

- Rodd, Rosemary. 1990. *Biology, Ethics, and Animals*. Oxford, UK: Clarendon Press.
- Rollin, Bernard E. 1992. *Animal Rights and Human Morality*, rev. edition. Buffalo, NY: Prometheus Books.
- Rothschild, Miriam. 1986. *Animals and Man*. New York: Oxford University Press.
- Royal Society for the Prevention of Cruelty to Animals. 1984. *Policies on Animal Welfare*, rev. ed. Horsham, Sussex, UK: Author.
- Ryder, Richard D. 1973. *Pets Are Good for People*. London: Pet Manufacturers' Association.
- Sandys-Winsch, Godfrey. 1984. *Animal Law*, 2nd ed. London: Shaw and Sons.
- Serpell, James. 1986. *In the Company of Animals: A Study of Human-Animal Relationships*. New York: Basil Blackwell.
- Shell, Marc. 1986. "The Family Pet." *Representations* 15 (summer): 121–53.
- Singer, Peter. 1976. *Animal Liberation: A New Ethics for Our Treatment of Animals*. London: Jonathan Cape.
- Stallones, Lorann. 1994. "Pet Loss and Mental Health." *Anthrozoos* 7 (1): 43–54.
- Sweeney, Noël. 1990. *Animals and Cruelty and Law*. Bristol, UK: Alibi Books.
- Tester, Keith. 1991. *Animals and Society: The Humanity of Animal Rights*. London: Routledge.
- Thomas, Elizabeth Marshall. 1993. *The Hidden Life of Dogs*. Boston: Houghton Mifflin.
- Thomas, Keith. 1983. *Man and the Natural World: A History of the Modern Sensibility*. New York: Pantheon.
- Wilson, Cindy C. 1991. "The Pet as an Anxiolytic Intervention." *Journal of Nervous and Mental Disease* 179 (8): 482–89.
- Wilson, Cindy C. 1994. "A Conceptual Framework for Human-Animal Interaction Research: The Challenge Revisited." *Anthrozoos* 7 (1): 4–24.
- Wilson, Cindy C., and F. Ellen Nettling. 1987. "New Directions: Challenges for Human-Animal Bond Research and the Elderly." *Journal of Applied Gerontology* 6 (2): 189–200.
- Wood, John George. 1875. *Man and Beast: Here and Hereafter. Illustrated by More Than Three Hundred Original Anecdotes*. London: Daldy, Isbister.
- Youatt, William. 1839. *The Obligation and Extent of Humanity to Brutes, Principally Considered with Reference to Domesticated Animals*. London: Longman, Orme, Brown, Green, and Longman.

Andrew Linzey (1995)
University of Oxford

IV. PET AND COMPANION ANIMALS [ADDENDUM]

The use of animals during the treatment of human patients can be traced back to the times of the ancient Egyptians, Greeks, and Romans (Shubert 2012). A dramatic increase in such animal-assisted interventions

within medicine, social work, and related fields of health care, however, has occurred in recent years. Such interventions aim to improve the physical, emotional, cognitive, or social health and functioning of people who participate in them. Related programs may be classified into animal-assisted activities (AAAs), service animal programs (SAPs), and animal-assisted therapies (AATs) (Muñoz Lasa et al. 2011).

Of these programs, SAPs have the greatest prominence and lengthiest history. The animals used in these programs are intended to enhance the capabilities of humans disabled through impairment of sensory capacities, such as sight or hearing. Such animals are typically dogs, often highly trained through programs such as Guide Dogs for the Blind, which are run in several countries by various charities. They assist beneficiaries with everyday activities, thereby reducing their dependency on other people.

The use of animals may also be aimed at achieving specific medical or therapeutic benefits for patients, such as the alleviation of pain or depression or the lowering of blood pressure or stress levels. Horses, for example, have been used to facilitate the normalization of muscle tone and improved motor skills in children with cerebral palsy and in patients with lower limb spasticity (Muñoz Lasa et al. 2011).

AAAs provide motivational, educational, or recreational opportunities designed to enhance the quality of life, without the kind of specific treatment goals characteristic of AATs (Shubert 2012). Reported benefits of AAAs include enhancement of socialization, leisure, and recreational skills; reduction of stress, anxiety, and loneliness; and improvement in mood and general well-being (Muñoz Lasa et al. 2011). For elderly people or others who may lack adequate social contact, "animals allow people to escape from everyday reality, offer friendship and love and ... also [a] sense of safety and needfulness," as M. Fejsáková and colleagues (2009, 62) have noted.

Considerable attention has focused on the potential human therapeutic or other benefits of such programs, particularly in the case of newer modalities, such as AATs and AAAs. In contrast, relatively little consideration has been afforded to the impacts experienced by the animals used. Sentient animals have their own intrinsic worth, independent of any instrumental value to humans. Or, put another way, their lives are morally significant in their own right. Each animal has its own set of interests, which it seeks to pursue by means of both individual and species-specific behaviors. When we frustrate those behaviors or inflict harms on animals, there are, of course, moral consequences. Unfortunately, animal-assisted interventions may potentially cause such harms, in several ways.

