



Presidenza del Consiglio dei Ministri
NATIONAL BIOETHICS COMMITTEE

**BIOETHICAL PROBLEMS CONCERNING THE USE OF
ANIMALS IN ACTIVITIES LINKED TO HUMAN HEALTH AND
WELL-BEING**

21st of October 2005

CONTENTS

Presentation	3
Summary and Recommendations	4
Introduction	5
Purpose and scope of the Document	10
The interests of animals	11
Team work	13
Legal Profiles	16
The interest of society and the patients	18
A therapeutic alliance? Bioethical aspects of Pet Therapy	20

PRESENTATION

Since its institution in 1990, the *National Bioethics Committee* has adopted the insight of the best bioethicists, according to which the sphere of bioethical reflection relates to whatever is *living in general* and does not only apply to the living *human being*. The Committee's constant attention to environmental bioethics and above all to bioethics *for animals and with animals* stems from this. Therefore, special attention should be given to three of the Committee's documents: *Animal testing and health of living beings* 17th April 1997, *Bioethics and veterinary science, animal well-being and human health* 30th November 2001, *Ritual slaughtering and animal suffering* 19th September 2003.

The theme of the document presented here, that of bioethical issues relating to *the use of animals in activities related to human health and well-being*, has prompted the attention of the members of the Committee since 2002: in the plenary session on September 19th, it was decided that a working group on the matter should be set up and its direction entrusted to Dr. Pasqualino Santori. This group was immediately joined by Profs. Salvatore Amato, Luisella Battaglia, Cinzia Caporale, Isabella Coghi e Renata Gaddini.

The work of the group has been particularly intense, as reflected both by the fact that from 2002 to 2005 it met eighteen times, and the large number of "external" experts, who have generously collaborated with the group. Allow me to name them one by one and thank them once again for their friendly alacrity: S. Del Papa (Zoo-prophylactic Experimental Institute of Abruzzo and Molise), G. Felicetti (Anti-Vivisection League), E. Natoli (ASL Roma D - Veterinary Hospital), F. Rametta (Psychotherapist, Scientific Director, Teacher and Supervisor of "Arethusa"), R. Marchesini (President of the SISC), A. Pugliese (University of Messina-Department of Veterinary Medical Sciences), M. Verga (Institute of Animal Science - Faculty of Veterinary Medicine-University of Milan), M. Minero (Institute of Animal Science - Faculty of Veterinary Medicine-University of Milan), M. P. Onori (Equestrian Rehabilitation Centre Vittorio di Capua - Ca 'Granda Hospital in Milan), L. Valeri (Zoo-prophylactic Experimental Institute of Abruzzo and Molise), C. Weeiss (Zoo-prophylactic Institute of Abruzzo and Molise), D. Salvi (International Academy for the study of communication with dogs), G. Pallante (Centre for Interdisciplinary Studies in Zoo-anthropology of Trento), A. Mannucci (Journalist), F. Allegrucci (Scientific Head of ANUNCS). Without their cooperation this text would not have been possible. After the work of the group was concluded, the document was distributed to all members of the Committee. Placed on the agenda and vigorously debated in the plenary session of 21st October 2005, it was finally approved unanimously. I am therefore very pleased to present it, not only to our institutional recipients, but to the widest audience of scientists, those operating in the legal, social, philosophical and bioethical context who follow of our work: I am convinced that they will agree to recognize that our text - further proof of the justified bioethical commitment that has always characterized our work - is marked by a distinct originality in imposition and approach, which will constructively raise awareness to bioethics and animal rights in our country.

President of the Italian National Bioethics Committee
Prof. Francesco D'Agostino

SUMMARY AND RECOMMENDATIONS

In this document the N.B.C. has taken into consideration, using the Anglo-Saxon term, widely in use, *Pet Therapy*, the different activities, that arouse the interest and hopes of the public and the medical community, conducted for the benefit of human beings and implemented with the use of animals.

Despite the remarkable diversity, the practices examined are characterized by two distinctive and common features:

- a) the pursuit of human health and well-being;
- b) the use of animals and the protection of their well-being.

These particular uses of animals, clearly different from the traditional ones had over the centuries, increase the need for thorough moral judgments involving not only the respect that is owed to every objectively "sentient being", but also (and especially) the attempt to create a very special form of "therapeutic alliance".

Four types of relationship between man and animal for the purpose of human well-being and health that present substantial differences in practical and organizational terms have been taken into consideration:

- a) cohabitation with an animal owned by a sick person in his or her own home or in a health care setting;
- b) the training and use of an animal to help a disabled person in his or her daily life;
- c) animal-assisted therapy;
- d) animal-assisted activities.

The bioethical problem concerns the assessment of the alleged benefits in their rapport with the nature of the relationship that is established with the animal. The latter must be guaranteed a persistent state of well being and, if possible, the creation of a condition of actual benefit. Thoughtful definition of any risk to human health in the case of contact or proximity to a healthy animal as well as veterinary supervision is also hoped for.

Bioethical relevance is also given to the judgement on the use of these practices (some of which still in the working hypothesis stage) in relation to the costs, the alternatives, the demonstration of their actual effectiveness, the decision-sharing with the patient through the practice of informed consent.

