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**FARM ANIMAL MEDICINE IN CONTEXT**  
**Feminist approaches to Veterinary Ethics**

Diploma thesis

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## 1. Introduction

“The veterinarian must be weather-beaten, be able to endure strains of traveling around, far marches and mountaineering and often sacrifice his night’s rest to the professional work. He must therefore have the health and physical capacity that corresponds to the concept of military service fitness” (Kitt 1913: 11)<sup>1</sup>.

Since this idea of the veterinary profession by Theodor Kitt from 1931 a lot has changed. Job descriptions about the veterinarian these days refer to social responsibilities rather than military capacity and since veterinary medicine has undergone a significant gender change, one would rather speak about the veterinarian of “her” instead of “him”. In Austria 59 %<sup>2</sup> of all veterinarians and 78 %<sup>3</sup> (Vetmeduni Vienna 2020) of students at the University of Veterinary Medicine are female.

In this thesis the field of veterinary ethics will be exposed to a female perspective. Until now, this section has rarely left the well-established, man-made path of traditional applied ethics and alternative approaches got lost on the way. With the intention of better presenting contemporary (female) veterinary practice, this thesis examines whether and to what extent the approach of a feminist moral philosophy can be integrated into veterinary ethics. For this purpose, an ethical question within a case study from veterinary farm animal practice will be examined. In the case “Cow with Cancer Eye”, farmer and veterinarian have different ideas about the therapy of a squamous cell carcinoma on the eye of a cow. This exemplary case study was treated by one of the most acknowledged teachers of veterinary ethics, Bernard Rollin. His treatment of the case is indicative of how moral questions and especially such exemplary case studies from veterinary medicine are often treated today. The points of criticism that Feminist Ethics raises against this traditional moral philosophy may serve as a template to examine and criticize current theories and tools of veterinary ethics. With the means of a feminist approach, a widened perspective on the problem of the Cancer Eye is adopted in order to obtain a feasible and appropriate

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<sup>1</sup> Translation by the author.

<sup>2</sup> Cited 16.10.20, D. Seyman, personal communication

<sup>3</sup> Cited 4.1.20

solution. Feminist Ethics could help veterinarians in ethically challenging situations and philosophers of veterinary ethics to be attentive so as not to lose oneself in abstract theories and constructs, not to overlook anything, but remain focused on the actual situation and on the concrete individual persons involved. A feminist veterinary ethic could offer alternative ways of approaching moral problems in veterinary practice and establish an ethic *by*, but *not only for* women.

The following work has two major sections: in section 1, the exemplary case by Bernard Rollin is presented, his analysis of the case and a summary of his structures and tools for current veterinary ethics. Subsequently I will identify some of the gaps in these theories and how these could be filled with approaches of Feminist Ethics. At this point a short overview of the background, ideas and approaches of a feminist ethic, primarily a female care ethic, will be presented, followed by a brief outline of where these aspects could find their way into veterinary medicine.

In the second section, the case study from veterinary practice will be examined in detail, starting from the initial uncertainty of our agent, the veterinarian, to actual implementations of new solutions. The aim is a direct confrontation between current veterinary theories and a feminist one. In each step, both sides are thus examined and compared. It is a key objective of this work to present the case and its alternative solutions from a new perspective and present possible benefits for veterinary ethics when following this feminist approach.

## Part I

### Theoretical Background

#### 1. The Case: Bernard Rollin Case “Cow with Cancer Eye”

This whole thesis is built around a case study from the veterinary practice of farm animals. The question this case will hold, cannot be answered by medical knowledge and know-how alone. For this question deals with diverging values, interests and beliefs. It is an ethical question.

Veterinary ethics targets to support such decisions in the conflictual field of veterinary medicine. So does Bernard Rollin, the author of the following case study in his book “An introduction to veterinary medical ethics - Theory and Cases” (Rollin 2006). In this classic of veterinary ethics, Rollin examines the structures of ethical problems in veterinary practice. He specifically addresses students of veterinary medicine and practising veterinarians and tries to give them support for processes of ethical decision-making. On the basis of 104 ethical case studies from veterinary practice, which he discusses and answers, the author illustrates his approaches in the back part of the book. The first of these 104 cases will be discussed in this thesis. It was chosen because it demonstrates clearly how Rollin is generally approaching ethical issues. He also refers to this in later cases.

This case comes from the field of farm animal practice and it concerns diverging ideas about the therapy of a sick cow. It is described by the author as follows:

“You examine a cow in late pregnancy that has keratoconjunctivitis, blepharospasm, and photophobia due to an ocular squamous cell carcinoma. You recommend enucleation [surgical removal of the tumor, J.K.] or immediate slaughter. The owner wants to allow the cow to calve, wean the calf, and then ship the cow. He does not want to invest in surgery for a cow that will soon calve.” (Rollin 2006:106)

In veterinary practice, the roles of those involved are not always clearly defined: Is the veterinarian supposed to serve her or his patient, the animal or should she or he serve primarily the respective owner, who in the end pays for the treatment? Should the owner of an animal really appear as an owner in the sense of possession or not rather as a caregiver? And what role do the interests of the animal play if it cannot even articulate them accurately to the other parties? Within this area of controversy, ethical conflicts are predestined.

Veterinarians for farm animals face special challenges: Since the individual animal gets its value primarily from the goods or services it provides, actions in this profession move on a thin line between giving the animal a life worth living and keeping an eye on the economic background of the animal owner (Wathes et al. 2013). Medical treatments and therapies are only minimally included in the cost-benefit calculation, if at all and medical treatments therefore automatically causes financial loss for the farmer. In addition to the individual case decisions, the livestock veterinarian today is under additional pressure. She or he is representing a profession that operates within a food production system that is seen increasingly critical and is facing storm headwinds from society (Thoms 2014). The veterinarian in the middle of her or his daily practical problems has in addition to withstand those controversies between these often incompatible societal interests. Within all these conflicting demands, the veterinarian has no choice but to keep cool and make decisions. This process of solution-finding is a crucial one in the veterinary profession to be able to perform appropriately (Mossop 2015).

The veterinarian from the present Case is faced with the situation of a suffering animal and a farmer who does not want to pay for its treatment. How can moral problems like this one be structured according to ethical criteria and what tools does veterinary ethics provide us with for questions like these? The following is a brief overview of the methods, approaches and difficulties of current theories of veterinary ethics.

### 1.1. Current Veterinary Ethics

When it comes to structuring a problem, the first step would be to consider how the problem arose. Who is involved and why do different interests conflict with each other?



In the theoretical part of his book “Introduction to Veterinary medical ethics”, Bernard Rollin attempted to classify ethical tensions in everyday veterinary life according to individual parties (Rollin 2006). According to this fundamental work, tensions arise mainly because of multiple, partly conflicting obligations a veterinarian is faced with: The obligation to the customer, the colleagues, the society, to her- or himself and of course to the patient, the animal (Rollin 2006). Ethical problems in veterinary practice mostly take place in the often-described triad between veterinarian, animal owner and animal illustrated in the following.

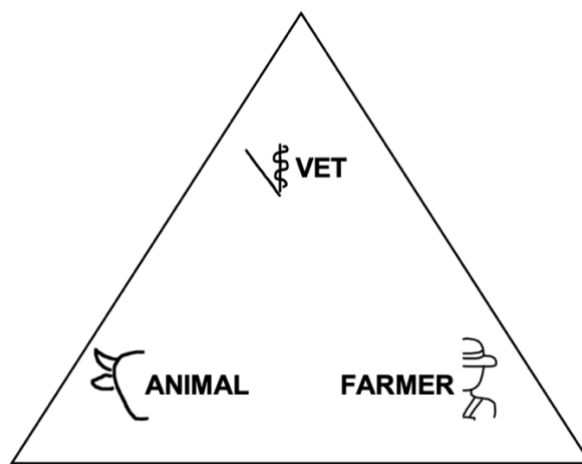


Figure 1: Triade Veterinarian-Farmer-Animal according to Yeates (2013).

In our present case study, we are placed in the middle of a situation that is known to all veterinarians in this or similar forms: The veterinarian and the animal owner have different ideas about the treatment of a sick animal. But how do these different ideas lead to a conflict in veterinary practice? According to Morgan (Morgan und McDonald 2007), diverging views on animal welfare and veterinary medicine with customers and colleagues can be traced back to four points:

“Differences in beliefs regarding the importance of animals, differences in beliefs regarding responsibilities to animals, differences in assessment of the interests of animals, and differences in the interpretation of their professional role can all lead to ethical tension” (Morgan und McDonald 2007:167).

It is now up to the veterinarian to decide based on the situation: Which interest, which belief can and must be given preference here? If I cannot make all parties happy, which guidelines should I follow? Rollin believes in a simple structure in solving such problems:

“...in ethics one begins with awareness that particular things are wrong (or right), move to principles, and then ascends to a theory that prioritizes, explains, or provides a rationale for both having and applying the principles” (Rollin 2006:19).

To demonstrate how this can work in practice, this “moving to” and “applying principles” a traditional conceptual tool is introduced here, the so-called Ethical Matrix (Tomkins et al. 2006). Here, the individual interests of the persons involved can be assigned to ethical principles using a patterned table, “areas of agreement” and “disagreement” (Tomkins et al. 2006: 5) are to be identified and evaluated. The standard principles on which the matrix is built are the following: respect for wellbeing, autonomy and fairness. The following is an example for a generic version of this matrix how different interests in food and agriculture can be represented:

	<b>Wellbeing</b>	<b>Autonomy</b>	<b>Fairness</b>
<b>Producers</b>	Satisfactory income and working conditions	Managerial freedom	Fair trade laws
<b>Consumers</b>	Safety and acceptability	Choice	Affordability
<b>Treated organism</b>	Welfare	Behavioural freedom	Intrinsic value
<b>Biota</b>	Conservation	Biodiversity	Sustainability

Table 1: A generic ethical matrix (Tomkins et al. 2006).

In our case study with the cow and the Cancer Eye, the farmer's request to have a say in the decision about her or his animal would be assigned to the ethical principle of autonomy. Conversely, the animal's desire to get rid of pain would be placed in the "Wellbeing" column. Based on a clearly structured table that summarizes all this information, the veterinarian might now be able to decide which principle should be given more weight.

This scheme is designed to make it easier for students and veterinarians to access philosophical theories that are usually rather unfamiliar to them, since tasks are clearly defined, and a structured table is provided at the end. It shows Rollins concept on how ethical cases could be structured in theory. But what about transferring this theory into practice (the actual goal of this exercise)?

What often distinguishes theory from practice is the amount and type of information available about a conflict. In the exemplary case, we receive just one or two details about each participant that may describe her or his interests. But in reality, the veterinarian is typically confronted with a mass of information, that can hardly be suppressed, like the history of the animal owner, the medical record of the animal or the personal relationship between farmer and veterinarian, to name just a few. To break down all those experiences, impressions and feelings which are also of ethical relevance, to one or two abstract principles is not an easy task. Real ethical conflicts are confusing and multi-layered, and a simple scheme will rarely be able to depict them in their entire complexity. It seems that veterinary ethics has been eagerly striving to find a "reasonable analogy between levels of understanding in science (that is, knowledge of the world) and ethics" (Rollin 2006:19). And while formulating simplified structures and rules a lot of important details have been lost along the way. Perhaps even the least philosophically educated veterinarians will not be supported in her or his actual conflicts, if ethical problems are mistakenly presented to them as easy-to-solve mathematical problems. Perhaps it is worth taking a closer look at veterinary medicine, at the complexity of the issues in practice and above all at the moral agent her- or himself. Or rather herself. The profession of veterinary medicine today is and will become even more a female one<sup>4</sup>.

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<sup>4</sup> The feminisation of veterinary medicine is particularly evident in countries of the Global North.

As it is one of the objectives of this work to investigate in particular the consequences of a female of feminist perspective on moral conflicts we will briefly explain the actual need for such a new approach. Of all veterinarians in Austria who are under 36 years old, 80 % are female (Binder et al. 2019). The following statistics show the number of new entries in the Austrian veterinary list since 1978 and are categorized by gender.

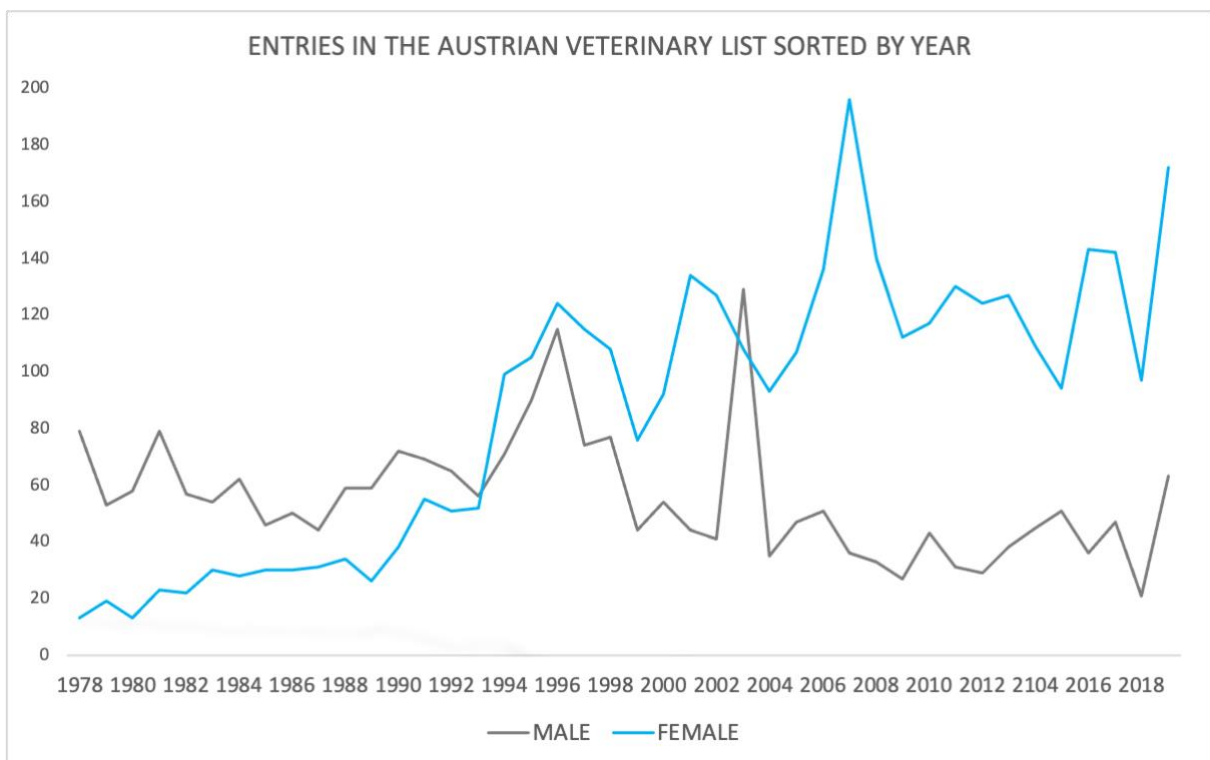


Figure 2: Entries in the Austrian veterinary list sorted by year and sex (D. Seyman, personal communication, 16.10.20).

This diagram explains the hitherto existing approaches of veterinary ethics: The veterinary profession was in its operating models and values primarily shaped by male-dominated prior generations (Kersebohm 2018).

But what does it mean for women exposed to a professional environment that has been shaped by male role models? And what does that mean for shaping the view on the profession in general? In order to answer these questions, it might be necessary to broaden the view on the

veterinary profession including now also female perspectives. This means that when talking about veterinary medicine as a field of research, the specific experiences and concerns of women must be addressed and included in scientific themes and observations.

