, so too it takes training and practice to dissect all of the ethical nuances of many complex situations.

Detecting ethical questions is, in some ways, like detecting lameness. Prima facie, ordinary people not particularly knowledgeable about veterinary medicine would think
that anyone can tell when a horse is lame and which leg is affected. After all, we can do so easily with humans. In fact, when actually confronted with a lame horse, inexperienced laypeople, and even veterinary students, can at best detect that something is wrong (and sometimes not even that), but they can rarely pinpoint the problem. This is exactly analogous to the activity of identifying ethical problems. People (sometimes) know something is problematic, but they have trouble saying exactly what the problem is.

A true case embracing a multitude of ethical issues illustrates the difficulty of recognizing, sorting out, and dealing with ethical questions:

A man brought a small comatose dog with a head injury into our veterinary school clinic. He freely admitted, and even boasted, that he had struck the dog in the head with a frying pan because it barked too much. When the dog did not regain consciousness and the man’s wife became upset, he took the dog to his regular practitioner. The veterinarian advised him to take the dog to the veterinary school hospital. The dog died there, and the animal’s body was brought to necropsy and presented as a case to a group of students by a pathology instructor.

Coincidentally, one of the veterinary students in that class was an animal control officer, among whose duties was investigating cruelty complaints. With the instructor’s permission, the student took the client’s name from the file and began to investigate the case, phoning the client’s home and speaking with his wife. The client became irate and complained to both the referring veterinarian and to the veterinary school clinician who had taken his case that his right to privacy had been violated. The private practitioner and the veterinary school referral clinician in turn were furious with the student. The student was frightened, was worried about the effect of the incident on his academic and subsequent career, and sought help.

What moral conflicts and problems does this case raise? Initially, the referring practitioner, the veterinary school clinician, and some administrators saw only one issue—the betrayal of client confidentiality by the student. As the case evolved, administrators were also troubled by the involvement of the pathologist who had “betrayed” the identity of the client. Only after much dialogue with an ethicist, the pathologist, and the student did the parties begin to realize that there were many other concurrent issues.

First, there was an animal welfare issue: The client should not be allowed to fatally beat an animal with impunity. In addition, there was a social or moral obligation to report the occurrence of a crime, the same sort of moral obligation (now also a legal one in human medicine) that exists for health care professionals to report suspected child abuse. Furthermore, there was the moral (and legal) question of whether one could invoke confidentiality in a public teaching hospital, where it is implicit that cases will be discussed with students as part of their learning process. Lastly, the pathologist argued that, as a veterinary teaching institution, the school had a high moral obligation not to condone that which society as a whole has recognized as immoral and illegal.

Some veterinarians argued that the pathologist was within his rights to reveal the name, but that the student ought not to have acted upon the information. To this point the student replied that, as a law officer, he had a sworn duty (a moral obligation) to enforce the law. Some veterinarians hypothesized that if confidentiality isn’t strictly observed, abusers of animals will not bring animals in for treatment. A controversy also arose over the fact that the school clinician had at least obliquely threatened the student with recriminations when he came to the clinic. Others worried that the information about the case and these issues had not been sent back to the referring veterinarian for that party to handle. The issue of a conflict of interest between being a veterinary student and serving with animal control was also raised.
Ultimately, the situation was resolved, at least for future cases, by the university’s drafting a formal policy that suspected abuse cases of this sort would automatically be reported to the school and government authorities. One of the noteworthy features of the case was its dramatic teaching value in demonstrating just how complex a single ethical problem or case can be.

This case beautifully illustrates why a conceptual map of ethics can be valuable. People perceive not only with their eyes and ears, but with their expectations, mental sets, preconceptions, habits, acculturations, and theories as well. The clinicians had been trained with a fairly limited ethical conceptual map—they thus perceived only an issue of confidentiality and initially missed the others we noted.

It is worth pausing to illustrate this salient point: We see with more than our eyes. When I teach this idea to my students, I begin with the following child’s trick: I ask them to give me a single word for each thing I describe.

I say: What is a cola beverage that comes in a red can?
They say: Coke.
I say: If I tell a funny story, we call that a . . .?
They say: Joke.
I say: If I puff on a cigarette, I . . .
They say: Smoke.
I say: I put some dirty clothes in a tub so they can . . .
They say: Soak.
I then say: What is the white of an egg called?
Most will automatically say: Yolk.