It therefore calls for:

- a) research to be supported that is aimed at identifying the real benefits to human health and well-being of the practices involving animals (and among them the research to study neuro-physiological and cognitive parameters capable of interpreting their "language") and this is true especially in the case of highly organized practices, such as the activities carried out with assistance animals, animal-assisted activities (AAA) and above all animal-assisted therapy (AAT);
- b) research to be supported that is aimed at identifying possible changes in animal well-being, in order not to expose the animals themselves to uses (regarding practices or work methods) that could cause conditions of discomfort for them. The absence of in-depth knowledge of the conditions for the employment of animals should be treated with a precautionary approach to exclude the possibility of stressful conditions;

c) the non use of wild animals, as they are not accustomed to living with humans, or to life in a confined environment, and therefore inevitably subjected to a condition of discomfort;

d) work to improve the quality of life for the animals involved using, wherever possible, and without prejudice to the result, animals taken from kennels, shelters or abandoned animals, appropriately selected and trained. It is considered necessary to consider the living conditions and well-being of the animal in all phases of the project and even after this has ended. It must be emphasized that for the protection of the animal there should always be guaranteed adequate public supervision;

e) guarantees for the possibility of maintaining a relationship with one's own pet in the case of admittance to a residential structure so as not to renounce to the care value of this affectionate relationship, both to avoid the danger of abandonment or removal. The opportunity for visits by animal, in the appropriate areas, for the patient admitted to a hospital facility should also be provided;

f) reliance on the dependability of the ethics committees for the evaluation of protocols and research projects and their implementation methods, where the involvement of animals in various activities different from those of their traditional use are foreseen;

g) use of so-called "gentle" training techniques, that respect the dignity and well-being of the animal as far as possible;

h) insistence on the need for physicians to pay the highest attention to these kinds of practices with regard to their possible effects and in particular to their significant psychological and existential nature. In this regard, it is also recommended not to suggest the general presence of an animal in a home environment without having realistically assessed the chances of a successful relationship with the patient and without having gained adequate knowledge on the animal and its needs.

i) in the use of animals, evaluation not only of the benefits but also of the risks that may concern allergies and infections (e.g. the risk of transmission of toxoplasmosis of the cat to a woman during pregnancy);

Lastly, the NBC reiterates that *Pet Therapy* (in the form of AAT, that is, *animal-assisted therapy*) is at present in many of its applications a working hypothesis that is awaiting appropriate verification by means of scientific methodology and deserves public support only as regards projects research.

INTRODUCTION

In the preparation of this document, the *National Bioethics Committee* has considered a particular area of the relationship between humans and the animal world, that of the various types of therapeutic or assistance relationships, that have as their purpose the promotion of the well-being and health of human beings. In particular, the Committee has examined so-called *Pet Therapy*, the training of *assistance animals* and, as relevant, cohabitation with a pet (in a health care setting or at home) by an individual who is particularly fragile from a psychological or physical point of view.

As illustrated by successive arguments, the now common and immediately understood name *Pet Therapy* was chosen to be used, despite the fact that the utilization of this terminology may lay open to criticism, because it does not distinguish between *animal-assisted activities* (A.A.A.) and *animal assisted therapy* (A.A.T.) that undoubtedly require differentiated analysis. It should be pointed out that *Pet Therapy* in the A.A.T. form, that is, *animal-assisted therapy*, is at present in many of its applications a working hypothesis that is awaiting verification by appropriate scientific methodologies and deserves public support only in research projects.

The document does not intend to provide a complete discussion of the matter in question, but rather wishes to emphasize some of the most important bioethical issues, suggesting also conditions and methods so that these practices may be confined in an ethically acceptable context even in the light of the moral significance acquired by animals. The "animal question" has taken on increasing importance over time in both the bioethical and biojuridical context, as well as in public opinion. The need to address the moral dilemmas related to interspecific relationships is particularly important when new circumstances or new uses of animals are expected, as in the cases discussed here.

The *National Bioethics Committee*, as concerns issues regarding animals has already expressed its views in specific documents namely: *Animal testing and health of living beings* (1997), *Bioethics and veterinary science, animal well-being and human health* (2001), and *Ritual slaughtering and animal suffering* (2003).

In addressing this issue, as in previous cases, particular prominence has been given to man, as the user of the reviewed practices or as operator or professionally devoted researcher. We must recognize that from the beginning the main *raison d'être* of these practices is placed upon the benefits that man can gain in relation to his health and well-being.

One does not intend nor should one neglect the interests of the animal. Not only for the general and growing consideration due to sentient beings, but also as regards the same interests of humans in order that these practices are truly effective. Indeed it is from a genuine "therapeutic alliance", namely from an intersubjective relationship, albeit inevitably an asymmetrical relationship, that man can derive the greatest therapeutic and existential advantage.

Animals have always played an important role in the history of human communities. At the dawn of civilization, it is likely that some human groups began a relationship in which the attempt was more or less to consciously manipulate, tame and then select for breeding (which has excluded them from natural selection) some animals with which it was possible to establish some form of communication. In this way the process of *domestication* began that has clearly involved a small number of species in relation to the many, *wild*, species existing in nature and potentially more or less accessible so to create with some of them over time *tamed* relationships.

Domestication is a particularly complex biological phenomenon which according to some evidence could have initiated with the dog about 10-15 thousand years ago, or, according to other authors, several tens of thousands of years before then.

Living with pets has immediately taken on at the same time an instrumental dimension, of *exploitation* of animals by man, and a broadly relational and diversified dimension depending on era and dominant cultures. Among these utilities that man has enjoyed the benefits of there can also be included those to his well-being and health.

However, it is only in recent decades that many studies have focused on the existence of a causal link between some forms of cohabitation or common activities with animals and alleged physical or mental improvements in human subjects suffering from some disease (or general distress or needs). And it is only recently that extemporaneous and indeterminate practices have been systematized in actual intervention projects aimed at obtaining, as far as possible, measurable and repeatable benefits.

The articulation of these experiences, the scientific nature of which - should be emphasized - is ambiguous and still to be explored, it is briefly described below:

Pet Therapy: A.A.A. and A.A.T.