Sociological studies already give us indications that gender could have an impact on performance in veterinary practice: when it comes to assessing pain in animals, female vets estimate the degree of pain in cows (Huxley und Whay 2006), dogs (Capner et al. 1999), cats and other small mammals (Capner et al. 1999) at a higher level and tend to take analgesic medication sooner. One explanation for this could be the age or the number of years in the profession, which are usually lower in women. Because they have not been away from university for very long, they might still have the latest skills in pain assessment in mind. Another explanation is provided by a study of empathy skills among veterinarians in Finland: a correlation was found between the assessment of pain in cows and empathy with humans (Norrning et al. 2014). Female veterinarians are also considered to have a higher degree of empathy (at least towards animals), regardless of their length of service. However, empathy may not only have a good effect on the relationship with the customer (Colombo et al. 2017). A high degree of empathy can make conflicts in practice even more difficult, increase the stress level (Schoenfeld-Tacher et al. 2017) and finally lead to compassion fatigue (Figley und Roop 2006). A guilty conscience because an animal suffers unnecessarily can be a burden and negatively influence the work. Female veterinarians experience certain ethically problematic situations in veterinary practice as highly stressful (Batchelor und McKeegan 2012) show a higher risk for depression and also for suicide thoughts (Gardner und Hini 2006).

These studies show that women experience everyday veterinary life differently and gain other experiences than their male colleagues. This may be due to their lower average age, the resulting short distance to university and also their idealism, which may still be stronger due to their age. In the end, however, it is said that gender does play a role in veterinary practice. These different perceptions can influence not only medical but also ethical decisions. If female veterinarians, and therefore the vast majority of all future veterinarians, deal with ethical issues differently than their colleagues have done in the past: Why is the impact of this not yet felt in the theories of veterinary ethics? Isn't there a huge blank in a veterinary ethic that does not include the

different approaches and views of female veterinarians in its theory of ethical problems in practice? The call for a “female voice” is becoming louder in veterinary ethics. Pioneered and founded by the American psychologist Carol Gilligan during a study on moral development in the 1980s it is now widely accepted that women could perceive moral problems differently (Gilligan 1982). The idea and implications of this “female voice” are discussed in the following chapter.

## 1.2. Gilligan’s discovery of a “female moral”

Carol Gilligan worked with Lawrence Kohlberg on a study of moral development. Based on their answers to moral questions and case studies, the participants, from infants to adults, were placed in a six-step model and assessed for their ethical behaviour and ability to moral reasoning (Wendel 2003).

Carol Gilligan noticed, that the female participants of the study, when discussing the conflicting situations put their focus on different aspects than their male colleagues. Instead of abstracting the problem to find a general valid solution, they concentrated on context sensitivity and situation-relation. Interpersonal and dependent dynamics of involved relationships carried greater weight for them as the claim for impartiality (Wendel 2003). Further Gilligan described, that answers provided by women were rather guided by emotions such as empathy and benevolence than by reasoning. She stated:

“This discovery occurs when theories formerly considered to be sexually neutral in their scientific objectivity are found instead to reflect a consistent observational and evaluative bias.”  
(Gilligan 1982:6)

For the study, this meant that female participants on average performed worse than their male colleagues, who argued differently and focused on other aspects. In order to understand this difference, we need to look in more detail at the scheme of the 6-step model, of which two steps are always assigned to a “preconventional”, a “conventional” or a “postconventional” level (Gilligan 1982:27).

<b>1. Preconventional Level -Egocentrism-</b>	Stage 1: Acting to obey and avoid punishment
	Stage 2: Acting for its own sake, as an exchange (“Tit for tat”)
<b>2. Conventional Level -Shared norms and values-</b>	Stage 3: Acting as other people expect one to act
	Stage 4: Acting according to higher laws to meet societal expectations
<b>3. Postconventional Level -social values and universal principles</b>	Stage 5: Acting according to the knowledge about different values and opinions in society and the meaning of social consciousness
	Stage 6: Acting according to self-chosen universal moral principles

Table 2: Level of moral development according to (Kohlberg 1984) and (Bazzetta 2015)

Those answers, that match the postconventional step, the one referring to “universal principles”, represented for Kohlberg the solutions of the highest moral maturity as he followed the existing canon of a deontological or utilitarian moral philosophy. That philosophy establishes clear rules and principles that - according to Kohlberg - allow ethical conflicts to be structured and solved in the best possible way. According to this model, most of the female participants and therefore kind of the “average” women, referring to “less reasonable” approaches, would be stuck on the “conventional level” and thus in their moral development in early childhood (Wendel 2003:70).

Gilligan could not agree with this conclusion and accused the study of being biased and one-sidedness. Kohlberg’s perspective of “justice” might be one, but *not the only and best* possible way of entering and solving moral conflicts (Gilligan 1982:174). She formulates her counterproposal, the “different voice” on the basis of the second level of the model. She named it an “Ethic of Care” and contrasts it with an “Ethic of Justice”, the common rational approach. In the following, the differences between these two approaches will be outlined more precisely.

### 1.3. Ethics of Care vs Ethics of Justice

The two approaches differ in their access to ethical problems as well as the question of the right way to solve them. Gilligan compares the two approaches as follows:

“In this conception, the moral problem arises from conflicting responsibilities rather than from competing rights and requires for its resolution a mode of thinking that is contextual and narrative rather than formal and abstract. This conception of morality as concerned with the activity of care centers moral development around the understanding of responsibility and relationships, just as the conception of morality as fairness ties moral development to the understanding of rights and rules” (Gilligan 1982:19)

A detailed contrast between these two concepts has been found in the literature, which is summarized in the following three points:

#### A) Moral Standpoint or Embedded Self

According to the Ethics of Justice and its underlying theory, a decision can only be made from an unbiased point of view. This so-called “moral standpoint” is intended to guarantee that a conflict is evaluated objectively and impartially to give equal attention to each interest (Wendel 2003). According to Gilligan and future “Care ethicists”, however, this proclaimed non-partisanship is not possible at all, because humans have different histories and experiences that influence their life and thinking and thus, consciously or unconsciously, their moral actions. Gilligan clearly criticizes this requirement of neutrality, which claims that we all move through the world of moral issues as autonomous, separate beings. But morality for her does not mean how the impersonal “one” deals with the impersonal “other” (Blum 1988:474). Typically the dimensions of interpersonal relationships are underestimated today. As opposed to that Care Ethics recognizes and explicitly acknowledges the fact that the moral self is “embedded” in a world of social structures, connections and circumstances (Blum 1988:473). In addition, later approaches to Care Ethics like the one of Virginia Held focus on the fact that we are dependent on others from birth to old age and that this dependence is an important moral aspect for our



human development (Held 2005). This embeddedness in interpersonal relationships entails moral obligations, responsibilities and trust within the members of a particular group, which should not simply be hidden under value neutrality.

#### B) Rationality or Emotionality

The moral standpoint also calls for the elimination of any emotional tendencies that might stand in the way of reason handling the conflict (Botes 2000). However, for Care Ethics emotions are an important path for the epistemological process leading to a moral decision and to recognize what morality would recommend (Held 2005). Carol Gilligan emphasizes, that not only the operating agent, but also all other people in an ethical conflict are embedded in a context that should be recognized and acknowledged. In order to understand them, their needs and desires must be listened to, not only in a rational but primarily in an emotional way (Blum 1988). While emotions are excluded from moral questions in Kohlberg's and most other traditional moral philosophies because of their vagueness and unreliability, Gilligan attributes to them the value of an instrument of moral thinking and as a measure to evaluate "the non-verbally expressed interests. In particular this is true if the situation includes suffering and grievances on the part of every involved agent, and demands a prudent handling of all these components" (Karg und Grimm 2018:258). Gilligan thus gives a moral value to experiences and the practical consequences resulting from them, such as caring for someone in need and side with someone who requires it. The involved emotions, such as empathy, sensibility and also anger, play an important role and need to be assessed and integrated into the pathway towards a resolution.

#### C) Universality or Contextuality?

Traditional moral philosophers from deontology to utilitarianism have always been in an ongoing competition to formulate a definite and universally applicable rule to guide moral action. But this demand for a universal principle could lead to an oversimplification of the original problems. Not every problem can be structured and solved like a logical puzzle and not every problem appears the same everywhere and for everyone in the world. In practice moral questions are so difficult to solve just because of the specific details of a situation, the unique

needs of every individual person and the connections others. The Care Ethics approach focuses in particular on the context and all boundary conditions of a moral problem. Contextual strategies emphasize “single, unique and structural cohesion” (Botes 2000:1074). They must be flexible enough to leave space for this particular context and be adapted and tailored to the circumstances. This approach is therefore also called situational, which means that it is geared to the specific situation.

Gilligan’s approach highlights the values of feelings, relationality and contextuality and projects them onto an ethical concept that is supposed to adopt a caring attitude towards the other. She reformulates and softens the stages of moral development in terms of Care Ethics as follows:

<b>Perspective I</b>	Caring for self
<b><i>Transition I</i></b>	<i>From Caring for self to responsibility to others</i>
<b>Perspective II</b>	Caring for others
<b><i>Transition II</i></b>	<i>From inequality to caring for self and others</i>
<b>Perspective III</b>	Understanding interconnection between other and self. Care becomes the self-chosen principle. No one should be hurt.

Table 3: Interpretation of Gilligan’s Stages in the development of the ethics of care by Kakkori and Huttunen (2010).

Now, if one assumes for the sake of this argument that Care Ethics is predominantly a feminine position while Justice Ethics would then be the typical masculine approach, would this mean that gender predetermines largely the type of ethics that is applied? What if a male veterinarian suddenly brought aspects of care ethics into an ethical reflection? What would happen to veterinarians who don’t identify to either sex?

The idea of a two-gender morality was looked at with growing criticism in the following years after Gilligan's thesis, especially from a feminist points of view: By labelling Care Ethics as "female", traditional roles, such as that of a caring and compassionate mother, into which women were often pushed by the patriarchal system, would be reinforced (Nunner-Winkler 1988). Gilligan was also later accused, that her report on experiences of white, heterosexual, middle-class women might not be enough to call them a "Female Voice" (Day 2000). Interestingly, a study based on Kohlberg's schemes was later conducted with veterinarians and this time the female participants received a higher average score in moral reasoning than the males (Self et al. 1996). Today, the Care-Ethics approach has undergone several revivals and reformulations and modern Care-Ethic-approaches such as the one by Collins (Collins 2015), that will also be discussed in the case study, usually omits a gender-assigning theory.

At the beginning of this thesis the term "Feminist Ethics" has been introduced. If now Care Ethics is no longer assigned to a "typical or average" female approach, can it still be called feminist? In the following chapter an explanation of the term "Feminist Ethics" and an idea is given how this concept could stimulate veterinary ethics.

#### 1.4. Bringing feminist aspects into veterinary medicine

Before the term Feminist Ethics is explained in more detail, it is first necessary to clarify what a feminist approach to an academic discipline such as veterinary medicine might involve. Basically, feminism stands for equal treatment of all gender. This idea can have very different manifestations in science and technology. One strategy to change research and policies is the "Liberal Feminism" or "Equality Approach" one, which advocate equal access for women to education, fair pay and career opportunities (Schiebinger et al. 2018). When feminism and the treatment of animals are named in the same sentence, an Eco-feminist approach according to Carol Addams or Josephine Donovan should not be left unmentioned. This approach combines environmental and animal welfare concerns with those of women (see Adams 1990, Donovan 1996). However, these theories will not be given further consideration in this paper, as the mostly animal rights-oriented eco-feminism proves to be to biased for veterinary "between the chairs" practice. The purpose of this thesis will rather be to identify and point out current sex

and gender inequalities in the field of veterinary ethics. The aspect that women experience veterinary medicine differently from their male colleagues must first be made visible to change it.

The original idea of Care Ethics is based on a feminist philosophy and thus based on a critique of traditional moral philosophies that speak of the moral self as a neutral, bodiless and unrelated being, thereby excluding positions that do not concern the average white, heterosexual man on a large scale. That ignores the fact that personal backgrounds such as gender could lead to other experiences and thus to other moral approaches. Women were previously excluded from academic circles and therefore their positions were not reflected in ethical theory and practice. A large part of the work of feminist philosophers is therefore, to reveal such traditional and in terms of today's perspective too limited positions in classical and important texts of traditional philosophy (Schott 2007). A first motivation for this work was to show that veterinary ethics has so far shown little interest in providing a platform for feminist issues. The *critical stance* towards so-called "value-neutral" traditional sciences, such as currently establish classical veterinary ethics, will therefore also permeate this work.

Women might not approach moral problems in a fundamentally different way, and yet they still have different experiences than men, as despite all efforts towards equality, the social position of men and women in our society is not yet equal. The experiences made for example by women entering male-dominated professions reveal an emerging incomprehension that is taken up by feminist philosophy, adopted by Care Ethics and applied to the research on moral problems. Seyla Benhabib has summarised Gilligan's contribution to a new approach to moral philosophy as follows:

"Only if we can understand why this [author's note: female] voice has been so marginalized in moral theory, and how the dominant ideals of moral autonomy in our culture as well as the privileged definition of the moral sphere, continue to silence women's voices, do we have a hope for moving to a more integrated vision of ourselves and our fellow humans" (Benhabib 1992:170).

Getting back to one of the primary motivations for this work let's discuss possible causes for conventional veterinary ethics blocking rather than encouraging female and alternative theories such as Care Ethics. Some evidence for this can be found in the extensive and long-awaited book "Navigating tough cases" by Mullan and Fawcett, where Care Ethics is dismissed as "confusing, vague and underdeveloped" in a few pages (Mullan and Fawcett 2017:54). A new theory that offers more space for details and backgrounds maybe more complex but is not necessarily *confusing*. An *open* view on problems without directly placing a prefabricated template or applying some rigid ethical principles on them does not necessarily has to be *vague*? Of course, Care Ethic is not yet as developed as other hundred-year-old moral philosophies; the accusation of *underdevelopment* should rather be seen as an encouragement here to further deepen Care Ethics in veterinary medicine.

Today, the terms Feminist Ethics and Care Ethics are sometimes used synonymously, but that is not agreed to unanimously. In this work Care Ethics and all its principles are given great importance but it is not the sole content of a Feminist Ethics. The motivation for this work was to open the restricted view of veterinary ethics. Women could face special challenges in the veterinary farm animal practice. From now on the term "Feminist Ethics" will be used to include a) care-ethical concepts and their test for suitability in veterinary practice and b) the unique and reflected experiences, the interests and the prospects of female veterinarians.

When evaluating moral problems from veterinary practice, Feminist Ethics will keep us awake for aspects of traditional ethics that often ignore decisive influences in certain situations: the moral meaning of relationships, context and individuality. Feminist ethics will also accompany the investigation of the case study as a control tool which helps to stay awake and critical when it comes to the exclusion or disparagement of women and women's issues. The aim is to adopt a gender-sensitive approach that relates scientific research and project management to the social, cultural and economic situation of women in particular (Stephens et al. 2010).

The elaboration of Bernard Rollin's Case "Cow with Cancer Eye" is now taken up in the following part of this thesis. Feminist ethics are tested for their applicability in veterinary practice. Now, this approach is characterized by its emphasis on the uniqueness of each moral

problem. The treatment of a simplified exemplary and invented case study seems counterproductive here. In the literature there are almost no case studies that have been illuminated so far by the feminist perspective or the one of Care Ethics. However, casuistry is the most common and practical way to illustrate and practice ethics in veterinary medicine and at the same time a good way to directly compare the traditional with Feminist Ethics in this work. For the following chapter an established method will be used which provides a tool for such cases and guides us step by step through the case study. Pragmatist John Dewey's "Pattern of Inquiry" (Dewey 1998 [1938]) will help us not to lose touch with actual practice and at the same time - by a similarly critical attitude towards simple application of ethical principles - enable the application of feminist ethical ideas to every step of decision making in veterinary practice.