I go on to provide more serious examples of the ways that background, theory, and expectation can determine perception. The famous Rosenthal effect in psychology (Rosenthal, 1966) provides a nice scientific example. Researchers studying rat behavior were told that one of the groups of white rats they would be working with was a special strain of highly intelligent rats. In subsequent studies, the researchers found that the bright rats did better than the ordinary rats in learning trials. In fact, they were all “ordinary” rats—the “brightness” came from the researchers’ expectations. Often we experience the same “halo” effect with students in our classes, when we are told by other instructors of a particular student’s brightness.

We can all recall the first time we looked at a radiograph. The radiologist pointed to what he said was a fracture, but we saw only dark and light, even though the same stimuli impinged upon our retinas as upon his. As one’s knowledge of radiography broadens, however, one sees differently, though once again the retinal stimulation is unchanged.

Another amusing example is provided by a “paradox” that used to perplex people in the 1960s and 1970s called “The Boy with Two Fathers,” which was presented as follows:

A father and son are involved in an automobile accident. Both are seriously injured and are rushed to separate hospitals. The son is immediately readied for emergency surgery; at the first sight of him, however, the surgeon says, “I can’t operate on this patient—he’s my son!” How is this possible?

Twenty and thirty years ago one could perplex almost everyone in a class with this case. Today it falls flat—everyone sees the answer immediately: The surgeon is the boy’s mother. Nothing in young people’s expectations today precludes the possibility of a female surgeon.
Finally, let me cite a very poignant example from veterinary medicine. In the mid-1980s I was team-teaching a veterinary ethics course with a prominent surgeon. I was discussing the tendency in veterinary medicine (and in science in general) through most of the twentieth century to ignore animal pain. In the midst of my lecture the surgeon stopped me. “My God,” he said, “I was trained in the mid-sixties and was taught to castrate horses using succinycholine chloride [a curariform drug]. This is the first time it ever dawned on me that the animals must have been hurting!” I shall return to the relationship between human mind-set and animal pain later in this book.

For now, however, the important point to realize is that the study of ethics provides a way of forcing people, on ethical matters, to go beyond their mind-set and expectations—indeed, that is why many people find it discomfiting. Of course, one can to some extent free oneself from the shackles of univocal perspective by seeking out people with strongly divergent opinions as discussion partners; I often recommend to veterinarians that they orchestrate discussion of ethical matters at meetings wherein they can hear a wide variety of viewpoints. But this alone will not fully assure a deepened perception in the absence of an understanding of what we have called the “logical geography” of ethical or moral questions. Hearing differing opinions is not enough; one must also understand the criteria by which one judges and critically assesses divergent opinions, else one runs the risk of creating a Babel of incommensurable ethical voices—a chorus of individual opinions with no way to generate the consensus that viable ethics requires in a community, and no method for changing others’ opinions in a rational way. So it is to an examination of the nature of ethics to which we must now turn.

Social, Personal, and Professional Ethics

There are two very different senses of “ethics” that are often confused and conflated and that must be distinguished at the outset to allow for viable discussion of these matters.

The first sense of ethics I shall call ethics₁. In this sense ethics is the set of principles or beliefs that governs views of right and wrong, good and bad, fair and unfair, just and unjust. Whenever we assert that “killing is wrong,” or that “discrimination is unfair,” or that “one oughtn’t belittle a colleague,” or that “it is laudable to give to charity,” or that “I think abortion is murder,” one is explicitly or implicitly appealing to ethics₁—moral rules that one believes ought to bind society, oneself, and/or some subgroup of society, such as veterinarians.

Under ethics₁ must fall a distinction between social ethics, personal ethics, and professional ethics. Of these, social ethics is the most basic and most objective, in a sense to be explained shortly.

People, especially scientists, are tempted sometimes to assert that unlike scientific judgments, which are “objective,” ethical judgments are “subjective” opinion and not “fact,” and thus not subject to rational discussion and adjudication. Although it is true that one cannot conduct experiments or gather data to decide what is right and wrong, ethics, nevertheless, cannot be based upon personal whim and caprice. If anyone doubts this, let that person go out and rob a bank in front of witnesses, then argue before a court that, in his or her ethical opinion, bank robbery is morally acceptable if one needs the money.