The name *Pet Therapy* has long been used in reference to activities involving animals or involving training programs in order to obtain specific functional animal behaviour to accomplish foreseen therapeutic or care targets.

Animal-Assisted Activities

Animal-Assisted Activities (A.A.A.) are aimed at improving the quality of life and general well-being of man. It is a question of recreational (or other) intervention) carried out with animals that satisfy certain requirements these activities are directed at persons who live emotional or physical difficulties, or who find themselves in distressing conditions (hospitalization, stay in a nursing home, detention, etc.). Also included among the A.A.A., are activities of a pedagogical and educational value aimed at the very young, for example in schools or children's wards or in residential facilities for children with delinquent behaviour

Operators that manage the A.A.A. may be appropriately trained professionals, para-professionals and / or volunteers.

Normally, the activities are offered to numerous individuals contemporarily as they are not linked to actual clinical therapies subject to the conditions of the individual beneficiaries. Generally targets are not programmed for each intervention. Spontaneity and creativity are more prevalent in A.A.A. than in the A.A.T.

Animal-Assisted Therapy

The Animal-assisted therapy (A.A.T.) is intervention carried out with the aid of animals; it differs from A.A.A. as regards the objectives, methodology and evaluation of the possible results found. In practice it is an activity focused on

disability and aimed at achieving an improvement of the adaptive capabilities of the patient so as to make him reach, consistent with the pathology that he is affected by, the highest possible degree of development of motor (or, more generally physical), psychological and social potential.

A.A.T. acquired scientific dignity in 1961 through the work of the child psychiatrist Boris Levinson. Since then, numerous publications and conferences have examined the subject, but in general the studies carried out according to scientific criteria are few and the interest shown by the medical world has always been sporadic and limited (despite the fact that it is currently on the increase).

Assisted therapies are more complex, at least, in procedure and like all therapeutic treatments are based on a diagnosis made by the doctor and involve the determination of health objectives and a precise schedule of their administration.

In general, interventions have objectives that are specific predefined to improve the physical, social, emotional and / or cognitive functions (thinking and intellectual capabilities) that are calibrated to each patient. The objectives can be classified, for example, as *physical* (motor skills, balance, etc.), *educational* (language, memory, learning, etc.) *mental health* (attention, self-esteem, reduction of anxiety and the feeling of loneliness etc.) and *motivational* (involvement in community activities, ability to interact with others etc.). In any case, the aim of the treatment should be well defined, clear and achievable.

A.A.T. must be considered as co-therapy capable of stimulating progress in different functional areas (cognitive, motor, emotional, relational, etc.). This means that they simply support traditional and accredited rehabilitation therapies and are not able to replace them in any case.

A.A.T. are provided by a 'multidisciplinary team that may include from time to time and depending on the various cases professionals that both meet the needs related to human benefit (doctors, psychologists, therapists, etc..) and the methods of use of the animal (behaviourists, dog-drivers, etc.) as well as safeguarding the health and well-being of the animal (veterinarians, etc).

The team will evaluate the patient, establish whether the therapy with animals is appropriate or not, assess contraindications, set a therapeutic goal and develop an individualized treatment plan for that patient in that context.

Successively achievement or non-achievement of the objectives will be regularly reviewed.

From the above it can be deduced that therapy with animals can not be a rigid and invariable method, imposed on the patient using the same treatments for all patients and all pathologies.

The animal can provide valuable assistance as co-therapist increasing motivation and interest in treatment, reducing the symptoms of stress, increasing concentration and attention, waking emotions, stimulating senses and feelings, etc. All this potential, however, is to be used within an individualized project, aimed at achieving therapeutic goals that are clearly defined, developed and carried out by a multi-specialized team.

Assistance Animals

Another condition, different from those previously mentioned, that we wanted to take into consideration in the analysis of the various possible uses of animals in activities related to human health and well-being, is that of assistance animals (usually dogs).

This kind of activity that is not believed to be part of the context of *Pet Therapy* requires very intense training that brings to mind many other jobs that dogs carry out for humans such as rescue under rubble, during an avalanche, or the search for drugs.

In this context, the psychological component of the relationship with the dog, while still being important, is overshadowed by the genuine material contribution given by the animal.

There are guide dogs for the blind, assistance dogs for persons with motor disabilities, dogs for the deaf, assistance dogs for people with epilepsy and it is likely that new useful forms of assistance will be found for humans in need.

The first specialized training was for guide dogs for the blind in Germany after the First World War.

If well trained and effectively coupled to the user, the aid to mobility that a guide dog can give the blind person is remarkable, and consists in pointing out the dangers and obstacles of a path and making a person more independent in his everyday life.

The assistance dogs for persons with motor disabilities have the task of helping people in everyday life who for various reasons, accidents or illnesses, have insufficient or reduced autonomy in movement and consists in teaching the dog innumerable tasks such as picking up objects, helping with movement, opening doors, etc.

While, generally, for assistance dogs specific breeds are chosen predictably the most suitable for the pursued aim, a good part of the dogs for deaf people come from kennels. This is possible because, unlike guide dogs and assistance dogs for persons with motor disabilities, the dogs for deaf people do not require a particular physical structure (for which careful selection is necessary) as they have the sole task of indicating sounds and noises.

As far as assistance dogs for people with epilepsy is concerned, this type of training is still the least known and least studied; it is based on the individual sensitivity of the dog and its link with the person, as well as the codified techniques of training.

In essence, these dogs, living with the person with epilepsy, learn to perceive the imminent seizure several minutes in advance. The possibility of diagnosing cancer (melanoma) using canine olfaction has also been recently hypothesized and studied.

Compared to the training techniques used for *Pet Therapy* the case of assistance animals is certainly special and significant; these animals, to be able to provide meaningful help to people with disabilities, must be subjected to particularly demanding training from an early age and for several months.