So before starting to work on the case, this method will be briefly presented in the following chapter.

## **2. Evaluation of the Case - The Method: John Dewey's Five Steps of Inquiry**

The case study “Cow with Cancer Eye”, which has already been introduced, will now be examined from the perspective of Feminist Ethics. It is in the nature of things that Feminist Ethics cannot provide clear guidelines for an exemplary case. We must therefore use a different methodology here, one that pursues similar goals like the ones in Feminist Ethics and at the same time provides a structure that is well applicable for solving the case study.



The “Pattern of Inquiry” (Dewey 1998 [1938]) of pragmatist John Dewey will be able to serve exactly this purpose. Grimm structured and refined this pattern into a workable five-step method based on Dewey’s philosophical life’s work (Grimm 2010). His approach to Dewey’s pattern will be used as a reference in the following. The five steps accompany the thinking process about an ethical problem starting from the initial cognition that a problem exists up to the actual implementation of a solution. The pragmatist John Dewey was more concerned with the actual application of a theory to practice than with the theory itself. He thus pursued an inductive method of conclusion by referring to the concrete experience within an individual case to arrive at a reasonable and well founded action in the end (Grimm 2010). According to Pragmatists, philosophical and social theories can thus only be based on experiences and practice and “the purpose of inquiry into experience was not to replicate it, but to interrogate problematic situations in order to satisfactorily resolve them” (Seigfried 2002:51).

Similar to Feminist Ethics, pragmatism thus goes beyond the boundaries of traditional philosophy, questioning and challenging it with the means of practical experience. Philosophy is described by pragmatists as human activity which is mostly based on individual experiences instead of universal knowledge. Pragmatism was invented at a time that not only stands for the Darwinian Revolution but also for the beginning of the feminist movement.

Women like Jane Addams clearly influenced the ideas of pragmatist philosophy. Together with the typically more reflective approach to women and female philosophers of the time<sup>5</sup>, pragmatism is still a popular tool for feminist philosophers today (Seigfried 2002).

Pragmatism makes use of the tools of natural sciences and thus not only collects more data and more evidence, but also brings together various disciplines (Grimm 2010). John Dewey's "Pattern of Inquiry" may help to bridge between tried, tested and experienced natural science and a philosophy of the arts based on "invisible" thinking and reasoning. A sharp distinction between theory and practice is also relevant to veterinary ethics, as discussed in the introductory chapter. John Dewey's methodology will help us to apply the ideas of Feminist Ethics to veterinary medicine without losing touch with practice.

A moral problem is approached by Dewey in a similar way as a specific question or issue in natural sciences. The aim is to overcome an obstacle on the way to the "target state" from the "actual state" in which one is situated (Grimm 2010:159).

ACTUAL STATE  Overcoming the barrier  TARGET STATE

Dewey's Pattern of Inquiry will guide us along the way to the Target State. To solve the practical example "Cow with Cancer Eye", Dewey's five steps indicate a methodical way to solve a problem by means of reflective thought and action for moral problems (Grimm 2010). Pragmatism will serve as a pattern here to not only analyse Bernard Rollin's answer to the Case, but also to prove how different it appears when analysed from a feminist point of view. The following is an introduction to these five steps according to Dewey, after which we will proceed with our case analysis.

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<sup>5</sup> The pragmatist John Dewey stated in 1919: "Women have as yet made little contribution to philosophy, but when women who are not mere students of other persons' philosophy set out to write it, we cannot conceive that it will be the same in viewpoint or tenor as that composed from the standpoint of the different masculine experience of things" (Dewey 1980[1919]:45). Thus Dewey was one of the few to recognise the masculine character of traditional philosophy even then.



## 2.1. The Indeterminate Situation (Step One)

Dewey's philosophy is based on the idea that individual experience is of moral relevance and must be included in philosophical theories (Anderson 2019). According to Dewey, experience is "the manifestation of interactions of organism and environment" (Acampado 2019:2). meaning, it is a typical human activity, just as philosophical reasoning is one. For this reason, the Steps of Inquiry also begin very specifically with the subjective experience of the moral agent involved in the conflict. Dewey describes a feeling of uncertainty that arises when one encounters a situation that is undefined or that causes certain routines or habits to falter. You feel something is wrong, something disturbs you. This uncertainty must be recognised as such in order to develop the motivation to approach and solve a problematic situation (Dewey 1998 [1938]).

## 2.2 Institution of a problem (Step Two)

In the second step, in order to counteract this uncertainty, the underlying problem leading to this subjective feeling of uncertainty is determined more precisely. What are the components of the problem and which of them are important to identify the problem? To determine the nature of a problem, Dewey recommends first filtering out the obvious and stable components of a problem describing them as "facts of the case" (Grimm 2010:159). For us veterinarians, this step is comparable to making a diagnosis. Here it is a matter of identifying those findings and observations that may be relevant to the course of the disease and the subsequent therapy. For this purpose, all relevant information is first gathered and listed completely. Dewey suggests the same procedure for moral problems. The point here, after all, is to recognize which facts of the case are of moral relevance. In order to figure this out, Dewey's method is guided by ethical principles.

Similar to Care Ethics, Pragmatism stands in clear contrast to the common philosophy of that time: As the "rigid principles, closed systems and the supposed absolute and original" could not explain reality, American pragmatists turned to the "concrete and appropriate, to facts, actions and power" (James 2016[1922]:34). According to John Dewey, moral principles as

generalized standpoints based on past experiences could provide a tool for limiting the facts to the morally relevant and taking the appropriate perspective for determining the problem (Grimm 2010). Principles could serve as theoretical foundation and for flexible and stretchable guiding rather than for rigid adherence and abstraction. Dewey aims to modify and adjust those principles with regard to the problematic situation and condition. He considers principles as “not fixed rules for deciding doubtful cases, but instrumentalities for their investigation, methods by which the net value of past experience is rendered available for present scrutiny of new perplexities” (Dewey 1922:241). The second of the five steps will therefore be primarily concerned with directing the case and the associated problem to where one of these moral principles could be violated. A moral deficit can be identified there and overcoming it will guide the search for a solution in the following step.

### 2.3. Determination of a Problem-Solution (Step Three)

The aim now is to find a solution to the previously specified problem. Close to his scientific theses of experiment and empiricism, John Dewey calls the possible solutions “hypotheses”, which must be tested for their adequacy (Grimm 2010). This process must be accompanied by scientific disciplines that provide the necessary expertise, like the one of veterinary medicine but also, once again, moral theories and principles. What makes Dewey’s alternative approach within traditional moral philosophies special is that he does not advocate one approach as the most appropriate one. Rather, moral action can have different roots, each of the three traditional moral philosophies, deontological, teleological and virtue, draws its evidence from a different source (Anderson 2019). Each theory is independent of the other and can never - according to Dewey - replace the other. Thus, to solve an ethical problem, an all-encompassing inclusion of all theoretical moral philosophies is necessary.

### 2.4. Reasoning (Step Four)

After having successfully completed the previous step a possible solution is now within reach. Before it is actually implemented, the fourth step of the Pattern of Inquiry is intended to simulate a solution by means of a thought experiment. In this so-called Dramatic Rehearsal, it

can be tested which barriers could arise during the implementation of the solution and how these could be overcome or whether these might push the solution into unreachable distance (Grimm 2010). The Dramatic Rehearsal is suitable for testing ideas for their applicability. And it is also required to foresee and evaluate their consequences. Step four will also be about playing through the whole implementation of the solution in order to avoid unpleasant surprises at the end of a solution.

### 2.5. Testing the Hypothesis by Action (Step Five)

Even after having completed the previous Step Four and at the end of the analysis phases, the question of whether the envisaged solution is in fact the right one remains open for the time being. Not unlike a circle Dewey's Steps of Inquiry are starting and ending with the actual experience of the moral agent. The personal uncertainty of the veterinarian is the starting and the practical implementation of her or his concluded action respectively the end point. The proposed solutions, which have been worked out theoretically and played through in the dramatic rehearsal, must now pass the acid test. It will find its complete justification only in the lived experience of the specific agent in the concrete situation (Dewey 1998 [1938]:175).

After having now completed the description of Dewey's method we will start analysing the case. The following five chapters thus strictly follow the principle of Dewey's five steps, beginning initially always by presenting Bernard Rollins previous analysis of the Case. However, the aim of this work was not only to criticise Rollin's response, but primarily to give veterinary medicine a feminist ethical flavour. In the following, care-ethical concepts as well as the special experiences of female veterinarians will be included in the analysis of the case study. In each of Dewey's five steps we will come to new conclusions and look at the case anew from the perspective of Feminist Ethics. In the end, it will also be a question as to whether this approach enables a more precise view on veterinary medicine and also to what extent this can be applied in the handling of ethical questions in practice.

## **Part II**

### **Analysis of the Case “Cow with Cancer Eye”**

Let us recall briefly the case to be dealt with in the following: the veterinarian in Rollin’s Case “Cow with Cancer Eye” is confronted with a suffering cow with a cancer eye, which she or he would like to remove in total. The farmer and animal owner, however, does not want to pay for the treatment, but wants to leave the cow untreated until birth and then have it slaughtered. Rollin’s veterinarian has a precise consequence in mind, when she or he recommends enucleation or immediate slaughter (Rollin 2006). But as the farmer blocks the realization of this costly operation, that veterinarian is obviously running into a serious problem.

#### **1. Indeterminate Situation**

At the beginning of our case analysis is the “indeterminate situation”, a situation that causes uncertainty in the moral agent. This chapter will deal with the question of how this feeling can arise in the given situation, how it can become a problem for the moral agent in the first place and what role the ethicist may play from a distance. There are serious doubts, that this case, its top down ethical analysis and derived consequences cover all real and practical situations and serves justice to all parties involved. It might be important to significantly widen the perspective in analysing this case by following the approaches of a feminist ethic, which provides us with the tool of empathy to better understand the situation of the veterinarian. We will arrive at the conclusion, that yes, the veterinarian may have a problem that provokes feelings of uncertainty and stress. But depending on many more factors the problems maybe of totally different origin than originally described by Rollin. In the first of the “Pattern of inquiry” (Dewey 1998 [1938]) we will now discuss where the analysis of an ethical problem begins and how the uncertainty of a moral agent can be grasped and determined from an external point of view. The aim is to understand why the veterinarian might feel insecure in our case, why the situation overstrains her or him and which elements of the case hinder her/his professional, trained action. We will first take a critical look at Rollin’s first approach to the case.

### 1.1. Fragile Objectivity of Rollin's Position

The veterinarian in the Cancer Eye Case may know the feeling of uncertainty from practice. This feeling can have many different origins and can be easily remedied in the event of technical uncertainties, for example, by consulting a colleague. In the above-mentioned example, it will not be that easy to get hold of a colleague and the solution is not so obvious either. This is the architecture of moral problems and the reason for the following precise analysis of the Cancer Eye-Case. Why did Rollin decide to include this example in his book and put it prominently in first place? Where does a problem arise according to Rollin? Not in the answer to this case, but in the theory section of his book, Rollin writes the following about the situation when the costs of therapy exceed the value of a cow:

“The key point is that if such a situation did arise, the veterinarian would certainly see (and feel) the moral tension of being able to heal but not being allowed to do so. Whereas some veterinarians would treat the animals at cost or below, others became inured to economic constraints on assuring welfare. This situation, too, probably made veterinarians feel as if they could not do much to advance welfare in the face of harsh economic realities and constraints.”  
(Rollin 2006:42)

Rollin concludes from his experiences with veterinarians and students of veterinary medicine, namely that veterinarians actually want to stand up for animal welfare but are prevented from doing so for various reasons, most of them unjustified in his view (Rollin 2006). This is the source of the uncertainty arising in the case study “Cancer Eye”, according to Rollin. In this way, Rollin describes the problem and why uncertainty *should* arise if you cannot take responsibility for the sick cow even though you want to and could. But can this idea capture the whole complexity of the actual situation of the veterinarian? Is it all about making diagnoses, performing therapies and then leaving the field and when you get stuck on one of these steps, you become uncertain? If you imagine all parties involved in the Cancer Eye case study in actual practice, a veterinarian, a farmer and a cow, does not uncertainty occur on many different levels? Rollin speaks of “the veterinarian” as the traditional philosophy once spoke of “man”

without considering that the people behind veterinary medicine are as diverse as the situations they encounter.

Everyone can confirm that it is unsettling if you cannot implement what you think is best, in this case the therapy of the animal. But the reason for this non-fulfilment can at the same moment trigger completely contrary feelings, thinking for example of sympathy with the farmer, but also thinking of a feeling of being dependent on the farmer's goodwill as she or he is one's customer. Let us recall, that the veterinary profession between animal and animal owner is an ambivalent one. Rollin refuses to leave his moral standpoint, which is supposed to assure him of objectivity. Voices of Feminist Ethics argue that this moral standpoint is hardly possible to keep, because those who make judgments on value, ethical judgements, are guided by epistemological interests and thus also by self-interests and partiality (Wendel 2003). And in Rollin's case too, his moral standpoint proves to be fragile: He locates this uncertainty that the veterinarian may feel in such a situation to be very one-sided, namely turned to the side of the animal. Of course, he might be aware that contextual aspects can influence a situation, but they simply have no moral relevance for him. This makes Rollin appear to be biased about ethical problems in practice and not really interested in why a veterinarian can feel uncertain at all. But couldn't these aspects also be the cause of the "moral tensions" he describes?

In order to provide real ethical support to veterinarians, it will be necessary to understand how an ethical problem initially arises in practice and this includes not only the rational but also an emotional level.

## 1.2. Rationality and Emotions - Feeling the Uncertainty

Before we begin with a theoretical analysis, the first of the five Steps of Inquiry involves understanding the tricky situation of the moral agent. For this purpose, one must leave the role of the theorist and put oneself in the agent's shoes. This change of perspective requires a high degree of empathy. Setting the starting point right there would also be appropriate from a feminist point of view. Carol Gilligan has already described empathy as an important tool for assessing a problematic situation. Empathy is described as the ability to understand and share,

at both cognitive and emotional levels, the emotional state of another person (Colombo et al. 2017). The first step from a Feminist Ethics - point of view will be to reconstruct how the veterinarian feels, why she or he might doubt, why she or he would hesitate and start to worry.

Acknowledging the feeling of uncertainty will be the first step in analysing the problem and thus finding a solution. These rising emotions indicate a first moral valuation, that things are going wrong and result in the point of departure to “evoke inquiry”. Sudden stagnation and doubt are thus a crucial point in solving moral problems. By disregarding emotions in ethics, the moral problem cannot be fully recognized. Or in John Dewey’s words: “In truth, feelings as well as reason spring up within action” (Dewey 1922:76). When talking about experience, every veterinarian might feel differently moving towards this conflict. The veterinarian’s models and motivation but also the experiences she or he made so far will influence the level of discomfort she or he may sense in this situation. An experienced veterinarian will perhaps react with a slight resignation or cynicism to this situation, which she or he must have gone through many times in similar forms. A young, ambitious veterinarian, who had entered the profession with great expectations and ideals, will perhaps react more strongly to the apparent injustice of the animal owner towards the animal. Many veterinarians may see their contribution to society in maintaining animal health and caring for the welfare of farm animals in particular. It can be frustrating when they are prevented from doing so out of simple financial interests. But the farm veterinarian also knows that she or he is operating in a system that treats animals not only for their own sake, but also for financial reasons. By recognizing this helplessness, she or he might feel shame or anger at the farmer, her-/himself or the livestock system in general. Up to this point, Rollin might agree, that the farmer is part of the system and may face similar challenges as the veterinarian, which is not given much attention in his approaches. Farm veterinarians who interact with farmers on a daily basis will, over the course of their careers, gain a better and better insight into what affects and concerns our farmers and this impression may also have a profound bearing on the situation in the Cancer Eye Case.