In other words, the fact that ethical judgments are not validated by gathering data or doing experiments does not mean that they are simply a matter of individual subjective opinion. If one stops to think about it, one will quickly realize that very little ethics
is left to one’s opinion. Consensus rules about rightness and wrongness of actions that have an impact on others are in fact articulated in clear social principles, which are in turn encoded in laws and policies. All public regulations, from the zoning of pornographic bookstores out of school zones to laws against insider trading and murder, are examples of consensus ethical principles “writ large,” in Plato’s felicitous phrase, in public policy. This is not to say that, in every case, law and ethics are congruent. We can all think of examples of things that are legal yet generally considered immoral (tax dodges for the superwealthy, for instance) and of things we consider perfectly moral that are illegal (parking one’s car for longer than two hours in a two-hour zone).

But, by and large, if we stop to think about it, there must be a pretty close fit between our morality and our social policy. When people attempt to legislate policy that most people do not consider morally acceptable, the law simply does not work. A classic example is, of course, Prohibition, which did not stop people from drinking, but rather funneled the drinking money away from legitimate business to bootleggers.

So there must be a goodly number of ethical judgments in society that are held to be universally binding and socially objective. Even though such judgments are not objective in the way that “water boils at 212°F” is objective (that is, they are not validated by the way the world works), they are nonetheless objective as rules governing social behavior. We are all familiar with other instances of this kind of objectivity. For example, it is an objective rule of English that one cannot say, “You ain’t gonna be there.” Though people, of course, do say it, it is objectively wrong to do so. Similarly, the bishop in chess can objectively move only on diagonals of its own color. Someone may, of course, move the bishop a different way, but that move is objectively wrong, and one is not then “playing chess.”

Those portions of ethical rules that we believe to be universally binding on all members of society, and socially objective, I will call the social consensus ethic. A moment’s reflection reveals that without some such consensus ethic, we could not live together, we would have chaos and anarchy, and society would be impossible. This is true for any society at all that intends to persist: There must be rules governing everyone’s behavior. Do the rules need to be the same for all societies? Obviously not—we all know that there are endless ethical variations across societies. Does there need to be at least a common core in all of these ethics? That is a rather profound question I shall address later. For the moment, however, we all need to agree that there exists an identifiable social consensus ethic in our society by which we are all bound.

Now, the social consensus ethic does not regulate all areas of life that have ethical relevance; certain areas of behavior are left to the discretion of the individual or, more accurately, to his or her personal ethic. Such matters as what one reads, what religion one practices or doesn’t practice, how much charity one gives and to whom, are all matters left in our society to one’s personal beliefs about right and wrong and good and bad. This has not always been the case, of course—all of these examples were, during the Middle Ages, appropriated by a theologically based social consensus ethic. And this fact illustrates a very important point about the relationship between social consensus ethics and personal ethics. As a society evolves and changes over time, certain areas of conduct may move from the concern of the social consensus ethic to the concern of the personal ethic, and vice versa. An excellent example of a matter that has recently moved from the concern of the social ethic, and from the laws that mirror that ethic, to the purview of individual ethical choice is the area of sexual behavior. Whereas once laws constrained activities like homosexual behavior, adultery, and cohabitation, these things are now left to one’s personal ethic in western democracies. With the advent during the
1960s of the view that sexual behavior that does not hurt others is not a matter for social regulation but, rather, for personal choice, social regulation of such activity withered away. About ten years ago the mass media reported, with much hilarity, that there was still a law on the books in Greeley, Colorado, a university town, making cohabitation a crime. Radio and TV reporters chortled as they remarked that, if the law were to be enforced, a goodly portion of the Greeley citizenry would have to be jailed!

On the other hand, we must note that many areas of behavior once left to one’s personal ethic have been since appropriated by the social ethic. When I was growing up, paradigm cases of what society left to one’s personal choice were represented by the renting or selling of one’s real property, and by whom one hired for jobs. The prevailing attitude was that these decisions were your own damn business. This, of course, is no longer the case. Federal law now governs renting and selling of property, and hiring and firing.

Generally, as such examples illustrate, conduct becomes appropriated by the social consensus ethic when how it is dealt with by personal ethics is widely perceived to be unfair or unjust. The widespread failure to rent to, sell to, or hire minorities, which resulted from leaving these matters to individual ethics, evolved into a situation viewed by society as unjust, and led to the passage of strong social ethical rules against such unfairness. As we shall see, the treatment of animals in society is also moving into the purview of the social consensus ethic, as society begins to question the injustice that results from leaving such matters to individual discretion.