The methods used which, almost always, include the use of techniques that are considered "gentle" (based on awarding a prize and not on punishment,

therefore enjoyed and even sought after by the animal); seem to some to substantially detach animals from their original ethological characteristics.

The boundaries of these uses (A.A.A., A.A.T., and assistance animals) are already currently quite large and it is possible that there will be a further expansion in the future especially in those cases where the customary therapy and care offer presently available in more traditional practices, provide only limited benefits.

The relationship with one's own pet in a health facility

Lastly a further point to be considered is the matter relating to the possibility of not interrupting cohabitation with one's own pet should the owner-patient have to be transferred either temporarily or permanently to a hospital or care facility. Beyond the undoubted difficulties of a logistic nature that must be overcome to allow for this continuity, the benefit of maintaining the emotional relationship for the human patient is beyond doubt, as it is for the animal itself. The latter would, in addition, not run the risk of fortuitous accommodation or even abandonment (behaviour punished by law).

Current reference points are the studies showing benefits in humans from contact with pets, both in providing well-being and facilitating social contacts, and also in preventing and helping to control specific pathologies (cardiovascular, psychological problems etc.).

The present case has highlighted the need to safeguard the interests of other residents as regards to antropozoonosis, allergies and problems of a psychological nature.

Part of the difficulty of the health facility in the realization of these projects could be addressed by the realistic scaling of the significance of the health risks to human health that the relationship with a healthy animal that is subjected to veterinary controls may actually produce for in-patients. However, comparing the potential risks of antropozoonosis among other things to the certain psychological benefits for patients, a balance can be found in the practical management of the health facility.

PURPOSE AND SCOPE OF THE DOCUMENT

The document aims to examine the general ethical lines of the relationship with animals used in activities related to health and human well-being without focusing in detail on the individual forms of uses (e.g. hippotherapy, etc).

It should however be borne in mind that for some of the illustrated activities (A.A.A., A.A.T., assistance animals) non-domestic animals such as dolphins, monkeys, etc. could sometimes be used.

It is therefore necessary to concentrate briefly on the complex problems of domestication. Although domestication always requires human intervention in at least three basic functions (protection, nutrition, breeding livestock), this intervention has produced, over time, a huge variety of symbiotic relationships that

are loosely united by the elimination or reduction of aggression and by the seeking of proximity in variable degrees.

Between a pet par excellence such as the dog and a wild animal par excellence, we can identify many possible intermediate forms of interaction, which vary from animal to animal, culture to culture and from historical period to historical period. The document can not enter into the merits of such a complex issue, but it can not ignore that all these elements affect the bioethical evaluation of the examined practices. Most of the activities covered in the document concern a small number of animals, kept as pets (dogs, cats, horses). While for others there is the problem of the possible use of other species (e.g. dolphins).

In this case, the precautionary principle, understood as safeguarding human health and as protection of the specific animal, imposes to exclude from such practices both wild animals (even if tamed) and animals with an uncertain level of domestication so that even if there are no obvious dangers to humans there are very likely negative consequences for the animal.

We should not think that there must necessarily be a conflict of interests between human beings that require a benefit to their health or well-being and the animals that contribute to providing it, we must indeed hope, as far as possible, to achieve mutual benefit

It must however be taken into consideration that, for a kind of activity that is increasing and for which regulatory requirements are expected and future financing, the possibility is that, in the practical use of these techniques there may be a widening of the scope of these possible conflicts of interest. Any such conflict could be either at the expense of the interests of the animals in a perspective of improving human health and well-being, and also conversely, to the detriment of human health benefits in a perspective which exclusively safeguards the interests of animals.

In the accomplishment of bioethical analysis there has deliberately been taken into consideration the possible points of view of all those involved as well as their supposed interests.

In this perspective, we tried to bring out the critical points in order to evaluate them in a framework of values that are shared as much as possible and to give guidelines and recommendations.

In light of the importance taken on by the respect for animals in the Western world the point of view of animals, as far as it is possible to be presumed, was directly taken into account.

THE INTERESTS OF ANIMALS

The practices taken into consideration in this document are intended, primarily, for the interests of human beings in states of distress or need. The human interest in obtaining the best possible state of health and well-being for individuals through the use of morally licit means is legitimate; including the methods that see the animal as a sort of therapeutic factor and / or as an active player in the actual therapies.

In these cases the interests of the animal, far from being neglected, have only an indirect value, but despite this they are not less important both ethically and legally.

When using animals for human purposes there is always together with "reification," the strong likelihood of their "anthropomorphization", which can lead to non-recognition or even neglect as regards their specific needs and the consequent emergence of increasingly difficult situations that in time, may constitute in actual fact forms of maltreatment.

According to a defined anthropological perspective human civilization was born and is still based on the domestication of plants and animals. Therefore, cohabitation with animals is to be considered a normal condition. However, not always has cohabitation coincided with respect, indeed, it has often resulted in some form of exploitation (animals as food, transportation, work tools, objects of leisure activities etc...). Even *Pet Therapy* etc. could be placed in the wake of this exploitation.

The animals used to assist children with physical or psychological problems, lonely elderly people, the sick, prisoners, etc., could experience states of major or minor distress, which could degenerate into stress and illness; they could suffer episodes of abuse and even sadism. They may also suffer simply because of the absence of a unique and stable emotional relationship with one or more human subjects.

We can not, in addition, overlook the risk that *Pet Therapy* is perceived as a mere recreational activity that meets the limited needs of persons in difficulty, indirectly contributing to reiteration of the mistaken, rhetoric, and intolerable idea, that *being with the animals* is for children for the *abnormal*, for people with problems.