### 1.3. Same, same but different - Gender aspects and differentiation

A special focus of this work will be on the experience of female veterinarians. Assuming that the veterinarian in our case study is a woman, she might face some particular challenges. Especially in farm animal practice, which in western countries, for example in Austria is still (!) largely run by men (Binder et al. 2019), women are confronted with more male-dominated role models. In a recently published study on veterinary care in Austria, some of the questioned veterinary students indicated that particularly women must prove themselves in the field of farm animal medicine (Binder et al. 2019). This is also shown in a study by Clarke and Knights (Clarke und Knights 2019) on “Anthropocentric masculinities in veterinary medicine”: Here it was observed that women had to defend themselves more often in their position as veterinarians than men. This was partly due to their physical capacities which was judged to be inferior to the male standard. In actual practice, such patterns lead to the effect that the female veterinarian “still subordinates herself to the strong farmer, whereas a male vet would equally require assistance in certain circumstances, but would rarely denigrate himself as lacking physical strength” (Clarke und Knights 2019:270). Or as it was expressed in another study on this topic, as man you must perform well to infer high ability, but as woman you must perform very well for the same level of high ability (Kogan et al. 2004).

Of course, these are individual experiences and it would be naive to believe that one can exactly recreate at this point how a fictitious veterinarian would feel in the given exemplary situation. As a female veterinarian, however, you may feel compelled to hide the supposedly feminine and emotional side and, facing the harsh reality, to present yourself as a strong and hardened veterinarian. This feeling could for example suppress pity for the animal. These details need to be taken into account.

### 1.4. An Alternative Case Report – Extension 1

The open question about the personality of the veterinarian in Rollin’s example and how her or his situation can be understood will have to be answered now to arrive at meaningful conclusions. Rollin’s veterinarian appears faceless and anonymous, everyone should be able to



put themselves in her or his place. But we have now seen that gender alone can increase the veterinarian's uncertainty and their way of approaching moral problems. As we have pointed out, Feminist Ethics denies this idea of a universal human nature and emphasizes the individuality of each person involved in a conflict. Consequently, and to get a more accurate picture of the veterinarian in the Cancer Eye Case, Rollins Case "Cow with Cancer Eye" will be reformulated here. This aims to reveal a shift in focus once the problem is no longer concentrated on a few aspects. Since this first step is about the moral agent and her or his stance facing the situation, the veterinarian of the Cancer Eye Case will be given a hypothetical personality, a gender and a background story.

As a conclusion of this chapter we propose the following alternative approach on how to start the case study "Cow with Cancer Eye" instead. For the reason for this work was the (overlooked) high number of young female veterinarians, the veterinarian in our example will represent one of these.

*Case: Cow with Cancer Eye – Extension 1*

*You have only recently started working as young female farm veterinarian as the successor of a colleague who is very well respected in the area, an Austrian countryside. You became a veterinarian because you enjoy working with animals and want to use your expertise to give farm animals a life worth living. You are called to a farmer who has discovered a circumferential growth in the eye of one of her or his cattle. Since you grew up in the area, you have known the farmer for a long time and have come to appreciate him very much, as she or he is basically very interested in the welfare of her or his animals. But recently you have been observing more lameness and other animal welfare-related issues on the animals.*

*You examine a cow in late pregnancy that has keratoconjunctivitis, blepharospasm, and photophobia due to the suspected diagnosis of ocular squamous cell carcinoma. You explain to the farmer that the cow is suffering from it and needs quick treatment. The farmer tells you she/he cannot provide the financial means for surgery this time. Further she/he is worrying about the calf during anaesthesia.*

*How should you handle the situation - on the one hand the suffering cow - on the other the unwilling farmer?*

The situation around the veterinarian can now perhaps be better understood and also why she might feel misunderstood and insecure. However even with this extended description, a case study hardly manages to compete with the complexity of a true and real situation. Perhaps it might help to add background information on the moral agent's counterparts, the farmer and the cow, to better understand their positions and thus the problem. We will look at these ones in the next chapter when we will try to define the problem more precisely.

We have seen that Rollin's abundant theoretical analysis gives the impression of objectivity, clarity and unambiguity, but often the situation is not quite that clear in everyday practice, leaving veterinarians with a more nuanced view of the situation of everyone involved - including the farmer - in uncertainty. We have therefore broadened the perspective of the case, including personal expectations, motivations and the veterinarian's understanding of her role in such a crisis situation, in order to better understand the uncertainty caused by the situation. We will now look at Dewey's second step, the "Institution of a Problem" (Dewey 1998 [1938]).

## **2. Institution of a Problem**

In addition to her personal background and current emotional state of mind described in the previous chapter the veterinarian in the Case "Cow with Cancer Eye" is now faced with more or less objective facts, information, observations and impressions directly related to the case. In this following step, now all these need to be unravelled in order to determine the exact nature of the problem under discussion.

This chapter will deal with the question of which perspective should be taken to determine the problem in the Case: "Cow with Cancer Eye". We will first examine Rollin's way of reducing the problem to fundamental questions of veterinary ethics. Which facts of the case constitute the problem is described differently from a feminist perspective. Here we try to grasp the

problem completely instead of reducing it to questions of principle. For this purpose, the already extended case description will be complemented by additional hypothetical facts.

The Dewey method of using ethical principles will be used to bring structure to all of these details. Even though many approaches of Feminist Ethics reject the application of principles in ethical questions (Collins 2015), they should help us here to determine the problem and more precisely the moral deficit of the problem. In the end, however, we will find that despite this methodology, the problem in this chapter can only be sketched out vaguely from a feminist perspective.

## 2.1. Rollin's Fundamental Questions

To explore Rollin's perspective, not only the answer to the Cancer Eye case study is examined. In fact, the determination of the problem can be found much earlier in his book. Here he advises veterinarians to ask themselves the following question when confronted with ethically problematic situations: "does it contain elements of obligation to client, peers, animals, society, or self?". In this way one can be sure "to have at least thought about all possible domains of ethical concern" (Rollin 2006:17).

Let's look at the case from this standpoint: Of course, the veterinarian has an obligation to the client, for example, not to withhold from the client any therapy options that could help against Ocular Squamous Cell Carcinoma. The veterinarian also has an obligation towards the animal, namely to help the animal out of its suffering using her/his professional expertise. From Rollin's perspective, the problem is thus concentrated on the question of moral obligations. It is therefore not surprising that, at the beginning of his answer, he referred to the case study as "a classic example" of "the Fundamental Question of Veterinary Medicine: Does the veterinarian have primary obligation to the animal or the owner?" (Rollin 2006:106).

If we recall the triad of veterinary ethics, between animal owner, veterinarian and animal, Rollin reduces the dimension of this triplet to one of rights and duties. A problem arises where a duty is neglected or a right is disregarded. Every party is exchangeable in their function in the triad.

Because for him, only morals that treat the same cases equally can be considered as fair (Rollin 2006).

This also explains why Rollin does not go into details in the description of his case, but rather gets straight to the point, namely to the question to whom the veterinarian now owes primary obligations<sup>6</sup>. This begs the question, why does Rollin even bother to collect 104 case studies and answer them individually, when most of these examples can be reduced to the fundamental question of veterinary medicine anyway, this fundamental question he deals with in the theory part of his book. He also answers it directly in the case study when he talks about the fact that the case study is about a direct confrontation between the personal ethics of the veterinarian and “the lack of the personal ethics” of the animal owner regarding her or his obligation towards the animal (Rollin 2006:106). For Rollin the problem is therefore determined as follows: The Actual State involves an animal that is suffering. The veterinarian has an obligation to minimize this suffering. In order to reach the Target State, the state where the suffering is eliminated, the veterinarian has thus to perform the enucleation. Anything that stands in the way of enucleation (in this case the owner of the animal and her or his poor reasons) must be overcome.

The question, according to Bernard Rollin, is not what the right action will be in the situation, but how the (only) right action can be implemented. The fact that this simple approach to problems is difficult to transfer to ethical problems was also described by Grimm in his commentary on ill-structured problems. With ethical problems, it is usually the case that the question “What should I do” implies that not only the right action but also the best outcome of the action is unknown. (Otherwise the question would be: How can I push the right action through?) In ethical problems, normative orientation, which is supposed to define the Target State, is missing. The goal or solution is unclear, at best vague, and can go in many different directions (Grimm 2010). The question of the case study was “*Is it ethically correct for the cow to be left untreated?*” (Rollin 2006:106) and raising the question to a general discussion of

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<sup>6</sup> It has to be noted in his favor that the cases have been described by veterinarians and sent to him for reply. It is unclear here whether Rollin took over these descriptions one-to-one or shortened/modified them. But also (the older generation of) veterinarians who might have been involved in veterinary ethics might already have been programmed to better omit “flowery” details.

obligations in veterinary medicine can only give us some limited advice on how to act in exactly this situation.

We will first try to determine the true problem behind the “Cancer Eye Case” by collecting the facts and observations much more precisely. We will examine how the context of a situation ignored by Rollin, including in this case medical details around the Cancer Eye, but also personal backgrounds and interpersonal relationships, might make it more difficult to determine a problem in reality.

## 2.2. The Meaning of Context

For Feminist Ethics, the universalist claim to address all veterinarians and to apply a concrete problem to the fundamental problem of veterinary medicine will not fulfil the claim to actually reflect the contextual conditions in which veterinarians live and act. This chapter will address the question of the extent to which detailed conditions and the situational framework of a situation may, can or should influence dealing with an ethical problem. Feminist Ethics would add moral value to the complexity of the particular situation: the social framework, the stories and backgrounds of all other involved parties confronting the moral agent. How did our problem come about? How is it composed?

For Rollin and many other moral philosophers, too many diagnostic details and facts around a health problem can obscure the view of what is really morally relevant, such as the question of obligations to other parties. It is known from veterinary medicine that the more diagnostics are performed, the more information I get about a medical problem, the more precisely I can tailor the therapy to it. A study by Kondrup et al. (2016) from Denmark showed that decision-making in veterinary small animal practice (and it will be even more the case in farm animal practice) depends on various contextual factors related to the animal “the type and severity of the situation”, but also focus on other circumstances such as “the characteristics of the client, the veterinarian and the clinic” (Kondrup et al. 2016:3).

“These contextual factors are expected to be wide-ranging, and to include the veterinarian-client relationship, and the veterinarian’s level of animal advocacy and her or his past experience of the client-animal bond.” (Kondrup et al. 2016:3)

The extent to which certain additional information can also change the view on an ethical problem and what effect this has will be demonstrated here using the Case “Cow with Cancer Eye” as an example. Is it even possible to describe a context in a hypothetical case study? Can this context even be grasped in theory? Carlos Gershenson from the University of Sussex comments on this:

„A context consists of the set of circumstances and conditions which surround and determine an idea, theory, proposition, or concept. These circumstances and conditions can be spatial, temporal, situational, personal, social, cultural, ecological, etc. Notice that we are giving a relative notion, but it should serve our purposes, because in an open system, contexts cannot be completely described” (Gershenson 2002:2).

The aim of this work will be to examine what difference it would bring to the analysis of ethical problems in veterinary practice if specific parameters were included. After all, in Rollin’s simple case description many crucial questions remain unanswered.

### 2.3. Beyond Fundamental Questions

From a veterinary point of view, some details concerning the animal and the disease that accompanies it could be of importance. Both the age of the cow and her unborn calf would have a significant influence on the prognosis for any surgery and thus the choice of the appropriate therapy. Rollin speaks of “late pregnancy” and of “several months untreated” (until birth) (Rollin 2006:106). The term “late pregnancy” is not clearly defined; it can be assumed that the cow in the case might be approximately in the last third of pregnancy. Since a cow is pregnant for nine months (about 280 days), the last third would mean months seven to nine. With “several months untreated” we would therefore speak of a period of one to three months. It is important to specify this, because anaesthesia has to be adapted considerably to age and day of pregnancy.

In the case of a late pregnant cow, only minimal pain therapy can be applied during an operation. This will be explained in more detail in the following chapter.

A so-called “Cancer eye” is the most common growth disease in bovine practice. The tumour, mostly located at the corneoscleral junction and on the lower eyelid, is “invasive chronically progressing” and “metasizes through draining lymphatics of the head and neck” (Heeney und Valli 1985:21). It depends on the exact location on the eye, but this circumferential growth may lead to symptoms such as swelling of the eyelids, limited mobility of eyelid and bulbus, itching, contamination of the bulbus, ulcerated keratitis, infestation with flies, swelling of the regional lymph nodes, exhaustion and loss of appetite (Dirksen et al. 2006:1196). Neoplasia in cows only occurs at an advanced age. The exact age of the cow also affects veterinary considerations regarding anaesthetic risk but will primarily influence the farmer’s wish to either keep the animal or have it slaughtered afterwards. If the cow is still young and still offers the prospect of many lucrative pregnancies, the farmer might be persuaded to undergo expensive therapy.

For the determination of the exact problem, additional parameters concerning the tumour and its effects on the cow are needed. If the tumour is only on the edge of the eye and not on the cornea or conjunctiva, there may be alternative surgical possibilities (besides enucleation). Also the stage/age of the tumour and a histological finding about the pathogenicity could be interesting. Rollin also omits some important parameters regarding the welfare of the animal. To what extent does the tumour affect the health of the cow? What conclusions can be drawn as to how much the cow suffers from the tumour and how much her welfare is affected? It is therefore crucial to know where the tumour is located, how advanced and how invasive it is. For a veterinarian, this means that all results of the anamnesis and the clinical examination must be included in his or her diagnosis and thus in her or his decision. The following two images show, even for a layperson, different levels on how the diagnosis “Ocular Squamous Cell Carcinoma” could affect the animal and its well-being, depending on the tumour’s stage, its size and location.



Figure 3: Early form of a cancer eye starting from the dorsolateral conjunctiva. By courtesy of G. Hirsbrunner, Wiederkäuerklinik, Vetsuisse-Fakultät Bern



Figure 4: Advanced, superficially ulcerating cancer eye starting from the medial corner of the eye. By courtesy of G. Hirsbrunner, Wiederkäuerklinik, Vetsuisse-Fakultät Bern

The extent to which the animal feels pain will be of decisive importance for the evaluation of the case. A detailed examination of the tumour will therefore provide information on how it could affect the cow. The cow herself could give us an additional clue: How much has her behaviour changed since the Cancer Eye? Does the farmer see the cow scratching? Are its eating habits reduced? These signs could indicate the extent to which the cow suffers from the disease and the extent of the pain could have a decisive influence on the case. Pain assessments can often be subjective and vague. Nevertheless, these parameters can and should accompany the decision-making process. The following table by Glerup and Anderson (Glerup et al. 2015) ranks the behaviour and posture of the animal according to the degree of pain. This table could serve as a basis for the preceding description of how the Cancer Eye may infect the animal welfare.



Score	0	1	2
<b>Attention towards the surroundings</b>	Active and attentive The cow is active: eating, ruminating, grooming etc. The cow is attentive and/or attention seeking/curious	Quiet/depressed The cow is not active, avoiding eye contact, may move away from the observer	
<b>Head position</b>	High/level of withers The cow is active, eating, ruminating or is contact seeking/curious	Level of withers. The cow is not active, not eating, ruminating, grooming or sleeping	The cow is not active, not eating, ruminating, grooming or sleeping; may lie down quickly after getting up
<b>Ear position</b>	Both ears forward or one ear forward or back and the other listening	Ears back/asymmetric ear movements Both ears back or moving in different directions (not forward or back)	Lambs' ears Both ears to the sides and lower than usual; the pinna facing slightly down
<b>Facial expression</b>	Attentive/neutral look The cow is attentive, focused on a task (eating, ruminating) or sleeping	Tense expression/strained appearance The cow has a worried or strained look, furrows above the eyes and puckers above the nostrils	
<b>Response to approach</b>	Look at observer, head up, ears forward or occupied with activity (grooming, ruminating)	Look at observer, ears not forward, leave when approached	May/may not look at observer, head low, ears not forward may leave slowly
<b>Back position</b>	Normal	Slightly arched back	Arched back

Table 4: Cow Pain Scale including the pain specific behaviours by Gleerup et al. (2015).