The third component of ethics, in addition to social consensus ethics and personal ethics, is professional ethics. Members of a profession are first and foremost members of society—citizens—and are thus bound by all aspects of the consensus social ethic not to steal, murder, break contracts, and so on. However, professionals—be they physicians, attorneys, or veterinarians—also perform specialized and vital functions in society. This kind of role requires special expertise, special training, and involves special situations that ordinary people do not face. The professional functions that veterinarians perform also warrant special privileges, for example, dispensing medications and performing surgery. Democratic societies have been prepared to give professionals some leeway and assume that, given the technical nature of professions and the specialized knowledge their practitioners possess, professionals will understand the ethical issues they confront better than society does as a whole. Thus society generally leaves it to such professionals to set up their own rules of conduct. In other words, the social ethic offers general rules, creating the stage on which professional life is played out, and the subclasses of society comprising professionals are asked to develop their own ethic to cover the special situations they deal with daily. In essence society says to professionals, “Regulate yourselves the way we would regulate you if we understood enough about what you do to regulate you!” Because of this situation, professional ethics occupies a position midway between social consensus ethics and personal ethics, because it neither applies to all members of society nor are its main components left strictly to individuals. It is, for example, a general rule of human medical ethics for psychiatrists not to have sex with their patients.

The failure of a profession to operate in accordance with professional ethics that reflect and are in harmony with the social consensus ethic can result in a significant loss of autonomy by the profession in question. One can argue, for example, that recent attempts to govern health care by legislation is a result of the human medical community’s failure to operate in full accord with the social consensus ethic. When hospitals turn away poor people or aged stroke victims, when pediatric surgeons fail to use anesthesia on infants,
or when doctors give less analgesia to adolescents than to adults with the same lesion (Rollin, 1997), they are not in accord with social ethics, and it is only a matter of time before society will appropriate regulation of such behavior. In veterinary medicine, social fear of the irresponsible use and dispensing of pharmaceuticals recently threatened the privilege of veterinarians to prescribe drugs in an extralabel fashion—a privilege whose suspension would have in a real sense hamstrung veterinarians. Because so few drugs are approved for animals, veterinary medicine relies heavily on extralabel drug use.

**Ethics$_1$ and Ethics$_2$**

Thus far we have looked at ethics$_1$—the set of principles that governs people’s views of right and wrong, good and bad, fair and unfair, just and unjust—and found that ethics$_1$ can be further divided into social consensus ethics, personal ethics, and professional ethics. Now we must consider a less familiar secondary notion ethics$_2$. Ethics$_2$ is the logical, rational study and examination of ethics$_1$, which may include the attempt to justify the principles of ethics$_1$, the seeking out of inconsistencies in the principles of ethics$_1$, the drawing out of ethics$_1$ principles that have been hitherto ignored or unnoticed, engaging the question of whether all societies ought ultimately to have the same ethics$_1$, and so on. This secondary sense of ethics—ethics$_2$—is thus a branch of philosophy. Most of what we are doing in this book is ethics$_2$, examining the logic of ethics$_1$. Socrates’ activities in ancient Athens were a form of ethics$_2$. Whereas we in society learn ethics$_1$ from parents, teachers, churches, movies, books, peers, magazines, newspapers, and mass media, we rarely learn to engage in ethics$_2$ in a disciplined, systematic way unless we take an ethics class in a philosophy curriculum. In one sense this is fine—vast numbers of people are diligent practitioners of ethics$_1$ without ever engaging in ethics$_2$. On the other hand, failure to engage in ethics$_2$—rational criticism of ethics$_1$—can lead to incoherence and inconsistencies in ethics$_1$ going unnoticed, unrecognized, and uncorrected. Although not everyone needs to engage in ethics$_2$ on a regular basis, there is value in at least some people monitoring the logic of ethics$_1$, be it social consensus ethics, personal ethics, or professional ethics. Such monitoring helps us detect problems that have been ignored or have gone undetected and helps us make ethical progress. I shall shortly analyze some of the reasons why ethics$_1$ is likely to stand in need of constant critical examination.

What is “philosophy” of which we have said ethics$_2$ is a part? To tell someone that one is a “professional philosopher” or even a “philosophy teacher” is to risk a wide variety of undesirable responses, ranging from “Isn’t everyone a philosopher?” to “Where is your couch?” to glassy-eyed stares, to serious conversational lulls, to questions about crystals and the prophecies of Nostradamus. To many of my nonphilosophy colleagues I am a sort of secular preacher, in whose company one refrains from telling off-color jokes, even though I do not refrain from telling them.