These fears have been, moreover, already widely expressed in previous NBC documents, which emphasized the need to overcome the persistent influences of a perspective entirely focused on the anthropological model.

If it is impossible to make that leap of logic that consents to enter completely into the animal's perspective, in any case any ethical model must be able, at least to include the other in his existential horizon. In this document the "other" is, precisely, the animal condition in all those aspects that can be traced back (since we could talk of the dignity or integrity of the animal) to the notion of animal well-being.

Despite that studies in this field have been undertaken relatively recently they have provided the analytical, physiological, pathological and behavioural indicators that allow a certain degree of objectivity in judging, by a veterinarian. If the interest is to maintain and eventually increase the animal's state of well-being, it is necessary to identify any possible conditions that produce a direct benefit to the animal involved in A.A.A., A.A.T. or assistance.

First and foremost, it is a duty to ensure the animal has a permanent condition of life better than the one that it otherwise would have had and this applies even in times of non-use or after use. From this point of view, it would be beneficial, where feasible and with appropriate caution, to use animals in shelters that are generally in miserable conditions of life.

However, the use of wild animals and, in general, non-domestic species is to be excluded. There is strong perplexity, from the point of view of the protecting animal interests, regarding the use of dolphins, for the conditions of stress that these activities might entail. This stress is added to the already unnatural condition of captivity.

In any case, it is good practice and indeed a moral obligation to use so-called "gentle" training techniques, which are not violent.

It can be said that these are not practices which animals need fear most, as sick or mistreated animals would not be useful to the purpose, and also because, for those who organize *Pet Therapy*, etc., these animals are a real "asset" to be given the utmost care. It must be noted that when at any time this safety valve does not necessarily come into action there should be an interruption in activity to protect the weaker party, namely, the animal, regardless of the therapeutic feedback. Paradoxically, the very success of these therapies could reduce the attention for the animals to meet the growing demand for their services. Conversely, if these therapies should one day become less promising compared to the initial expectations, there is the problem of the fate of the animals involved in such activities until then.

For these reasons, therapeutic protocols must be defined that allow to obtain, at the same time, the scientific evidence relating to human pathologies and elements for assessment of possible cases of illness that may arise in animals.

In addition, resources should be found to provide the animal with a sufficient quality of life during and after its being used in therapeutic or assistance interventions.

Theoretically, the conditions for well-being could be met through an animal specifically "produced" for the purposes under consideration, defining the most appropriate genetics by means of a selection of the breed or even by means of the creation of a breed or a mixture of breeds then to be nurtured and trained in conditions of maximum adaptability to the environment that it should frequent when used. However, this does not seem appropriate because if the "program" conditions should change it could cause serious situation concerning a lack of adaptive flexibility and therefore considerable distress.

Instead, certainly less problematic, from an ethical point of view, is the condition in which the animal finds itself should it be brought in to visit its owner in hospital or should it follow its owner who is permanently in a residential facility as an alternative to being ultimately separated.

TEAM WORK

In Animal-Assisted Therapies and to a lesser extent in the case of Animal-Assisted Activities and the use of Assistance Animals the working group must necessarily be broad to include all the required professionals.

The maintaining of a dynamic balance between the interests of humans and animals in the management of care or therapeutic relationships requires the presence or at least the supervision of a number of professionals. These professionals must be able to understand the physical and behavioural conditions

of animals in order to avoid distress and alterations in the relationship; in addition, in the interest of the human patient a condition of real effectiveness in relation to the intended purpose and also as regards possible alternative techniques must be clearly reached.

Both in the project phase and in the phase of application it is necessary to produce, albeit at different times and in different ways, the expertise needed for the treatment of the human patient (physicians, psychologists, therapists, etc.), to conduct the animal and provide for its needs (veterinarians, behaviourists, trainers and drivers) and lastly for the management of the relationship (psychologists, zoo-anthropologists etc.).

The interests of such a wide group of people could in turn affect the relationship between the human patient and the animal co-therapist. One can imagine the possible onset of a conflict of interest on the part of some or all elements of the team compared to animal well-being, as a result of the same "professionalization" of such activities and the need to ensure its performance over time even in economic and employment terms.

The acquisition of data of a scientific value as concerns both the benefits to humans as well as any possible inconvenience caused to animals would consent a better integration of expertise, and could limit the pressure related to the differences between the various ethics. Furthermore, the data once acquired:

- would reduce the area of scientific uncertainty of so-called gentle therapies of which A.A.T., as a co-therapy it seems in some ways closer;
- would facilitate the task of the team in correctly informing the patient following a correct informed consent procedure;- would make feasible the extension of the knowledge of such practices among physicians, particularly in the case of pathologies not otherwise treatable.

One should keep in mind that even if contact is always with healthy animals under veterinary supervision, it is important to identify any possible risk to human health.

The different ethical problems faced in this regard by the two "key figures" as part of the team is to be taken into consideration.

The doctor and the vet have two different tasks, although they aim at a common goal.

Ethical and deontological problems of the Vet

The veterinary profession is historically responsible for the protection of animal health and well-being in a perspective mainly focused on human interests.

Only recently the increased attention for animals has led to a direct assessment of the interests of the animal that has become a fundamental element in bioethics to the point of limiting some traditional uses of animals.

In the cases dealt with in the document, the balance can often be implicit in the very nature of the activity that, as commonly said, can not be beneficial to human health and well-being if the animal involved is in discomfort.

It is the role of the veterinarian to supervise the entire process to ensure a state of persistent well-being for the animal. It is therefore the duty of the veterinarian to stop activities should this not occur.

In the case of an animal already owned that follows the owner-companion in a health facility or care setting, the task of the veterinarian will consist essentially in the creation of suitable conditions to ensure the health and well-being in new surroundings.