The moral agent, the veterinarian, was already given a more detailed profile in the previous chapter, and now the status of the cow has also been further specified here. Now missing in the triad is the owner of the animal. We also want to better understand her or his interests as the farmer plays a significant role when it comes to solving the problem. She or he may have concrete concerns regarding the case. A conflict mostly arises from different ideas and interests, so both sides must be understood. Information about the farmer's family and financial background, her/his handling with and relation to the animals can be helpful to us as a supervising veterinarian in our decision what should be the right thing to do. Our previous experiences and impressions during our work with the farmer need to be included as well.

45,8 % of all workers in agriculture and forestry in Austria are women (Oedl-Wieser et al. 2012). So why not place a female farmer client of our vet? Whereas in the previous step an attempt was made to better understand the situation of the moral agent, the aim now is to give the person facing the veterinarian a face and a story in order to grasp his or her interests. An important point from Feminist Ethics would be to ask or to be attentive to the following points: To what extent is my counterpart disadvantaged by society? As a farmer and as a woman? Since feminist theory emphasizes the point of view from a woman's perspective, our farmer here today will be a woman who needs to be listened to.

Since a large part of Feminist Ethics, especially within the Care-approach, is understood to be interpersonal ethics, I would also have to consider and outline the individual relationships and the resulting dependencies of our case and investigate how they can contribute to a solution of the situation. When talking about the dimension of relationships in problematic situations, one usually refers to the so-called "personal relationships", which are characterized by the "personal knowledge of each relative by the others", further they "are not formally contracted, depend on a certain kind of history between participants, and are valued non-instrumentally by participants" (Collins 2015:42). These definitions usually refer to human relations. But also (or perhaps especially) the human-animal relationship holds a lot of tension. Also, the relationship between farmer and cow or even between veterinarian and animal, if this is not the first encounter, can make the problem more complicated and should therefore be mentioned.

In consequence the triad around veterinarian, animal owner and animal can hardly describe the complete picture and thus summarize the dilemma of veterinary medicine. If one would include all these contextual points in the treatment of ethical conflicts, a scheme that wants to illustrate veterinary conflicts would have to look more like the following:

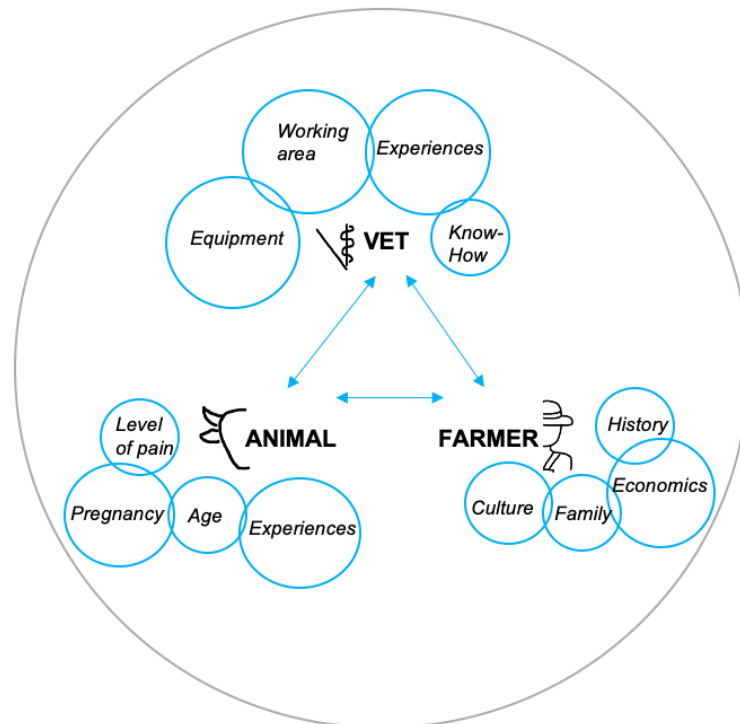


Figure 5: Expanded Triade Veterinarian-Animal-Farmer

Many points that could have an impact on the determination of the problem and thus also on the determination of a Target State remain unexplained in Rollin's example. They do complicate the case enormously. By way of example, the description of the case study will now be expanded to include some of this information in order to examine what effect it could have on the determination of the problem and consequently on the respective solution. In order to stay as closely as possible to the real professional practice in veterinary medicine, we will go through the case step by step starting with anamnesis, continuing with a clinical examination and diagnosis.

#### 2.4. An alternative Case report – Extension 2

Here is what the Case "Cow with Cancer Eye" might look like if this scheme was applied to it contextual details were added:

### *The Anamnesis*

*The farm is a conventional Suckler Cow Farm<sup>7</sup> with the aim to produce beef. The farmer has 23 cows of which currently 11 are pregnant and 8 are lactating. The cattle of the breed Brown Swiss live in a playpen. The barn was built 5 years ago from a former tethered barn. The male calves remain on the farm until their final slaughter weight and will then be sold. The female ones are reared on the farm and later also used as suckler cows. The farmer is a 40-year-old woman who grew up on this farm, a former dairy farm of her parents. 5 years ago she and her husband wanted to give up the farm for economic reasons. However, she could not break away from farming and decided to invest a lot and build a new barn for a few suckler cows. Her husband is now doing another job and she has been taking care of the animals, over most of the housework and the three children for five years now. Since the abolition of the state premium for suckler cows and the birth of her youngest daughter two years ago, she has been struggling financially and physically. She is not sure how long she can continue her cattle breeding in this way.*

*Concerning the sick animal, it is a six years old suckler cow is on the 240. day of pregnancy roughly estimated. It is her fourth pregnancy, all passed off without any complication. The farmer has noticed the circumferential proliferation a few days ago and cannot say how far it has progressed and how it has changed. She didn't observe any changes in the eating or other behaviour. The animal has no significant previous illnesses.*

### *The Clinical Examination*

*During the clinical examination, an internal body temperature of 39.0°C<sup>8</sup> are noticeable. The above-mentioned circumference growth is in the lateral angle of the right eye. It involves the limbus<sup>9</sup> and is about 3 cm in diameter (in the size of a cherry stone), reddish and coarse, but*

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<sup>7</sup> “In suckler cow husbandry, the cow is not milked. The calf sucks on the mother during the entire lactation period. The calf is weaned at the age of 9-11 months. After weaning, the cow is dried and the calf is either sold as a weanling or as a young cattle ready for slaughter or remains on the farm as a “Nachstellkalbin” (=later suckler cow) (Bauer und Grabner 2012:11) (translation by the author).

<sup>8</sup> Physiological temperature 38,3-38,8°C

<sup>9</sup> The transition from sclera to cornea

*not very raised. The cow shows a blepharospasm (more blinking) and increased, liquid-serious eye discharge. The eyelid closure is slightly impaired. In addition, the animal shows slightly reddened mucous membranes of the eyes, which indicate keratoconjunctivitis. The cow makes an attentive, but minimally impaired impression, eats and ruminates. She has a slightly tense facial expression and little furrows over eyes and nostrils. Due to the watery eye, there is an approximately hand-sized field of drenched fur. The pregnancy seems unaffected.*

### *The Diagnosis*

*As an experienced veterinarian you expect the growth to be a so-called Cancer Eye<sup>10</sup>. This Ocular Squamos Cell Carcinoma is a “primary neoplasm of epithelial origin that may occur in different ocular and periocular tissues, especially the epithelial surfaces of conjunctiva, corneoscleral junction, nictitating membrane, and cornea and the eyelid skin” (Tsujiita und Plummer 2010:511). The Cancer Eye can metastasise, initially by lymphogenic route into the parotid, mandibular and retropharyngeal lymph nodes and surrounding bones and later via the thoracic duct and venous vessels to the heart, lungs, liver and kidneys (Köstlin und Jonek 1986). In the end this can also lead to major economic losses at the slaughterhouse if whole parts of the carcass are discarded. The most frequent cattle breed in Austrian, Simmental-Fleckvieh, is predisposed due to unpigmented eyelids (Hirsbrunner, et al., 1998).*

After reading the more detailed case one might get the feeling that the initial uncertainty has become even greater, which is probably due to the following point: While Rollin’s brief outline of the situation suggested where the (simple) problem and thus the straight solution (namely in overcoming it) lies, now the situation appears much more complex. To reduce the farmer’s concerns to just one single obstacle in order to overcome the deficit seems to be way too simplified and short-sighted here.

There is no doubt, that with the additional information in an exemplary case study as exemplified above one will be able to draw a clearer and more realistic picture of how an ethical problem might actually occur in practice. At first sight the mass of information seems to be

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<sup>10</sup> Currently this is a suspected diagnosis, the definitive proof that it is an OSCC can only be provided by a histopathological examination.

overwhelming though. But even this feeling of being overwhelmed certainly reflects the actual experience of such a situation more accurately. How can this feeling be classified; how can the impressions be sorted?

## 2.5. The Quest for a Moral Deficit

The challenge now is to clarify which of these data are of moral relevance. This challenge is a difficult one, because it again carries the risk of reducing the problem to only a few points and thus moving again further away from actual practice. Nevertheless, it is undeniable that not all information is relevant for further analysis. In order to remain able to work, cuts must be made. For example, how many of the farmer's animals are currently lactating or not can be excluded from the conflict here<sup>11</sup>. Here it might be obvious. But to what extent should the farmer's financial plight play a role in the moral conflict? Feminist Ethics does not provide clear guidelines on how to structure or prioritize these contextual conditions. In the chapter on Care Ethics we have already learned about the particularist position when it comes to the application of principles. But now, no matter how rigid principles may be, they do provide a moral basis for orientation in problematic situations. Nevertheless, we will try to determine the key problem leading to all the situational details described earlier. Again, we must fall back on John Dewey's pragmatist methods. Dewey's pluralistic way of handling principles in the course of the case analysis will serve us as theoretical foundation (Dewey 1998 [1930]:315 ff). We have already described where he uses moral principles as a guide to identify a moral deficit in a situation, namely where one of these principles is violated. By naming this deficit, the problem is to be determined from the "principle perspective" and reduced to morally relevant facts.

In the ethical matrix in the first part of this thesis we have already seen how ethical principles can be applied to veterinary practice. At this point, the four principles of biomedical ethics established by Beauchamp and Childress (Beauchamp and Childress 2013:12 ff) will serve as

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<sup>11</sup> Of course, this cannot be generalised either. If the farmer did not have a single cow that is currently lactating, this could well have an impact on the conflict, for example, in that she or he has a management problem in addition to the Cancer Eye, which could push the conflict into other ethical dimensions.

a model to examine where in the present case a moral deficit can be identified when one of these four principles is violated. The principles are as follows:

- (a) “Respect for Autonomy”
- (b) “Nonmaleficence”
- (c) “Benevolence”
- (d) “Justice”

The four principles are based on specific ethical theories, classics of moral philosophy. Let’s take a closer look at their background and apply them to our case. Here we proceed in a similar way as in the ethical matrix we have already met.

(a) Respect for autonomy - “a norm of respecting and supporting autonomous decisions” (Beauchamp und Childress 2013:13)

Respect for autonomy can be attributed to the approach of a deontological ethic. In the medical context, autonomy would include the free will and self-determination of the patient and all those involved (Rauprich 2016). In our present Cancer Eye Case, the patient is an animal, being unable to formulate her autonomous will and is only able to show it by expressing pain and suffering. It can only be assumed that the cow has the desire to end the suffering. And it can also be assumed that the cow does not want to lose her calf in this stage of pregnancy. On the other hand, it is equally important to recognise the autonomy of the animal owner as a person involved and to respect her interests. However, the extent to which the animal can be granted autonomy is questionable. The principle of autonomy would thus be violated primarily where the farmer’s wishes would not be respected.

(b) Nonmaleficence - “a norm of avoiding the causation of harm” and

c) Beneficence - “a group of norms pertaining to relieving, lessening, or preventing harm and providing benefits and balancing benefits against risks and costs” (Beauchamp und Childress 2013:13)

The principle of not causing harm to anyone and the commandment “to promote the welfare of others” (Rauprich 2016) is based on what results in an action at the end. A consequentialist ethic judges an action by its consequences. Utilitarianism, as a branch of this approach, promotes the greatest happiness for all. If the cow of the present case study would not be helped to reduce her suffering, these principles would be violated. On the other hand, the farmer would also suffer if she was asked to pay and this would put her in financial difficulties. Nevertheless, physical suffering at this point would probably outweigh the direct financial loss to the farmer if she had to pay for therapy.

d) Justice - “a group of norms for fairly distributing benefits, risks, and costs” (Beauchamp und Childress 2013:13)

We have already become aware of the problems that a theory of justice raises from the perspective of care ethics. But of course, justice also has its legitimacy in ethical questions, probably its violation is the most obvious sign that something is going wrong, is unjust. From the principle of justice, therefore, an infringed moral good and thus a deficit can be determined on both sides again: On the one hand, the cow has to be done justice and given proper treatment. On the other hand, one must do justice to the farmer by acknowledging her financial situation.

An attempt was made to identify a moral deficit. Once the farmer is recognised in her position as a real person with genuine interests and understandable reasons, the deficit can no longer be limited to the suffering animal. So what we have here is a conflict of principles that prevents us from identifying a clear moral deficit. Which principle should weigh more, the one of autonomy or that of benevolence? One has to balance between these principles in order to identify the violated principle and thus the deficit in this case. But perhaps at this point in the analysis it is possible to say that we are dealing with (at least) two deficits. As soon as one concentrates to only one of these levels, the problem can no longer be grasped in all its complexity. When Feminist Ethics talks about context, it is precisely at this point that it warns against trying to narrow down problems in such a way that they can be put in order by principles. As already pointed out in a recently published work, “feminist ethics does not and cannot rely on external



normative principles but develops ethical decisions, not only in light of the situation but out of the situation, as a source of normativity” (Karg und Grimm 2018:258). This means that the problem is determined by the situation itself and not by any pattern of principles. Maybe one has to accept that from a Feminist Ethics point of view, the problem can only be clarified and determined insufficiently.

But even a problem that is difficult to define should be followed by concrete action. What an action that overcomes the above-mentioned or at least one of the deficits can look like is the subject of the following chapter. To this end, we will look at Rollin’s problem-solving strategy and then continue the analysis of the ethical question in the case from the perspective of Feminist Ethics.

### **3. Determination of a Problem-Solution**

The aim of this analysis was to give the veterinarian concrete instructions on what to take in a situation as described in our Case “Cow with Cancer Eye”. After a more detailed description of the problem, this goal seems to be further away than ever. How should an idea look like to be accepted as a concrete solution for the case study? Dewey’s third step is to examine possible solutions labelled as “hypotheses”. To this end, those solutions, which Rollin has already described in his presentation of the case, are first examined for their scientific validity. From his perspective, the question is mainly: Which therapy is advised for the diagnosis made, namely Ocular Squamous Cell Carcinoma? In medicine, we speak of an indicated therapy when it is appropriate on the basis of certain symptoms or an established diagnosis. In his paper on legal foundations of euthanasia, Tritthart (2018) defines veterinary indication as follows.

“The veterinary indication is an evidence-based professional judgement by a veterinarian that a measure is suitable and appropriate<sup>12</sup> to achieve a therapy goal for the respective patient or

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<sup>12</sup> He writes on the concept of appropriateness: “The question is to be examined whether the appropriate and necessary measure in comparison of the best possible treatment result to the expected risks or damages and the expected expenditure is in a serious disproportion to the expected risks or damages” (Tritthart 2018:114). (Translation by the author)

group of patients that has been defined in consultation with the animal owner<sup>13</sup> (Tritthart 2018: 113).