In fact, one can provide a fairly straightforward and clear account of philosophical activity that goes a long way toward breaking the stereotype and also helps people in any discipline understand why philosophy is relevant to them. As Aristotle long ago pointed out, all human activities and disciplines rest on certain assumptions and concepts that are taken for granted. As in the paradigmatic case of geometry, we must assume certain notions without proof, for it is upon these notions that all subsequent proof is based. If we could prove our foundational assumptions, it would need to be on the basis of other assumptions that are either taken for granted or proved on the basis of other assumptions. Because the latter tack would lead to a never-ending hierarchy of as-
sumptions and proofs—what philosophers call an infinite regress—certain things are simply assumed.

All disciplines and activities make such assumptions: Science assumes that we can identify causes and effects. Art assumes that certain objects are works of art and others are not. History assumes that we can reconstruct the past. Mathematics assumes that certain things count as proof and others do not. The law assumes that people are to be held responsible for certain actions wherein they acted freely. Some schools of ethology assume that animals are conscious beings; others assume they are physiological machines.

In all of these examples it is obvious, on reflection, that certain basic challenges can be directed toward all of these implicit or explicit assumptions. What makes certain things works of art and others not? (Marcel Duchamp humorously asked this question when he submitted a urinal to a Paris sculpture exhibition in the early twentieth century.) Why do we accept someone's brain tumor as exonerating criminal behavior, but not someone's childhood experiences? What about that person's genes? How do we decide which of two incompatible but well-researched historical reconstructions to accept? How do we decide which approach to animal behavior is the correct approach? Is it the one that gives primacy to behavior, the one that gives primacy to evolutionary explanations, the one that invokes consciousness, or the one that invokes neurophysiology? Ought we or ought we not accept a computer proof by exhaustion of Euler's conjecture? This is the terrain in which philosophy operates.

People who raise such basic, conceptual questions about fundamental concepts and assumptions are functioning as philosophers, whether or not they are professionally involved in philosophy. Because most people at some time or another ask such questions, most people have their philosophical moments. Much progress in human thought and behavior has been accomplished by such thoughtful questioning of what is taken for granted by others. For example, one of Einstein’s major contributions in developing special relativity was a philosophical critique of notions that physicists since Newton had taken for granted—namely, that one can talk intelligibly of absolute space, absolute time, absolute simultaneity, independent of who is recording or measuring these things. Indeed, it is for this reason that a major book on Einstein’s work is entitled Albert Einstein: Philosopher/Scientist.

As Plato noted, what we assume about right and wrong, good and bad, justice and injustice, fairness and unfairness, constitutes the most important assumptions we make as individuals, societies, or subgroups of societies, such as the professions. Our vision of the good, of what is right and wrong to do, underlies everything we do at all levels—be it the social level of policies about taxation and redistribution of wealth, what science we do and don’t fund (research into environmental preservation versus research into the relationship between race and intelligence), our views of punishment and rehabilitation, et cetera, or be it at the level of individual action.

One sometimes encounters skepticism about philosophical ethics from people who assert that ethics is “just opinion” or “isn’t based on facts” and therefore can’t be rationally criticized or rationally taught. A moment’s reflection, and some judicious examples, should allow us to bury this skeptical nuisance for the remainder of our discussion.

Let us look at clear examples of how social, personal, and professional ethics can be rationally criticized. Consider the social ethic: Those of us who are over forty have lived through a period of social-ethical self-examination regarding our treatment of blacks. We were taught from the time that we were children that all humans should be treated equally regardless of race, creed, or color. Yet we also knew that black people were treated quite differently, most clearly in the segregated states. The society, at the instigation of rational
critics, reasoned that separate was inherently unequal, and thus that segregation, however widely practiced, was incompatible with our consensus ethic. Indeed, if the social ethic could not be rationally criticized, we could make no social progress.

By the same token, one can criticize personal ethics. As I said earlier, one’s religious beliefs are a matter of personal ethics. Yet one can still rationally criticize the content of another’s beliefs. For example, I often ask my audiences how many of them are Christians and, if they are, to hold up their right hands. I also ask the same audiences how many of them are ethical relativists, explaining that an ethical relativist is a person who believes that there are no objective ethical truths, that everyone’s opinion is equally valid. I ask the relativists to hold up their left hands. Many people end up holding up both hands. But this is logically impossible! One can’t be a Christian and a relativist at the same time, because a Christian must believe that certain things are absolutely right and wrong—for example, the Ten Commandments—whereas a relativist asserts that nothing is absolutely right or wrong.