Instead, in the case of having to choose an animal to be accepted into the project, the veterinarian, in accordance with the team and availability, will have to identify the animal suited to adapt to the environment both from the point of view of health (antropozoonosis prevention etc.) and animal well-being.

Furthermore, in relation to the human-animal relationship, it would be desirable that vets acquire specific competence in this field to increase the value of the program and amplify the results and benefits.

Ethical and Deontological problems of the Doctor

Each therapy, as such, should aim at improving the patient's clinical situation, and should be verifiable and documented by the methods of clinical practice.

The prescribing physician must know the characteristics of the treatment, its true effectiveness, on which symptoms or pathologies it is effective and how this effect has been documented.

The doctor therefore needs to know how, when, and with whom this can occur.

The animal involved in the conducted therapy must also be known in order to focus specifically on care; using the animal that is most suitable for its physical or behavioural characteristics

There must be the willingness to work together with the other specialists, who form the multidisciplinary team; this is an especially key element of A.A.T.

The doctor must be able to assess whether other therapies can lead to the same results with less cost.

A.A.T., due to the number of professionals involved, the cost of the animal, its care, its preparation, its maintenance in optimal conditions, its limited use to avoid stress, may implicate specific financial costs.

This is of little importance when the NHS is going through a crisis and resources must be used with restraint and simplicity criteria

This is not insignificant at a moment when the NHS is going through a time of crisis and resources must be used according to the criteria of containment and essentiality.

LEGAL PROFILES

Lines of legislative policy and European regulations

Before examining the specific juridical rules on *Pet Therapy* we must quickly consider the slow cultural development by which animals have taken on increased legal importance, a sign of the attempt to find a different way of conceiving the relationship between humans and all other forms of life which has been expressed in the Universal Declaration of Animal Rights, proclaimed by UNESCO in 1978. In this sense, the new wording appears to be extremely significant in art. 20 of the German Constitution, approved June 21st 2002: "The State, taking into account its responsibilities towards future generations, protects the natural foundations of life [human] and animal through legislative power within the framework of constitutional order and, on the basis of law and right, through executive and judicial power". Explicitly contemplating animals in the protection that is accorded to "the natural foundations of human life" (*die natürlichen Lebensgrundlagen*), tends to strengthen the jurisprudential development that began in Germany with the entry into force TierSchG of 17.02.1993, so called *Tierschutzgesetz*, and with the concise and evocative new condition of art. 90a Civil Code, which states that "... animals are not things".

It should be noted that 11 of the 16 States of the German Federation explicitly contemplate, in their Constitution, the protection of animals. Some are even more poignant in the Grundgesetz itself for example, art. 59a of the Constitution of Saarland states that the "Tiere werden als Lebenwesen und Mitgeschöpfe geachtet und geschützt" (Animals must be respected and protected as elements of life and living creatures).

The first European country to include an explicit reference to animal issues in its constitutional text was Switzerland, in 1973, due to the amendment of art. 25 of the constitution (now art. 80 in the new Constitution of 1999). Particularly interesting is the Indian Constitution of 1950 which provides that, one of the *Fundamental Duties* is, "to protect and improve the natural environment including forests, lakes, rivers and wildlife and have compassion for living creatures" (article 51 A letter g).

It is within this perspective that the draft amendment to art. 9 of our Constitution should be seen, under which the republic should protect "the needs, welfare, of animals as sentient beings".

Part II of the Treaty which establishes the future European Constitution, in the "Charter of Fundamental Rights", expresses, however, a considerable contrast to the model indicated in the German Constitution, because it does not include animals in any way, even when governing the protection of the environment under the principle of sustainable development (article II-97). It only deals with it in Title III, on "Policies and internal actions", recommending "in formulating and implementing the Union's policies for agriculture, fisheries, transport, the internal market, research and technological development and Space "to take" full account of the requirements in the welfare of animals as sentient beings, while respecting the legislative or administrative provisions and customs of the Member States as

regards, in particular to religious rites, cultural traditions and regional heritage" (III-121).

It seems more of a stylistic facade than a clause with a clear commitment to promote a different ethical sensitivity. Yet the European Community has acted on this issue with some important documents. In particular, the Council of Europe Convention for the Protection of Pet Animals, which was approved in Strasbourg on 13th November 1987 and the Protocol on protection and the welfare of animals, approved at the Conference in Amsterdam on June 16th 1997.

Italian Legislation

Direct normative references

In our country there is still no comprehensive legislation on this matter, although several bills are currently being examined. There is only a Decree of the President of the Council of Ministers February 28th 2003 (*Official Gazette. 4.3.2003 No 52*) which includes the agreement between the Ministry of Health, the regions and autonomous provinces of Trento and Bolzano on February 6th 2003 regarding the well-being of pet animals and *pet therapy* (*Official Gazette No. 51 of 03.03.2003*) in order to:

- a) ensure the well-being of animals,
- b) prevent reprehensible use, whether direct or indirect,
- c) consent to their identification through the use of special microchips
- d) use *pet therapy* for the treatment of the elderly and children throughout all the country.

We do not find in this provision, any definition of *Pet Therapy* neither is there any distinction between the different therapy options nor different pets. A little more analytical is the agreement between the State and regions in which it is stated that a pet, understood as being "any animal kept or intended to be kept by man for companionship and affection, or not for the aim of production or food, including those performing activities that are useful to humans, such as dogs for the disabled, animals for pet therapy, rehabilitation and those used in advertising. Wild animals are not considered companion animals"(article 2 a). The provision is limited to merely drawing a clear line between pets and wild animals, without considering the merits of the controversial question of the different possible levels of domestication. This solution is perhaps appropriate if we consider that any rigid typology is still controversial, however the overall picture is very confusing because it puts animals (any animal?) which man uses for companionship or affection on the same level, with those used in pet therapy or rehabilitation and, lastly, with those that appear in advertising. As we shall see in the next paragraph it may become extremely difficult to connect within the same ethical and regulatory structure such heterogeneous categories, held together more by human choice (often subjective and, at worst, arbitrary) than for objective reasons for the protection of animal well-being.