All possible therapies are therefore examined to see whether they achieve the therapeutic goal and whether they seem reasonable given the associated efforts and risks. The therapeutic goal for our Cancer-Eye Case should primarily not simply be the removal of the tumour, but rather the relief from the animal's suffering. Interestingly, Tritthart also mentions the owner's agreement as a necessary condition. The owner's proposal to leave the animal untreated will also be discussed in this chapter.

However, just because a solution is theoretically possible does not mean that it is automatically the right one. After all, this is also an ethical problem, not just a technical issue for the veterinarian. Otherwise, the right solution could also be to treat the animal and then simply steal the farmer's money for the treatment. Hardly any veterinarian would agree to this suggestion, as it would not be compatible with one's own values to commit theft. But how far the veterinarian should go and what both, she and the farmer should make as sacrifice to relieve the animal's suffering, is a question that is not that easy to answer.

In the second chapter when we were trying to accurately capture the actual state of the problem, we found that structuring by principles alone cannot cope with the complexity of the problem. Now, however, we have to choose among all mentioned solutions which one is not only possible but also morally justifiable. At this point we will refer to ethical theories and norms that help us to evaluate the solutions. Rollin advocates the treatment of the animal, justifying this with a deontological ethic, an approach that Feminist Ethics rejects because of its inflexibility. Therefore, other theories will also be discussed here. Here again we will follow Dewey's advice to not stick too rigidly to principles and theories, but to see them as a tool to "revise, adapt, expand and alter" in order to adapt it to the situation at hand (Dewey 1922:240). We will now take a look at all possible solutions, many of which are also mentioned in Rollin's answer to the case. We will evaluate them first of all from a technical perspective.

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<sup>13</sup> Translation by the author

### 3.1. Possible solutions from a technical perspective

The veterinarian in Rollin's example suggests "enucleation or immediate slaughter" as being the preferred solution for the affected cow. In his response to the case, Rollin later mentions the following other therapeutic options in the context of a "middle way" (Rollin 2006:107).

"One can simply debulk the tumor, for example using a local block, and reduce fly irritation and attendant eye pain with a topical fly repellent. Alternatively, one can treat the animal with BCG or some other immunostimulator to cause tumor regression, again without imposing a major financial burden" (Rollin 2006:107).

With this list, Rollin covers just about everything that is currently treated in scientific publications as alternative methods for the Cancer Eye in the cow. We will now take a closer look at each of these possibilities and apply them to our concrete case study.

#### 3.1.1. The Enucleation

Enucleation is the surgical removal of "globe, conjunctiva, nictitating membrane and lacrimal gland" (Pollock et al. 2008:306). In the field of veterinary ophthalmology, this therapy is the ultima ratio when the eye can no longer be maintained, for example after a traumatic accident or a severe infection. When considering surgery, some authors distinguish between bulb exenteration, extirpation, evisceration and enucleation. These terms are often blurred. Basically they differ in the specific parts of the eye that are removed, promising a better healing or more radical removal of the tumour. In the English-language literature, the term enucleation is usually used, and we will adopt Rollin's term here for the surgical removal of the tumour including the globe.

The operation can be performed on a standing animal, but a lateral position is recommended (e.g. fixed in a tilted position). General anaesthesia is recommended, sedation and local

anaesthesia are the minimum standard (Dirksen et al. 2006). A possible anaesthetic protocol is described by Schulz and Anderson (Schulz and Anderson 2010) as follows:

“Local anaesthesia (lidocaine HCl 2%; Hospira, Lake Forest, Illinois, USA) was used for all cattle. (...) Sedation was used in 19 (36%) cattle. Sedation protocols included the administration of xylazine in 11 (58%) cases, acepromazine in 4 (21%) cases, butorphanol in 1 (5%) case and combinations of these drugs in 2 (11%) cases” (Schulz und Anderson 2010:611).

$\alpha$ 2-agonists such as Xylazine, Acepromazine and Detomidine are used as standard sedation in veterinary medicine. These guarantee adequate analgesia even when the animal is fully conscious. However, a major disadvantage of these sedatives (Same with Butorphanol) is their contraindication for (especially late) pregnant animals, as they “increase myometrial activity of the pregnant uterus and xylazine can cause abortion when given to ruminants in late pregnancy” (Wyse 2012:721). Even without abortion, long-term damage to the fetus can be caused by the administration of alpha2 agonists. Xylazine, for example reduces “uterine artery flow and oxygen tension” which would lead into a decrease of “oxygen availability to the fetus (Hodgson et al. 2002:1698). There is currently no alternative to Xylazine, anaesthetics used in small animal medicine for pregnant animals are not approved for food producing animals<sup>14</sup>. The only anaesthesia indicated for the cow in late pregnancy would be a local anaesthesia. Those can be used in the context of a surface anaesthesia on the cornea or through a retrobulbar block (Hirsbrunner et al. 1998). To sum up for the cow in our case study, this would mean that she would be exposed to an increased risk of premature birth during surgery, either through the administration of sedatives or through increased stress while fully conscious. Many surgical procedures in cattle are only carried out with local anaesthesia, for the above-mentioned and also for economic reasons. Cows have a rather stoic nature, which makes it seem as if they would easily endure procedures like this. However, there is no evidence that they are less sensitive to pain than other vertebrates, so pain management should not be less important than

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<sup>14</sup> Even an off-label use, i.e. the use of an anesthetic for another animal species, does not provide a satisfactory solution because the complications are unpredictable and the withdrawal periods for meat and milk are very long.

with dogs or horses. It should therefore be emphasised that also for animal welfare reasons this solution is not the most satisfactory one, as the animals are exposed to immense stress.

Surgery afield always poses great challenges for the veterinarian. An enucleation is a bloody procedure, in the barn it is difficult to work sterilely. Nevertheless, the surgery is technically simple (Schulz und Anderson 2010) and the veterinarian should be able to perform it afield or refer the patient to a suitable clinic, which would certainly increase the cost of treatment. The surgical protocol for enucleation would basically involve the following steps (Hirsbrunner et al. 1998):

1. Preparation of the surgical field: washing, shaving, drying, covering
2. Circular incision of the eyelids
3. Preparing in depth
4. Sever the eye muscle and fascia, remove fat and tear gland
5. Remove N. opticus
6. Tamponade the wound cavity
7. Close skin with U-stitches

As intraoperative complications Schulz and Anderson described mainly haemorrhage<sup>15</sup> and postoperative orbital infections in 19 % of the Cattle. Another study from Switzerland also included the animal welfare aspect in the postoperative complications. According to this study the cattle with only one eye usually are able to cope well in the herd. Some animals were noticed with increased frightfulness and one cow even with isolation from the herd (Hirsbrunner et al. 1998).

Now the chances of success of the therapy still need to be treated. For this purpose, we will take a look at the recurrence rate of tumours in various studies. Here again, the stage and size of the tumour will be decisive. Enucleation prevents the primary tumour from growing and eliminates the pain it causes. The US-Study by Schulz and Anderson described one out of 22 cattle (5 %), that showed an Ocular Squamous Cell Carcinoma in the same eye three years after the

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<sup>15</sup> = severe bleeding

enucleation. Their Swiss colleagues noticed significantly more recurrences (6 out of 19, in a period between 10 and 84 months after surgery), but also discovered a correlation between the recurrence rate and the location of the tumour, as the tumours in the medial corner of the eye and in the lower eyelid showed more recurrences (Schulz und Anderson 2010).

To sum up, enucleation is an effective method of therapy to get rid of the tumour and the accompanying pain for a longer period of time. However, the procedure itself is not only painful for the cow but also risky for the calf. Let us now consider alternative methods of treatment.

### 3.1.2. Other Surgical method: Partial resection

Enucleation is a radical form of surgical tumour removal. Another possibility would be only partial removal of the tumorous tissue. Partial resection is very suitable for neoplasia of the lid margin or the third eyelid (Tsujiita und Plummer 2010). In the detailed description of the case in the previous part of this thesis, the tumour was located on the limbus and the cornea. In this area, a keratectomy would be a possible but complicated therapy. Keratectomy means the removal of the altered corneal layers. This form of surgery is already being used more frequently in equine medicine. In bovine medicine, though, keratectomy is rarely used. It is less painful for the animal, but for the veterinarian not easy to perform and requires practice. In most cases the eye can be preserved for the time being, but the surgery can cause scars and prevent the animal from seeing clearly (Bosch und Klein 2005).

In summary, although partial resection is more animal-friendly, it is just as costly as enucleation and has a worse prognosis, because it often shows later recurrences. It must therefore be combined with one of the following non-surgical therapies (Hirsbrunner et al. 1998).

### 3.1.3. Cryotherapy

Cryotherapy attacks superficial tumours by “causing tumour cell death and necrosis via freeze-thaw damage” (Tsujiita und Plummer 2010:522). The tumour and surrounding tissue are frozen at a temperature of  $-25^{\circ}\text{C}$ . Thermocouples or infrared cameras are recommended to determine

the accurate temperature (Williams 2019). Some authors point out that for lesions in the limbal area, it is helpful to continue until “a visible “ice ball” appears 2-3 mm beyond the tumour margin.” (Fraunfelder et al. 1977: 423). This therapy method is not recommended for tumours over 50mm in diameter. But it has the nice side effect that it is not only fast and almost painless, but also guarantees the animal several weeks of pain relief, because sensory nerves are injured. Because the freezing material can also hit the surrounding structures or enter them, complications can include partial damage to the cornea, even corneal degeneration, as well as uveitis (Tsujita und Plummer 2010). In most cases, cryotherapy is recommended in addition to surgery. The probability that the tumour was removed effectively and in the long term is very high (“...97 % complete regression of all tumours treated, 73 % of those over 20 mm in diameter” (Kainer 1984:616)).

Even though many scientific studies praise the advantages of this therapy, there is a lack of precise therapy protocols and descriptions of the material and methodology in papers and textbooks. This may be due to the fact that the acquisition of the necessary equipment is too expensive for a farm animal specialist who rarely encounters tumours. The procedure seems much more complicated for the veterinarian in the field than for scientific veterinarians in veterinary clinics, who have the necessary personal and financial resources. Furthermore, it is not sufficient for an effective removal of the tumour as a sole therapeutic method.

#### 3.1.4. Hyperthermia

Hyperthermia is carried out just like cryotherapy as an additional therapy. But instead of using frost, the tumour is attacked with extreme high temperatures. Ocular Squamous Cell Carcinomas in Cattle have been “heated by localized electric current fields” (Tsujita und Plummer 2010:523). By using two electrodes the tumour tissue raises to 50°C caused by radio-frequency current. With this method, electrodes are pressed onto the area of the tumour. A treatment protocol of 30 seconds/cm should be sufficient (Tsujita und Plummer 2010). This method is only recommended for tumours that are not bigger than four cm in diameter and not deeper than three mm (Gelatt 1998). For hyperthermia the head should be kept as tranquil as possible. The unusual chute can be unfamiliar and stressful for the animal. Local and topical

anaesthesia is recommended (Tsujita und Plummer 2010). The main postoperative complications described are oedematous cornea a few weeks after therapy (Gelatt 1998). Kainer and colleagues described a total regression of 60 out of 76 tumours (79 %) after the first and 90,8 % after the second treatment (Kainer 1984).

This therapy again raises the question of practicability for the veterinarian as this method also requires specific know-how and material.

### 3.1.5. Radiation

Radiation is a common therapeutic method in veterinary oncology following the surgical removal of a tumour. Even in the case of an Ocular Squamous Cell Carcinoma, radiation is only recommended as an additional and not the only therapy method. For a limbal tumour, the radioactive isotope strontium 90 is suitable. The practical implementation, however, proves to be more difficult. On the one hand, the veterinarian is exposed to the risk of ionizing radiation and on the other hand, the procurement and application is rather complicated for a practical veterinarian afield. As this therapy method is not used as the sole therapy, reference must be made to the surgical discussion when animal welfare is at stake. Radiation is also considered to be rather costly (Tsujita und Plummer 2010).

### 3.1.6. Immunotherapy

Immunotherapy has not yet received much attention in veterinary medicine, although much has been invested in it in human cancer research in the recent past. This method involves the application of antibodies that help the body's immune system to recognize cancer cells more easily. Several options have been described for the immunotherapy of ocular squamous cell carcinoma: Treatments with Saline-phenol showed good results in the past. Researchers also made good experience with Bacillus Calmette-Guérin, but only with tumours that were 25 mm or smaller in diameter. BCG is an extract of mycobacteria that has already been used for other tumours in horses and cattle. New findings were provided by Stewart et al. (2006) with the application of interleukin-2 against the Bovine Ocular Squamous Cell Carcinoma in 2006.



Interleukin-2 is a cytokine that has been reported in human and veterinary medicine to stop the growth of tumour cells by stimulating immune responses. Stewart et al. examined the effect of Interleukin2 on the Ocular Squamous Cell Carcinoma in 174 cattle. This is how they describe the material and methodology of their study:

“The affected eye was locally anaesthetised with 4 percent lignocaine drops, and the tumours were treated daily with injections of 1 ml of solvent, or 1 ml containing 5000, 20,000, 200,000, 500,000, 1 million or 2 million U for IL-2 10 days, that is, from Monday to Friday in two consecutive weeks; the dose was injected at, or as close to, the base of the tumour as possible ” (Stewart et al. 2006:669).

Stewart et al. (2006) recommend interleukin-2 therapy especially if there is a higher number of animals to be treated. The low doses also have no effect on meat and milk. For a veterinary practitioner, a single animal treatment, where one has to treat ten days in a row every day, seems to be a rather costly and time-consuming therapy method. Complications were limited to edema and swelling, which can cause pain, blepharospasm and lacrimation. Especially the animals with a low dose showed a good result after nine months (82 % regressed) and for the ones that received the higher dose even after 20 months (1 million U -> 69 % regressed). Interleukin-2 therapy therefore provides very good short-term results and it is relatively cheap (approximately US \$1 per treatment in the United States) (Stewart et al. 2006).

### 3.1.7. Conclusion of the highly specialised alternative therapy methods

Many of the treatment methods just described sound promising as alternatives to surgery. However, the results of research, mainly conducted in the United States of America, also need to be put into context again. Cryotherapy, Hyperthermia and Irradiation therapy are rarely taught, discussed or applied in the Austrian bovine practice. The reason for this is various: First of all, it can be stated that farm animals rarely reach a very old age. In Switzerland, for example, where the economic livestock use is comparable to that in Austria, only 11 percent of the animals are older than 10 years (Hirsbrunner et al. 1998). Since tumours tend to occur in older animals, the practitioner of large animal medicine rarely encounters the problem of treating

tumours. Further, in the case of the Cancer Eye, it is suspected that UV light has a significant influence on the development of the carcinoma. The frequency of the OSCC depends not only on the cow's breed, but also on its location and the intensity of the solar radiation. For example, Australian cattle herds show a prevalence of between 10 and 20 % for the Cancer Eye, compared to only 0.04 % in the Netherlands (Weber 2016). In European countries the Cancer Eye is therefore not as common as in the USA, for example, from where most of the scientific studies on these alternative methods come from. In addition, it can be assumed that cattle veterinarians are often only made aware of a tumour if it "causes problems", i.e. noticeably affects the animal. By this time, the tumour has often already reached such a size that surgery is the only really effective method to remove the tumour.