Finally, one can rationally criticize professional ethics in many ways. Two personal examples come to mind. In the mid-1970s I wrote some articles criticizing veterinary ethics, as embodied in the American Veterinary Medical Association (AVMA) Code of Ethics, for failing to deal with many of the issues society expected veterinary ethics to deal with, such as whether one should euthanize a healthy animal for owner convenience, when one should control pain in animals, and whether veterinarians have a social obligation to lead in changing practices that hurt animals. Instead, much attention was devoted to questions of etiquette—how big one’s sign can be, what form one’s yellow pages ad should take, whether or not one can advertise, and so on (Rollin, 1978). As Dr. Harry Gorman pointed out to me, society got tired of the bickering about advertising, and the decision about its acceptability was made by the courts, not by veterinarians.

A second example concerns the treatment of animals in research. Also beginning in the 1970s, I attempted to persuade researchers that, though how they treated animals had essentially been left by society to the discretion of their professional and personal ethics, their behavior was not in accord with emerging social ethics on animal treatment and was, in fact, at odds with it. I argued that researchers were living on borrowed time. If society knew about some of the practices that were rife in research, such as the systematic failure to use analgesics for postsurgical pain, the multiple use of animals for invasive procedures in teaching, and general poor care, then society would appropriate the treatment of animals in science into the social ethic, no longer leaving it to the professionals. Sure enough, that is what occurred, and what needed to occur.

There is a fundamental lesson here for veterinarians and, indeed, for all professionals. If we wish to continue to run our own professional lives—and ideally we should, because we understand the issues occasioned by our own activities better than anyone else does—then we must be highly sensitive to the issues in our professions, be very anticipatory in dealing with them, and let the public know what we are doing. Veterinary medicine, like human medicine and most other professions, has not done as well as it should or can in any of these three ways.

Veterinary medicine should be teaching ethics throughout veterinary school curricula so that graduates are highly sensitized to the issues they might encounter, both as individual veterinarians and as members of the profession. Too many schools fail to teach ethics, so practitioners and organized veterinary medicine get blindsided by concerns they do not see coming. For example, we know that animal welfare issues are of paramount concern for the social ethic. We also know that society looks to veterinary medicine for answers: Federal law singles out laboratory animal veterinarians as the key to
laboratory animal welfare; the AVMA euthanasia recommendations are integral to federal law; the recommendations of the AVMA Panel on Pain and Distress, on which I was privileged to serve, are unofficially part of the law; and Congress requests advice from the AVMA on issues pertaining to the genetic engineering of animals. Thus cognizance of animal welfare issues, and recommendations for their resolution, should be a top priority for organized veterinary medicine and for veterinary practitioners.

Indeed, veterinarians are literally starved for ethical discussion. Almost all veterinarians are “closet moral philosophers” whose philosophical interest is evident whenever they are given the opportunity to “come out of the closet.” I know this from my personal experiences of speaking to veterinary audiences—our discussions will almost invariably continue for as long as they are allowed to. For fifteen years I have written a column for the Canadian Veterinary Journal on ethical issues facing veterinarians, and surveys by the journal indicate that, except for the scientific articles, the ethics column is by a significant margin the most popular feature of the journal. A survey of veterinary school graduates indicated that the area in which they believe they need a good deal more training in veterinary schools is ethics (James F. Wilson, personal communication, 1994), and this finding was buttressed by a solicitation of reader response in the Journal of the American Veterinary Medical Association (JAVMA). For this reason I have long argued that ethical and social issues should get much more play at the local, national, and international levels of veterinary medicine and in veterinary schools, journals, and conferences. This change is in fact slowly taking place but should proceed more rapidly still.

Once veterinary medicine understands the issues, it should do more to handle major veterinary ethical controversies in an anticipatory, proactive way. The farm animal welfare issue is a good example. It is now clear that a reform of intensive agriculture is being demanded in most western societies to make the industry more animal friendly—even people within the industry now admit that this must be done. Veterinarians should be leading this movement, because they understand the needs of both animals and producers and care for both. I shall return to animal welfare issues later in this discussion.