Lastly, the law of the Veneto Region of January 3rd 2005 No 3 should be remembered, which aims to "promote knowledge, study and the use of new

support treatments and integration of clinical and therapeutic treatments such as smile therapy or gelotology and animal-assisted therapy or *Pet Therapy*" (art. 1).

Indirect normative references

Recent amendments to the Penal Code introduced on the 20.07.2004 by Law No 189 play a significant role in the legal status of any form of activity with animals. In particular, art.544 ter prohibits the mistreatment of animals, punishing "anyone who, cruelly and unnecessarily, causes an injury to an animal or submits it to abuse, behaviour, labour or excessive work that is unbearable for its ethological characteristics..." This rule seems to impose a restricted interpretation of the already mentioned art. 2 (of the 'State-Regions Agreement for which we could conclude that there are animals, "wild animals", whose use for any therapeutic or care therapy must always be considered as "unsustainable" a priori and apart from any firmly rooted traditions, on the basis of specific natural features. Therefore, the possibility to continue to sell as pets, and use in certain therapies, ferrets, gerbils and similar animals, as well as various types of reptiles such as iguanas, snakes, etc. would be debatable. There would also be some concern about the possibility of using dolphins.

The spread of the *Pet Therapy* opens, in short, a very wide space for ethical and legal reflection on the relationship between man and animal and on the meaning and limits of domestication: it would probably be appropriate to begin attempts to find a clear and precise dividing line between pets, animal companions, animals of affection, knowing that not always and not in all species the protection the characteristics of the animal and the protection of human health may be developed in the same way and reach the same forms of balance.

In light of this consideration the growing jurisprudential importance, concerning compensation for harm, the existential particularities and specificities of emotional relationships that develop with animals, must be kept in mind. This is a sign of a phenomenon that is no longer exclusively limited to the exclusively private sphere of property relations, but it takes on increasingly complex social implications for which a whole series of further legislative interventions have ensued. Law No. 281 of 14th August 1991 "Framework Law for pet animals and prevention of stray dogs". The Legislative Decree of January 27th 1992, No. 116 regarding protection of animals used for experimental or other scientific purposes, and Law No. 413 of 12th October 1993, on conscientious objection to animal experimentation, to the extent that, as pointed out by the law of the Veneto Region, many of these therapies are still under study and in the experimental stage.

THE INTERESTS OF SOCIETY AND THE PATIENT

The use of animals in activities related to human health and well-being seems to be an element of obvious interest if we consider the increasingly frequent legislative and regulatory interventions of certain regions. However, the lack of

scientific data and perhaps the objective difficulty of its obtainment according to the canons of experimental medicine make the choice of health policy difficult. In fact, this choice can not ignore both the emergence of some evidence that suggests possible positive prospects as well as the fact that only the diffusion and institutionalization of these practices will allow the acquisition of scientific data on their effectiveness, by setting the conditions to meet the needs of the sick in a targeted manner. The data would allow a better understanding of the uses of animals, allowing for an increase in their well-being.

The Institutions, therefore, have to consider a number of factors that are not easily correlated: the health and well-being of individual citizens, the health and well-being of animals, public health, the management allocation of resources, and the development of knowledge.

First and foremost, research protocols able to examine and compare all these factors would be highly welcome. Even assuming that these studies would give a positive result, in the sense of establishing the existence of objective benefits to health without any particular bias for animals, it should also be taken into account that this kind of therapy can be costly due to the large number of professionals required in the working group. The problem then comes down to the opportunity, faced with the increasing scarcity of financial resources, to allocate specific funds to *Pet Therapy*, etc. both in the form of reimbursement of the provided services by the National Health Service and also in the form of any other kind of incentive.

Even excluding the economic profile, a series of additional problems remain to be dealt with. Particular attention should be paid to the formation of informed consent, considering that these are widely practiced techniques, not only in our country, but they are not yet scientifically accredited and, in many cases, the decisions will be taken by parents or by whoever is legally responsible for a minor or a handicapped person.

Another problem concerns the structure of the team. It would be possible to reduce costs, relying on volunteers and organizing such practices on the basis of 'spontaneity' (with approximate, non-validated protocols that are not even in the process of being validated). The institutionalization of activities, with defined and validated protocols, and specific and recognized expertise, would result in a significant increase in expenditure. In the second case it would be easier to control the quality of the provided service, the guarantees of scientific correctness and the respect of animal well-being. Conversely, in the first case it is possible that the sphere of voluntarism - especially in a case like this where the benefits of such therapies are not yet certain - may guarantee the more experimental phase and diffusion.

Submitting the evaluation of protocols, especially if innovative, to independent Bioethics Committees, could be a solution to these problems.

A THERAPEUTIC ALLIANCE?

Bioethical aspects of Pet Therapy

The underlying bioethical presupposition of *Pet Therapy* is that between man and animal it is possible to establish a relationship modelled on that of interpersonal relations and therefore, as in every interaction, there is an exchange of feelings, affection, and emotions that mutually influence both subjects. From this stems the possibility of utilizing such an encounter in a therapeutic sense. This is, however, the challenge that *Pet Therapy*, from a bioethical point of view, has to face: Is it possible to apply an interactive and communicative model to the interspecific relationship? If it is, under what conditions can this be done?