From these facts it follows that the veterinarian in our case, when she encounters such a Cancer Eye at an early stage, has maybe not the necessary know-how or material to consider another method. Equipment for Irradiation therapy, Cryotherapy or Hyperthermia is expensive and for the reasons mentioned above may not worthwhile to buy it. For Rollin's American veterinarian these alternative therapies may be easy to enforce, but wasn't it Rollin who claimed to establish a universal veterinary ethic, for everyone and everywhere? But if his ideas cannot even be implemented in a European country, what will the situation be like with countries of the Global South? In other words, if a solution is to be found that relates to actual practice and takes into account the true conditions of (in this case Austrian) veterinary medicine, at that time, the alternative therapy methods involving cryotherapy, hyperthermia and immunotherapy are only of limited use. In the context of an ethical discussion, such very practical arguments may seem sobering at first. However, they are relevant at this point, because only if the solution is designed in relation to actual practice will it be realisable in the end. Now what other treatment options are there that are actually feasible for our veterinarian in the Cancer Eye Case and can therefore be expected from her?

### 3.1.8. Palliative Treatment

The farmer in Rollin's example prefers to avoid any costly therapy and leave the animal untreated until calving. As a possible compromise between the farmer's position and a costly

enucleation, a symptomatic treatment could at least alleviate the animal's suffering. Rollin himself speaks in his example of a "local block" against pain and a "fly repellent" against fly infestation (Rollin 2006:107). Symptomatic therapy has the advantage that it can be explicitly adapted to each animal and each symptom. In the present example a combination of analgesics and antibiotics would be appropriate. These can be administered both locally and systemically. Non-steroidal anti-inflammatory drugs and corticosteroids would prevent inflammation of the eye, especially in the corneal and conjunctival area. Many of these medicines can be given to the farmer, who can apply them independently. In doing so, the cow would not have to go through a long and painful surgery.

However, palliative therapy does not eliminate the roots of the problem. Blinking would still be difficult, which would dry out the eye despite ointments and drops, and its vision would also be restricted. It should also be mentioned that it is a remarkable extra effort for the farmer. If local medicines have to be applied several times a day it can also become stressful for the animal over time. In addition, as these drugs have increased withdrawal periods, the farmer would have to stop the medication earlier and leave the animal without analgesics and anti-inflammatory drugs, if she still wanted to have the animal slaughtered after calving. Palliative therapy would therefore only represent a temporary, but cost-effective and largely animal-friendly solution. It can only be carried out if it is possible to work well with both the owner and the animal.

### 3.1.9. Immediate slaughter

Rollin's veterinarian in his case study recommend "enucleation or immediate slaughter". The slaughter of a pregnant cow is however ethically questionable and even if the slaughter of pregnant animals is not officially banned, animals that "are pregnant females for whom 90 % or more of the expected gestation period has already passed, or females who have given birth in the previous week the transport of high-pregnant animals" shall not be considered fit for

transport after European Law (Reg 1/2005)<sup>16</sup>. This means that nobody would be interested in “immediate slaughter”, neither the farmer, nor the cow nor the calf itself.

Also the euthanasia of pregnant cows is not explained in detail here for the ethical reasons mentioned above and for other reasons of economic inefficiency. So, when slaughter is discussed as envisaged option, this can only happen one week after calving as transport to the slaughterhouse is not allowed earlier. However, as this is a future prospect at this stage, the options of immediate euthanasia or slaughter - falling under the headline “leave the animal untreated” will only be discussed at a later stage.

As we have presented above, there are various other therapeutic options in addition to enucleation that sound both animal-friendly and promising. For our Austrian veterinarian however, most alternative methods fall through. The context, including the specific local setting, typical local particularities and also the position and size of the tumour severely limits our therapeutic options. As possible therapeutic method only surgical methods and symptomatic therapy remains. Veterinarians are familiar with these therapies and both are more or less easy to implement.

Now we are moving on to the ethical aspects of this medical problem and a solution should be based on ethical norms or standards as mentioned in the introductory chapter.

### 3.2. Ethical justification

In the following chapter an attempt will be made to provide the veterinarian with guidance based on ethical considerations and norms. A possible solution to an ethical problem should refer to moral standards, principles or theories (Grimm 2010). First of all, Rollin’s justification for enucleation based on deontological ethics will be discussed. His justification again takes a very limited look at the case study. Also Dewey denies the “idea that theoretically there is in

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<sup>16</sup> Council Regulation (EC) No 1/2005 of 22 December 2004 on the protection of animals during transport and related operations and amending Directives 64/432/EEC and 93/119/EC and Regulation (EC) No 1255/97, O.J. L 3/1

advance a single theoretically correct solution for every difficulty with which each and every individual is confronted” (Dewey 1998[1930]:320). Not only deontological but also teleological and virtue-ethical theory should contribute during the process of reflective decision-making. The case study will be examined under all three approaches subsequently. In addition, Feminist Ethics goes one step further by adding interpersonal dimensions and concrete backgrounds to the discussion. A modern approach to Care Ethics as well as a feminist approach to Discourse Ethics is seeking to cover the entirety of the problem and adapt the solution accordingly. In the following section we will scrutinize every approach in terms of compliance and applicability to veterinary medicine and Feminist Ethics. We will begin with Rollin’s argumentation for the enucleation of the Cancer Eye.

### 3.2.1. Utopias and Duties: Rollin’s deontological approach

In the previous chapter Rollin posed the question of the veterinarian’s primary obligation, towards the owner or the animal. For him, the case is a good example of how the veterinarian is always caught between the chairs of these two parties and the correct answer to that question will determine the solution to the case accordingly. Here Rollin recommends first seeking advice, either at the Veterinary Oath or at the Federal Law of the United States (Rollin 2006). In doing so, he looks for orientation in an external source of normativity (Karg und Grimm 2018:258) which should provide the veterinarian with a “legislative background” (Rollin 2006:107) of justice and equality. In an attempt to find the right way out for the veterinarian the question is raised to a higher level and generalized to what is basically expected from a veterinarian (Karg und Grimm 2018). With this approach to the case study Rollin refers back to deontological ethics, which according to him, clearly influences ethical decisions in our society (Rollin 2006). The term “Deon” comes from Greek and means “the requirement” or “the duty”. Deontological ethics dictates duty to act according to what can always and everywhere be right. Neither the consequences of this action are not considered nor particular circumstances that would impact this decision (Mullan und Fawcett 2017). Deontological ethics asks: What would happen if everyone would act as I do? Or in terms of veterinary medicine: How would one want everyone to act if they had the expertise that I have? What responsibilities do I have as a veterinarian in a society? And what are my general duties as a veterinarian?

What society expects from veterinarians is, according to Rollin, “to be animal advocates” (Rollin 2006:37) and to “provide leadership in effecting change” (Rollin 2006:45). Thus the question of the primary obligation and consequently how the case study is to be solved, is crystal clear: For Rollin, veterinarians “are obliged by the nature of their profession to act in the best interest of the patient, and they consequently need to avoid orders or requests from the third party that are not in the best interest of the patient” (Rollin 2006:85). Rollin thus takes an apparently easy way out by referring to general duties and positions of the veterinarian in society. Of course, it may help the veterinarian in the Cancer Eye Case to include and run through such aspects. But can this perspective alone guide the veterinarian through her everyday work, support her in the conversation with the animal owner, take the burden of decision off her shoulders? Shouldn’t the question of every ethical decision be: What is the right thing for the one veterinarian to do in exactly this situation?

As a veterinarian in this problematic situation one does not only act as an “animal advocate” in front of the animal owner, but also as a human being and counterpart. The veterinarian today, in the triad between animal owner and animal, has the big task to find the right balance between these often diverging interests. If the veterinarian could simply ignore the interests of the animal owner and always act as the animal’s advocate, there would no longer be any ethical problem. If only it were that simple. This idea of the veterinary profession is a utopia that some veterinarians surely would strive for. However, at present, the interest of the animal owner still has a considerable influence on the decisions made in veterinary practice. And even though many veterinarians find it exhausting to discuss and argue with the customer, this picture better reflects the current reality in the veterinary practice. It is therefore important to ask: In which situation and for what reason am I allowed to reject the animal owner’s interests? And when are her or his concerns perhaps justified and perhaps even in the animal’s best interest? We therefore need to question in the following chapter this position, regardless how helpful it might be for the veterinarian to invoke a higher authority and to always act in the animal’s best interests.

### 3.2.2. Other traditional accesses to the Case: Utilitarian and Virtuous Approaches

To ask about my moral duties as a veterinarian for society is only one way to answer moral questions, or as Dewey would put it, the deontological is only one possible “source” for moral action (Dewey 1998[1930]:316). On the other hand we may also ask: Which possible solution would be the best for everyone in the end? Isn't it all about making sure that in the end, when the veterinarian leaves the farm, as many parties as possible are happy? The teleological approach does not ask about general duties, but about the consequences of an action. As a theoretical approach, it does not orientate my actions according to perceived duties, but rather reflects the end of the process, the consequences of my action. We will now exercise and review the teleological approach which represents the “other major group” of our ethical theories besides deontological ethics according to Rollin (Rollin 2006:19). “Telos” denotes the goal or the purpose and the most famous representative of this theory is the utilitarian approach. Utilitarianism is part of a consequentialist socialist ethic that judges actions purely on their subsequent consequences (Stoecker and Koberling 2011). Actions are perceived well if their consequences result in the best possible outcome for all parties involved. An action is therefore considered good if it promotes happiness or prevents the worst outcome, namely unhappiness and pain. Utilitarianism combines the principle of utility (the greatest possible happiness for the greatest possible number) with empirical elements, i.e. traditional good experiences, and derives generally valid rules from this (Sinnott-Armstrong 2019).

We might also benefit from the fact that two big representatives of this approach, Jeremy Bentham in the 19th century and Peter Singer as a contemporary representative, included also animals into their ethical considerations. The famous words of the Utilitarian Jeremy Bentham “The question is not: Can they reason?, nor Can they talk? but, Can they suffer?” (Bentham 1948[1789]:310f) and Peter Singer's work “Animal Liberation” (Singer 1996) launched major animal protection movements. These initiatives take animal suffering in the human-animal relationship into account which appear to be a suitable concept also for veterinary medicine. From this perspective, answering the following question would guide us in finding a solution for the Cancer Eye Case: Which therapy method, if any at all, would provide the greatest possible happiness for the most parties involved? This includes the animal owner, the

veterinarian and the animal, but in a broader sense also their relatives and other parties in the surrounding area, like all animals in the farmer's barn.

Now it is important to define happiness for all those parties involved. Who would benefit from which solution and in what way? The farmer is looking for a solution that does not place too great financial burden on her. We can assume that the cow as a sentient being feels the need to get rid of the tumour in the eye and all the pain. This is reminiscent of the debate on the benefit principle in the previous chapter. There it was stated that physical pain would probably be considered to be a more valid factor than financial worries. But when it comes to the point of the greatest happiness for all, one has to ask who is meant by "all". Maybe one needs to take a broader view on the situation and also take into account other, at the moment perhaps more distant aspects. An expensive treatment could throw the animal owner into financial difficulties. The costs of therapy and further treatment could sooner or later ruin her, especially if the calf is aborted due to the additional stress. If the consequences of this action were to be the closure of the farm in the long run, it would not benefit her family, the remaining cows that would be sold or slaughtered, nor the veterinarian who would lose a customer. The individual cow with her aching eye is bearing the range of these consequences on its own. In our case the costs would be borne by our suffering cow, after all she is just one single cow among many. How is her watering eye traded against the common good of all other parties involved?

In the first part of this thesis, we have already shown to what extent traditional moral philosophy offers simplified and therefore insufficient assistance in solving a moral problem. The utilitarian approach is also criticized by feminist ethicists, as individual backgrounds and connections of the parties involved receive little attention in this approach and are lost in the common good. (Sherwin 1992) And in our Cancer Eye Case this dimension is also missing. If the collective welfare would always take precedence over the individual welfare, the curative practice on the individual animal would be almost obsolete in farm animal medicine. In this case the veterinarian would only act in her or his function as veterinary herd supervisor. The utilitarian analysis is often at the expense of the individual or single parties.



Similar to Feminist Ethics the following *virtuous-ethical* approach is opposed to the application of general moral principles. Virtue Ethics is, according to Dewey and others considered the third pillar of traditional moral philosophies. It deals with the question of how a truly virtuous person would act or in our example: What would the best possible veterinarian do in this case? Here it is not a question of the action itself, nor of the consequence of it; it is primarily a matter of how one behaves as a good human being. Virtues are used to describe a human being's best possible character traits. But where are virtues defined, and who prescribes which virtue applies to my preferred action in this situation?

Let us attempt to think about what makes a good veterinarian for our case study. Expectations of a good veterinarian are rather subjective. Inspired by already described virtues of a good human physician by Beauchamp and Childress (Beauchamp and Childress 2013: 37ff), we will outline what qualities could make a good veterinarian in our society. As an expert in the field of medicine it is first of all important that the veterinarian works professionally and conscientiously and takes responsibility for his veterinary work. At the same time, she or he must care for the patient, not lose sight of the animal's needs and be able to represent them adequately towards the animal owner. It is essential that she or he should be able to communicate her/his concerns as a veterinarian in a sincere and honest manner. She/he should also be empathetic towards the animal owner and take her or his concerns seriously. These virtues describe the veterinarian in her function as a professional and caring person, but she or he must not forget to be honest and responsible with herself and to know and show her limits.

In our case we want to answer the case on the basis of these four described dimensions of a good veterinarian - as a professional, as a respectful dialogue partner and as a caring person for animal and for her- or himself. First of all, as a responsible veterinarian, it is important to carry out the clinical examination conscientiously and to diagnose properly. The owner must be informed objectively and comprehensively about possible pains for the animal and resulting consequences for a veterinary treatment. This includes the risks of treatment for the animal (and unborn animal). A virtuous veterinarian would have to bear the responsibility towards the animal and insist on the treatment of the animal towards the animal owner. At the same time,

she/he needs to pay the necessary respect to the farmer by taking her concerns seriously and including them in the conflict. What guidance would virtue ethics want to give us here?

The four dimensions to be considered when following the guidance given by virtue may lead to opposite directions. How to prioritize the above-mentioned qualities in order to be a good veterinarian? Which direction to choose among sometimes contrary alternatives poses an apparent great difficulty of virtue ethics. Should I rather take care and have mercy with the weak animal or does the virtue ethic dictate solidarity with the animal owner? This reminds us of the conflict of principles from the previous chapter. There too, different values were competing with each other and it was not clear which one should carry more weight. How to order virtues correctly according to their perceived importance leads in the end again to weighing up principles, like the principle of solidarity with the animal owner and mercy with the animal. Principles may also be dictated from society to describe expectations and virtues from me as a veterinarian. John Dewey, when mentioning virtue ethics, linked it to people's need for social expectation and acceptance. According to him, virtues have the social background of "widespread approbation" (Dewey 1998[1930]:319). What you are praised and recognized for is how you can act in the best possible way. This is kind of reminiscent of Rollin's question about what society expects from the veterinarian. In spite of these sceptic views and objections the feminist approach to care is often compared with a virtuous-ethical one, as both approaches reject strict adherence to principles (Pieper 2017). But in the end, the virtuous-ethical approach must again refer to principles to define and balance the best possible traits (Grimm und Wild 2016).

No matter how you twist and turn the case, it seems that without principles you cannot structure and evaluate the problem from a moral point of view. However, the rigid obligation to implement principles may be the root cause of the dilemma. It may be necessary to critically review our application of principles, using them rather as a guideline. In order to explore this, we now turn to a more modern approach to Care Ethics by Stephanie Collins and other feminist approaches resulting from discourse ethics. They are not fundamentally averse to the application of principles but put them into context.

### 3.2.3. Caring and Communicating: Feminist approaches to the process of solution-finding

According to Stephanie Collins, principles can and should be included into the considerations surrounding a conflict, since they could explain to us “why we should deliberate in one way rather than another, or act in one way rather than another” (Collins 2015:33). She embeds these principles in a Care ethical approach. Collins describes Caring as “trying to do what I believe is good for someone” (Collins 2015:67). However, the term “care” is as multifaceted as the demands of this ethical approach. Collins has therefore attempted to summarise the foundations of this ethics in four main points.