Another example of a problem area in ethics that it would behoove veterinary medicine to engage in more forcefully is the issue of dealing with practitioners whose behavior violates accepted ethical norms. For example, I heard from a graduate about a case in which a practitioner routinely prescribed fecal examinations for pets, did not bother to examine them, and then charged for deworming. When the young veterinarian who had taken a job in that practice approached the local association and complained, he was told, “Oh, hell, Dr. X has been doing that for years—what can we do?”

The reluctance to implicate a colleague—to “squeal” or “rat,” as I was brought up to think of it—is understandable. However, if you do not clean up your own house, society will do it for you by passing laws and regulations. In other words, the control of such conduct will be removed from veterinarians and placed in the hands of the law—law written by non-veterinarians who do not understand veterinary practice, law that can well restrict and erode veterinary autonomy in a detrimental way.

Finally, veterinary medicine could do more to publicize its involvement in ethical and social issues. For that matter, all professions could. The public should understand how the profession polices itself; they should understand that veterinary medicine is actively attempting to solve the pet overpopulation problem; and they should understand the role of veterinarians in changing questionable agricultural practices and in engaging the welter of animal use issues in society. I will discuss many of these problems later in this book.
We can similarly dispatch the claim sometimes made by skeptics to people like myself that “you cannot teach ethics,” an ultimately ambiguous statement. If the argument is that “one cannot teach ethics₁,” this is simply false. Parents, friends, churches, peers, movies, books, veterinary faculty, all teach ethics₁, often without knowing it. For example, when surgery was taught by use of multiple survival procedures in veterinary schools in the 1970s, an ethics₁ message was transmitted to students about the value of animal life and suffering—though most surgery faculty didn’t realize they were communicating such an implicit moral message, and most probably would not have explicitly done so. Not only is it possible, then, to teach ethics₁, it is inevitable, though we may not do so consciously, coherently, or defensibly. I shall discuss later the sense in which one can rationally approach teaching ethics₁.

On the other hand, if by asserting “one cannot teach ethics” one means one cannot teach ethics₂ (that is, how to reason about ethics₁), this is also patently false. In fact, teaching ethics₂ is the task of this book!

Ethical Vectors in Veterinary Medicine

How and where do ethical issues manifest themselves in veterinary medicine? Before we begin to discuss the variety of ethical pulls on veterinarians, it is important to make a fundamental clarification too often overlooked. Understandably, television, movies, magazines, newspapers, novels, plays, and so on are drawn to ethical issues as a source of controversial and interesting subject matter. And this is not altogether bad. Many citizens have learned a good deal about human medical ethics from the relentless attention it has attracted from mass media. Indeed, the medical community has historically been forced to pay greater attention to ethical issues by virtue of the media attention they attract. By the same token, the media have inevitably tended to portray ethical decisions as dilemmas—very dramatic situations wherein one is faced with two extreme, mutually exclusive choices that exhaust all possibilities, yet neither of which seems wholly correct or incorrect. (Etymologically, “di-lemma” means “two horns”—whichever direction you turn, you are “impaled” on a horn.) A classic example of a genuine dilemma occurred when a human hospital was faced with one more patient who needed a kidney machine than the hospital had such machines: How do you choose which patient will live and which will die? The high drama in true dilemmas has led many people to equate “ethical decisions” with “ethical dilemmas.” Fortunately for veterinarians’ peace of mind, most ethical choices in veterinary medicine, or for that matter in any field, are not dilemmas. In fact, most of our choices are straightforward: I, as a veterinarian, choose not to overcharge the very rich client even though I could use the money for a new set of saddlebags for my Harley-Davidson; I choose to treat an animal belonging to an indigent client for cost and allow the client to pay me over time; I don’t seduce a beautiful, neurotic client even though she is sending signals. (This is not of course to say that there are never dilemmas in veterinary medicine. Clients who want a veterinarian to euthanize a healthy animal often create dilemmas for clinicians.)

This excessive emphasis on dilemmas has some pernicious consequences. Most mischievous, perhaps, is that people are led to expect that ethical issues will present themselves as overly dramatic Scylla versus Charybdis impasses! Such a tendency may, in turn, lead to people ignoring the ethical dimensions of obvious, less dramatic situations. Equally significant, and of inestimable social importance, is that people begin seeing ethical issues as unbridgeable gulfs, with “us” on one side and “them” on the other. The