There is the need to develop a model that is respectful of the identity of both *partners* and that therefore takes utmost account of the element of *diversity* but also of inevitable *asymmetry*, in the relationship. A model, therefore, aimed at the protection of the dignity of both parties and that can also be practicable and satisfactory for all healthcare professionals.

To this purpose, we should, however, first clear the field of two objections that come from opposite sides: the animal rights activists, who are afraid that *Pet Therapy* reduces the animal to an object and consequently it is exploited and on the other hand traditional philosophers who are afraid that the animal will be raised to the status of a person, leading, therefore, to undue anthropomorphism.

The assumption on which *Pet Therapy* is based refers to a philosophical tradition that we could define as respect as opposed to that of *domination*, characterized by the overcoming of the vision of discontinuity between man and animal, to which the science of ethology has powerfully contributed.

The theory we propose to support is that *Pet Therapy* when successfully practiced is not exploitation, as argued by animal rights supporters, but it may even help to promote a *rehabilitation* of the figure of the animal. Similarly, *Pet Therapy* practiced properly does not result in undue anthropomorphism, according to the traditional philosophical objection, but it may even help to form a new 'culture of perception', in which animal diversity is recognized and accepted as a value and the <other> is maintained in his capacity as the subject.

In interspecific contemporary ethics, there is a wide range of approaches ranging from the theories of rights to utilitarianism, contractualism, and outlooks that focus on the issues of responsibility and care. Each of these perspectives present interesting elements that are worthy of in-depth study in relation to the different type of relationship with animals, traditionally distinguished as wild, pet, and livestock.

The recognition of the asymmetry of the human/animal relationship should lead to ethical conduct inspired by the paradigm of care - which involves a responsibility that does not propose the experience of reciprocity, as regards eminently weak subjects (see the NBC document "Animal well-being and human health").

As for the meaning of the animal as interlocutor, the communication between individuals of different species should foster an attitude of attention and respect for biodiversity. The human-animal relationship can promote ways of interaction that

make us live this experience positively, as an opportunity for learning and enrichment.

Another characteristic element of interspecific communication seems to be its flexibility, its freedom from the constraints and rules typical of human relationships and, in particular, of verbal communication. This may allow freer expression of feelings and emotions, the spontaneous expression of anxieties and fears and thereby foster a better understanding of oneself. It has repeatedly been stressed that man does not feel judged by the animal interlocutor - and here the asymmetry turns out to be very functional – he is able to express himself without inhibition and release often unconscious tensions and fears.

In light of these general guidelines, bioethics must take into account the different modes of the human-animal relationship, particularly taking into account the variables that define it and the factors that influence it (e.g. the type of animal chosen, the individual, his age, his sex, his medical condition, history, the living environment, the culture of origin, etc.) to prepare a series of strategies that make this relationship respectful of the identity of both partners, in order to optimize the possibilities of such an encounter.

Consider, to take only one example, the role that a culture of highly anthropocentric origin can have in such a relationship, oriented towards a rejection of an animal presence, that is identified with negativity, evil, and disorder or, conversely, a culture inspired by respect for the living world, that is tolerant and open to diversity, which sees in the animal a positive alterity, a companion or an essential reference point for man.

It is necessary to stress here the importance of an education to otherness precisely in order that the interspecific encounter does not become an instance of submission or appropriation nor should it be reduced to power play or trigger mechanisms of identification.

Certainly we come from a culture that has not sufficiently thematized *diversity*, especially as regards animals. The usual procedures have been those of reification (the diminishing of the animal as object, as machine) or those of anthropomorphism (the interpretation of the animal in human terms).

The rediscovery of the therapeutic role of animals – that seemed to have disappeared in the era of scientific medicine - can also be framed in the search for new models of medical bioethics, which refer to the paradigm of *Caring* and which give ample space to 'gentle' intervention, based on the interpersonal human/animal relationship in the treatment and prevention of disease. The shift in focus from the disease to the sick and from the sick to the person – perceived in his bio-psycho-historical entirety – can favour the study and the use of complementary therapies that attempt to provide a more integrated response to the needs of the sick and which, first and foremost, consider the disease not as an isolated event, but as a result of a combination of events related to biography, social environment and the individual's historical situation.

There is a strong appeal today to the humanization of medicine, the need to retrieve the essential ethical core of the medical profession. In the idea of 'therapeutic alliance' – a relationship based on trust – this refers to the willingness of the doctor to identify with the patient, his ability to listen and not just 'auscultate'.

In fact, the limiting of medical intervention to an objective examination, an exact diagnosis on a condition of the body or one of its parts and an eventual therapeutic prescription, may appear to be technically valid. It is, in fact, not only an insufficient response to the needs of the patient, but it constitutes an act that ignores the psycho-emotional basis of the state of health and illness. Such an insufficiency could result in reducing the actual patient from the suffering subject to the object of medical interest, with a limitation of the potential and effectiveness of the therapeutic relationship.

Conversely, a perception and non-reductive interpretation of the patient's wider needs and requests, favour a taking charge that is not limited purely to physical symptoms. It should be added that, in the area of 'malaise', small illnesses that have a social and psychological origin, the cultural and subjective way in which we live is apparent as a state of suffering that is defined as illness.

Caring, can however also be the most appropriate response even when faced with incurable and chronic diseases, for which there is no therapy or cure. Only a medicine that pursues as an objective not healing but the comprehensive well-being of incurable patients, can respond to their need to be listened to, protected and reassured.

In this context, the use of so-called gentle therapies, such as *Pet Therapy* can be in tune with the idea of a medicine of care (*Caring*) rather than healing.

If we can not expect animals to become 'healers' of our illnesses, what we might reasonably expect is that, thanks to their presence, and with the aid of appropriate conditions and strategies, it may be possible to establish a good relationship of care.