First, animals are frequently taken from their natural families and locales and then provided with limited, if any

contact with their own kind. Instead, they receive the companionship of humans, who may not be entirely sound in body or mind. Human psychological or behavioral disorders may have consequences for animal companions. People who are overly anxious or needy for companionship, for example, may place their animal companions under stress, from which they have limited ability to escape. Where animals are transferred from patient to patient, they also have to endure changing homes and human companions, who are likely to have varying personal characteristics and levels of prior experience with animal guardianship. Lack of control over an animal's environment or social milieu can be a significant source of stress. As Fejsáková and colleagues (2009, 63) put it, "The majority of AAA/AAT animals are 'imprisoned' in systems in which they have little self-control over their social life and are unable to avoid ... unwanted social environment[s]."

Such harms can become even more significant when nondomesticated species are used. Such species are more likely to have specialized dietary and other husbandry requirements; the risk is that such needs may not be met, resulting in detrimental effects on welfare. They are also less likely to cope well in artificial, captive environments and particularly stressful environments. They may also be considerably more difficult to train. Fejsáková and colleagues (2009) described the training of white-headed capuchin monkeys (*Cebus capucinus*) for use in an AAT program. Because of their potentially aggressive and unpredictable behavior, in the majority of cases these monkeys had to wear remote electric collars or harnesses and undergo castration and removal of their eyeteeth to control their behavior and safeguard patients.

Similarly, extreme measures may be required to allow the use of animals—whether domesticated or not—when patients are markedly immunocompromised, such as those suffering from AIDS or receiving high-dose steroid therapy. Owing to the risk of infections resulting from cat scratches, for example, feline companions of such patients may undergo onychectomy, or declawing surgery. This effectively amputates every toe at the first joint, resulting in avoidable risks associated with general anesthesia and of complications such as postoperative stump and phantom pain, hemorrhage, and infection and substantial reduction in self-defense capacity during encounters with other animals. Accordingly, onychectomy is extremely controversial within veterinary medicine (Atwood-Harvey 2005).

Clearly, the use of animal-assisted interventions can be more morally problematic than is apparent at first glance. Such problems may be exacerbated by inconsistency of standards for selection, training, and evaluation of both animals and therapists (Fejsáková et al. 2009). At a minimum, animal-assisted therapists should be intimately

familiar with normal behavioral repertoires of the species in question and skilled at reading animal body language and detecting signs of stress, discomfort, fear, and fatigue. The wider adoption and harmonization of minimum standards would help ensure that therapists are adequately trained and experienced. Such standards should also be directed toward ensuring safe, stable, and physically and psychologically healthy environments for the animals used and also at identifying animals or species that cannot be used in such programs without incurring unacceptable risks to the health and welfare of the animals or their intended human companions.

Vegetarian companion animal diets also remain the subject of controversy. It is because of the ethical concerns of a growing population of vegetarian animal guardians about the farming and killing of animals raised for food and because of medical conditions such as allergies caused by beef, lamb, and other animal-derived dietary ingredients that vegetarian pet food brands were first developed. However, there is no scientific reason why a diet entirely comprising plant, mineral, and synthetically based ingredients cannot be formulated to meet all of the palatability, nutritional, and bioavailability needs of dogs, cats, humans, or indeed any other species for which they are intended. After all, each species requires particular dietary nutrients, not specific ingredients (Knight 2005). Indeed, an increasing number of such purely vegetarian diets are now commercially available for both dogs and cats.

SEE ALSO *Care: I. History of the Notion of Care; Environmental Ethics: I. Overview; Grief, Ethical Implications of; Moral Status*

BIBLIOGRAPHY

- Atwood-Harvey Dana. 2005. "Death or Declaw: Dealing with Moral Ambiguity in a Veterinary Hospital." *Society and Animals* 13 (4): 315–42.
- Fejsáková, M.; J. Kottferová; J. Mareková; et al. 2009. "Ethical Aspects Related to Involvement of Animals in Animal Assisted Therapy." *Folia Veterinaria* 53 (1): 62–64.
- Knight Andrew. 2005. "In Defense of Vegetarian Cat Food." *Journal of the American Veterinary Medical Association* 226 (4): 512–13.
- Muñoz Lasa, S.; G. Ferriero; E. Brigatti; et al. 2011. "Animal-assisted Interventions in Internal and Rehabilitation Medicine: A Review of the Recent Literature." *Panminerva Medica* 53 (2): 129–36.
- Shubert Jan. 2012. "Therapy Dogs and Stress Management Assistance during Disasters." *U.S. Army Medical Department Journal* (April–June): 74–78.

Andrew Knight

Associate Professor of Welfare and Ethics, Ross University School of Veterinary Medicine, St. Kitts, West Indies