

Live Animals Cut From Undergrad Labs

By Jonathan **WOODWARD**,
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VANCOUVER (CUP) – The University of British Columbia (UBC) Faculty of Medicine undergrad students won't be putting live pigs under the knife this fall. A report commissioned by UBC Dean of Medicine John Cairns has recommended the elimination of the use of live animals for training procedures.

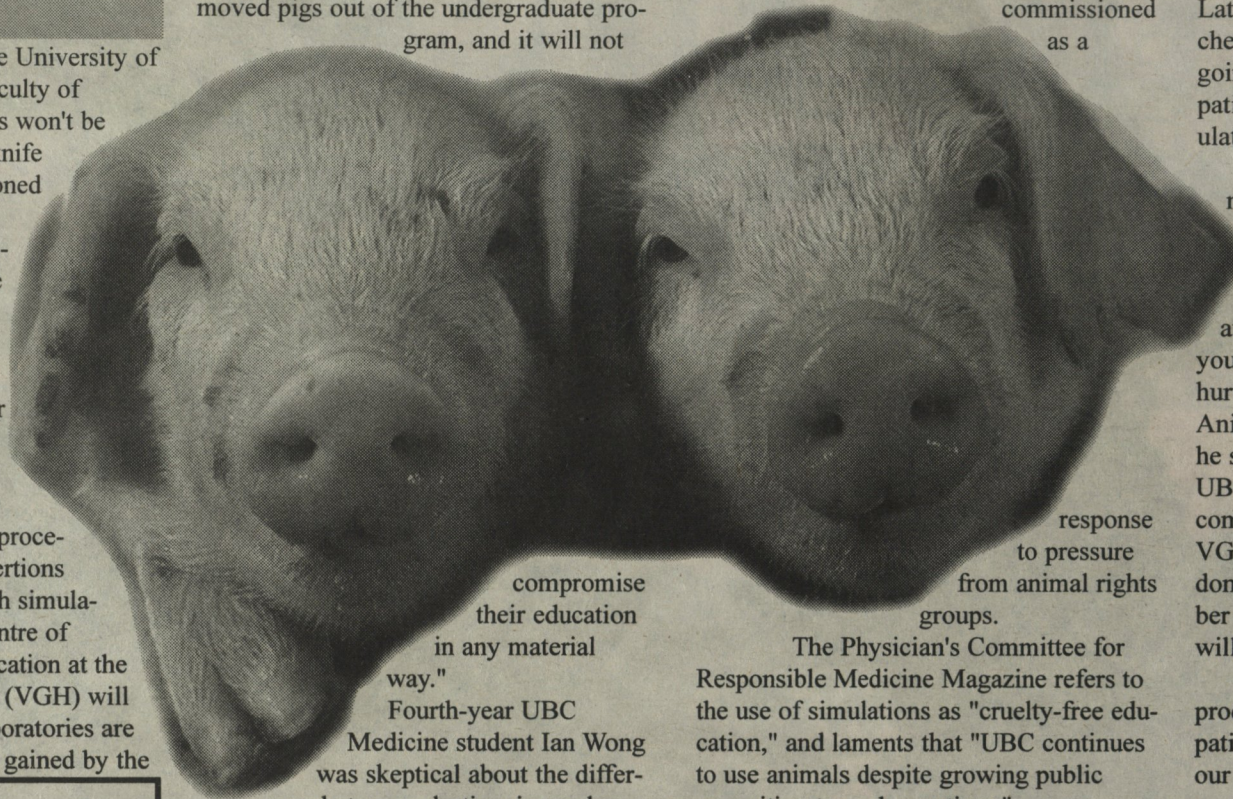
The recommendation will be implemented for September 2003 classes.

Each year, students operate on about 25 anaesthetized pigs for practice in procedures such as chest tube insertions and tracheotomies. High-tech simulations designed by UBC's Centre of Excellence for Surgical Education at the Vancouver General Hospital (VGH) will replace the lab. "These laboratories are ones where the skills can be gained by the

use of robotic techniques, abattoir materials and simulations," said Cairns. "We've moved pigs out of the undergraduate program, and it will not

Associate Dean Angela Towle.

The report on animal use was commissioned as a



response to pressure from animal rights groups.

The Physician's Committee for Responsible Medicine Magazine refers to the use of simulations as "cruelty-free education," and laments that "UBC continues to use animals despite growing public opposition to such practices."

Animals used are treated to standards consistent with Canadian law, veterinary practice and the animal use committee at UBC.

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"Still, every time this pressure comes, it behooves the Faculty of Medicine to consider what the best course is to take in order to produce physicians who can look after patients effectively. That's our goal," said Cairns.

UBC is one of the last universities in Canada to still use live animals, a shrinking group that still includes McGill University.

"As a veterinarian I don't think you can adequately train someone who is doing an emergency procedure where the procedure you're doing will have an affect on the animal, how you can do it with a dummy," said Richard Latt, director of the Animal Resources Center at McGill.

"You're training medical personnel to react quickly to a patient coming into an emergency room [and] how to

properly place a chest tube or a [tracheometry] tube or something like that." Latt said. "If you put the trach tube or chest tube in the wrong place its certainly going to have an adverse affect on the patient. And I'm not sure how you can simulate that in a model."

Wong ultimately agreed on the need for experience.

"The biggest concern for most Med students is that, at some point, there is a first time that you will operate on a human being. The more times you practice, the better. Our biggest fear is hurting someone's mother or daughter. Animal labs have given me confidence," he said.

UBC will go ahead with its program in the coming school year, co-operating with VGH in its fundraising from private donors, the health care system and a number of private companies. The machines will be evaluated in a surgical setting.

"The objective in all of this is to produce physicians who can look after patients properly, and that has always been our main goal," said Cairns.

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compromise their education in any material way." Fourth-year UBC Medicine student Ian Wong was skeptical about the difference between plastic, pigs and humans.

"There is no way to find landmarks in plastic tissue," he said. "While landmarks will be different on pigs and humans, they are there and can be used. It doesn't matter if it's a bleeding pig or human, our job is to just stop the bleeding.

"With pigs, the acuteness of the situation is the same," he said. Surgical doctors will still practice extensively on live animals in graduate school, Cairns said.

"Our focus is to ensure that we have highly-skilled practitioners to operate on a person. I think, in reality, neither [simulations nor animal labs] really prepares students," he said.

"While it is important to learn everything you can before you work on a human, where they actually learn is in the setting of real human beings."

A large factor influencing the decision was the availability of effective technologies for simulation. Haptic technologies provide "phenomenally accurate simulations for the feel and touch," Cairns said.

A combination of a computer screen interface and responsive rubber skin attempts to stimulate every aspect of suturing, down to the pop of the needle. "It feels like you're stitching skin," said

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