Her first claim “positively endorse deliberation involving sympathy and direct attendance to concrete particulars” (Collins 2015:33). By giving the farmer a background story in the previous chapter, an attempt has already been made to implement this claim in an exemplary manner. A major criticism of Feminist Ethics of traditional ethics targets the fact, that none of the theories mentioned above attach any moral importance to the fact that each person is embedded in a social network of multidimensional relationships. Without this dimension, it would not be possible to obtain a complete picture of the problem.

Collins’ second claim requires that the relationships involved in a moral conflict should be “(a) treated as moral paradigms, (b) valued, preserved, or promoted (as appropriate to the circumstance at hand), and (c) acknowledged as giving rise to weighty duties” (Collins 2015). She speaks of both personal and impersonal relationships as long as they have value to the people involved. Care ethics is particularly interested in unequal relationships in which one party is dependent on the other. Just as the human-animal relationship often is. This means that these types of relationships make us responsible for the well-being of others and commit us to moral actions such as caring and nurturing (Collins 2015). The so-called Human-Animal-Bond (HAB) has a great influence on veterinary practice and is still very little researched. Not only is it often the reason for young people to study veterinary medicine (Martin et al. 2003), but also has a strong bond between animal owner and animal a positive effect on veterinary care (Lue et al. 2008). This aspect should be a particular focus in future work on veterinary ethics. For our example case we have already tried to outline the relationship between the farmer and

her cow. This is certainly an emotional relationship, but first and foremost a hierarchical one. The cow is dependent both on the goodwill of the animal owner and on the expertise of the veterinarian. According to a care-ethical approach, this dependence obliges both parties to care for the cow's welfare.

Caring for Collins already starts at the point where I take a caring attitude towards someone (who is in need), without first considering the consequences of this attitude. A requirement for care ethicists is to approach morally problematic situations with this mindset, which "lead the agent's affects, desires, decisions, attention, or so on to be influenced by how the agent believes things are going with the interest-bearer" (Collins 2015:60). The cow in our Case with a painful circumferential growth on the eye is obviously in need. She has an "important interest that is unfulfilled" (Collins 2015:79). Veterinarian and an animal owner have the ability to reduce this suffering in teamwork and therefore, according to care ethicists, all the more an obligation to take a "caring attitude", assuming that the resulting costs (for the animal owner in the true sense of the word) are not "too high" (Collins 2015:79). The cost-benefit analysis (costs not considered in monetary terms) of such a situation is also described in detail by Collins in her third claim of Care Ethics ("the benefits to the agent, minus the costs to the agent; plus the benefits to the recipient, minus the costs to the recipient" (Collins 2015:110)).

In her last claim, Collins gives moral value to caring as an action. Whether a caring action is good cannot be reduced to a positive attitude towards the person who needs care. While this attitude is commendable, in most cases the person in need of help is not helped until a caring action has been carried out. Collins thus calls for action, "where the strength of the demand is a complex function of the value of the intention, the likelihood that the action will fulfil the interest, and the extent to which the interest is appropriately described as a "need" " (Collins 2015:11). To what extent could the farmer's financial limitations outweigh the suffering of the cow? And to what extent can the veterinarian be obliged to care for the animal when the owner does not want him to and would not pay for it financially? Wouldn't this mean that as the veterinarian would always have the duty to help an animal when it is sick and suffering (which is the case for most situations in clinical practice), whatever it costs?

Especially for the also benefit-oriented conditions of livestock farming, the purely caring aspects of this approach seem to be difficult to implement. In veterinary medicine, the care factor is only one driving force among several others. It is difficult to work with the fact that an animal belongs to somebody and has a specific purpose in farm animal practice from a care-ethical perspective, because here, when talking about obligations, this approach provides a strict and again deadlocked concept. With this requirement we again miss the direct access to an area in veterinary medicine that is permeated by states and dependencies, often worth to be criticized, but nevertheless part of reality. Even if the care approach takes up the additional component of interpersonal dimensions of a conflict, its handling of principles once again comes to a standstill at a certain point. Now again, obligations towards others are negotiated, albeit this time with a different line of argumentation. So how to work with principles without being pushed into a certain corner? What tools can be handed over to the veterinarian when applying principles?

The actual problematic situation in which the veterinarian finds herself is not experienced alone and secluded in a quiet chamber, but in dialogue with the animal owner. Dialogue opens up the background of interests as we have already explained in the case of case enlargement, dialogue can be used to examine whether some arguments can compete with others. Rollin also recommends, that one should talk to the owner to find a compromise if the animal owner is not willing to accept enucleation (Rollin 2006). Would it be possible to find a compromise that everyone can agree to maybe in the framework of a dialogue about the Cancer Eye?

The idea behind it corresponds to the approaches of a Discourse Ethics. In Discourse Ethics, principles and norms are not simply applied to a situation but identified and developed together. The methodology for proving principles is the one of argumentation. The best argument is not predetermined, can change and can be raised by any person involved in a dialogue free of hierarchies. The ethics of discourse is a formal ethics. It thus defines the methodology of weighing up norms rather than providing the norms themselves (Pieper 2017). The principle of this “communicative action” as Jürgen Habermas, who has significantly influenced the ethics of discourse, calls it, is based on the idea, that only those norms within a conflict are justified which can find the consensus of all persons involved in the conflict within the framework of a

discourse (Habermas 1983). In contrast, during a dialogue it can easily occur that other interests are overlooked. This seems to be the case in Rollin's answer to the Cancer Eye case ("If the veterinarian has indeed pursued all these avenues, then she or he is morally blameless, even if the client remains intransigent" (Rollin 2006: 107)). The dialogue here actually only serves to persuade the animal owner to undergo surgery instead of negotiating the case with her. Rollin does not let the farmer justify herself and explain her interests and reasons behind it. However, in the previous two chapters of this work, some of the farmer's arguments have proven to be quite valid and understandable. Leaving the moral standpoint and taking a look at my counterpart, the "concrete other", could make a difference. And therefore, cannot simply be ignored under the guise of impartiality and equality.

In her essay "The Generalized and the Concrete Other" (Benhabib 1992) the feminist philosopher Seyla Benhabib expanded Discourse Ethics to include the view on this "concrete other". Benhabib shares with deontological ethics the idea, that a discussion counterpart should be regarded as "generalized other", as "to view each and every individual as a rational person being entitled to the same rights and duties we would want to ascribe to ourselves" (Benhabib 1992:158). This abstraction of the counterpart is necessary for a moral reflection and discourse, but it leads to the fact that the counterpart is not perceived for what it is, namely different and individual. Benhabib calls for a change of perspective. In addition to the "generalized other", her approach of an "interactive universalism" is about taking up the position of the "concrete other", who demands "to view each and every rational being as an individual with a concrete history, identity and affective-emotional constitution" (Benhabib 1992:159). Only through the knowledge gained in the framework of a dialogue would it be possible to grasp and understand the individual nature of my counterpart. The norms that would govern this interaction would be those of friendship, responsibility and solidarity. Benhabib goes hand-in-hand with the feminist reference not to ignore the heterogeneity of a society in terms of gender, race, cultural and family background. Her idea allows "to recognize the dignity of the generalized other through an acknowledgment of the moral identity of the concrete other" (Benhabib 1992:164). This is precisely the point already raised in the first part of this work with regard to veterinary ethics: Because here, too, the idea of the generalized other means that important details are omitted, like the fact that veterinary medicine is undergoing a gender change.

So how does a new approach to ethical judgements that intends to overcome this deficit needs to be drafted? How does a veterinarian experience the dialogue with the animal owner and where can a feminist approach be applied to this setting? As a veterinarian in practice, one usually does not represent her or his personal interests but primarily those of the animal. Since animals, for Habermas, are “in a special way dependent on human beings and in need of protection”, we have “moral analogous obligations”<sup>17</sup> in relation to animals in discourse as they cannot participate in it (Habermas 1992:224f). In what form can this manifest itself in a discourse? Habermas sees “advocatory substitutes” for the persons concerned who (for whatever reason) cannot attend the discourse (Habermas 1992). We have already encountered this advisory role of the veterinarian in Rollin’s work. The difference to the approach discussed now is that her or his role is not a matter of principle but is first put to test in a discussion. In conversation, the two deficits discussed - the suffering of the animal and the misery of the farmer - can be weighed against each other and questioned with arguments. Which deficit can and must be overcome in what way and in what form? The dialogue can help us to apply arguments directly to a discourse that might take place around our Cancer-Eye Case and to check their legitimacy and applicability. Rollin’s argumentation as well as a utilitarian or care-ethical view will enrich the discussion and finally shed light on the problem and the different ideas about a target state.

In an imaginary conversation between our young veterinarian, who argues for the cow and her unborn calf, and the farmer in financial need, it may turn out that enucleation is not a preferred option under these circumstances. Palliative therapy, on the other hand, could be a path that everyone could agree on, not as a lazy compromise where the farmer cannot be persuaded to invest a high amount in her animal, but as a practical, feasible and pain-reducing measure, which could be determined as the right solution by a consensus worked out together. A compromise leading to lower costs but more effort for the farmer and the suffering of the animal until calving would be minimized. It is important to note at this point that this solution was developed in view of the circumstances, especially the fact that the pregnancy of the cow

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<sup>17</sup> Translation by the author

excludes any anaesthetics (except local ones). A new evaluation of the case and a new discussion about the tumour as well as to what extent the owner of the animal should invest in another (probably larger) therapy or have the cow slaughtered, would be necessary in case of changing circumstances after calving.

To summarize, we have now examined the problem and all possible solutions from many different angles. We have seen that some theories are better applicable to veterinary medicine in general, but also specifically to this case, and some are worse. Now we have a broad picture not only on duties and principles, but also on interpersonal dimensions possibly dictating a solution. It is now up to the veterinarian to decide which interest and corresponding argument may prevail after this exact description of the problem. At this point, however, we still need to find out whether the solution will actually be feasible and ultimately the right one, this is what the following chapter will deal with: What challenges could our veterinarian face in implementing the solution? What consequences does she and the other parties involved have to expect in the long term? We will address these questions, test the optional solutions for their suitability and adjust them if necessary, in the following chapter.

#### **4. Reasoning**

It is one of the objectives of this work to provide novel methods and alternative solutions that are closer to the real day-to-day work of a farm animal veterinarian and thus try to avoid appearing too distant and academic. Within the framework of a so-called Dramatic Rehearsal, Dewey's fourth step is to play through the favoured solution in his mind hypothetically. What if, after careful consideration, I anyhow think enucleation is the best option? How can it be implemented and what consequences would it involve? And what about the other remaining possible solutions? The aim of this Dramatic Rehearsal is to test this solution for its feasibility by reasoning. Turning the system of farm animal practice upside down would perhaps be the most sustainable of all solutions, but for the veterinarian in this situation and at this moment, this action is not feasible. Such a solution can thus not be envisaged for our case study. A therapy option must be feasible for the veterinarian to be included among possible solutions. And practical feasibility belongs to the minimum prerequisites in view of the limited resources



available to the average veterinarian. It would not help the moral agent if she or he were presented with a solution that could never be implemented. In our case in particular, a solution must be tailored to the specific farm veterinarian in the field. On the other hand, feasibility also refers to other aspects that affect the veterinarian's actions, and this of course also includes the client, i.e. the animal owner. As Tritthart has written (see step three), one of the prerequisites for the indication of a therapy is the necessary coordination with the animal owner (Tritthart 2018). It doesn't help if a proposed solution "scares off" the client and the therapy is therefore not continued or on the other hand the veterinarian is expected to work at her or his own expenses.

In the following we will therefore look at the barriers that can arise in implementing enucleation, to what extent these can be overcome and also at the remaining possible solution of palliative therapy. Finally, the Dramatic Rehearsal will be played through to the end in order to evaluate foreseeable consequences of a therapy. In clinical medicine, this point is known by the term "prognosis". We will make a prognosis for both remaining solutions, enucleation and palliative therapy, medically and outside the medical context. Furthermore, we will examine to what extent moral deficits may have been resolved and also where the veterinarian finds herself after having implemented one of the proposed solutions. If it turns out in the end that a solution is either not feasible for the agent in the situation or that the resulting consequences do not bring the desired result, the proposed solutions must be adjusted accordingly or discarded as useless. In this case one would have to start again with Step Three and realign oneself.

#### 4.1. The animal owner: barrier or enabler?

As far as the practicability of therapies is concerned, we have already had to reject some alternative solutions along the way. With regard to the state and situation of the veterinarian, some therapy methods could not be implemented or could only be practiced with great effort. One could not have assumed that our veterinarian would have the necessary means in the situation. Perhaps it would have been worth investing in cryotherapy for Rollin's American veterinarian. For our veterinarian, however, the situation is different and the context in which she or he finds her- or himself is crucial to Dewey's Suitability test (Grimm 2010). A proposed

solution can only be accurate and applicable for the actor if it is built around the context, because goal of this thesis was not to offer universal solutions that are right for everyone in every comparable situation, but to develop methods for decisions and adapted actions, for everyone individually (as much as it is possible from a distance).

Rollins veterinarian's proposal to enucleate the eye would pose great challenges to a veterinarian in the field, as discussed in the previous chapter. But Rollin is not interested in such technical details. Whether or not enucleation is feasible or leads to an abortion in the end is irrelevant to him as a philosopher. He is not a veterinarian and must rely on the professional judgement of the veterinarian who advises enucleation. For him it is a matter of principle: if, from a professional point of view, enucleation is the only therapy that can free the animal from pain, then this form of therapy is to be favoured and implemented. But can theory be separated from practice so clearly? Can we expect the interdisciplinary science of veterinary ethics to hand over control to specialists with detailed veterinary knowledge?

As discussed in detail in previous chapters, the fundamental question that interests Rollin as an ethicist in this case is whether the veterinarian owes more to one or the other in the triad between animal owner or animal. And his answer is clear: Rollin turns the initial triad into a dyad by clearly dedicating the veterinarian to animal welfare. The animal owner represents only a hurdle to be overcome in order to achieve this perceived unique goal. As a means of overcoming this barrier of the animal owner, he suggests to persuade the client, first by referring to legal requirements and later even by means of empathy when he wants to remind her or him of "the profound nature of human ocular pain" which "may shame him into concern" (Rollin 2006:107).

No animal welfare without the compliance of the client, that is a point Rollin has also recognized. But why is the animal owner to be regarded only as an obstacle and not as part of the solution? Only in the latter case it would be possible to work together in the future to keep on cooperating well and in the interest of the animals. As a veterinarian, you are (unfortunately) also dependent on the owner's goodwill and motivation to carry out therapies, accept regular advice from the veterinarian and accept tips for her or his management. In an advisory role and

as an accepted authority the veterinarian can achieve more for animal welfare on the whole farm than to just propose idealistic therapies for individual cases.

From the perspective of a feminist ethic, personal backgrounds and interpersonal dimensions would be discussed in conversation and incorporated into the search for solutions. But if no agreement, no common solution can be found in the conversation, and no one is willing to be convinced by the arguments of the other, Rollin's words should be followed: "If the veterinarian has done everything possible short of donating the surgery, something veterinarians will often do but cannot be morally obliged to do, she or he has done all that could be morally demanded" (Rollin 2006:107). But how much is it really worth insisting on a solution from a medical point of view? What chances of success offer enucleation and the like?

#### 4.2. Prognoses and the dimension of time within medical therapies

Making a prognosis is part of a veterinarian's standard repertoire. Therefore, the veterinarian, building on knowledge and experience, has always to draft a foresight. For this, the therapy must also be thought through. This tool for looking ahead is an important component in the evaluation of therapy options and also in communicating with the animal owner.

From a medical point of view, there is of course a lot to be gained from enucleation. It is the only solution that provides good results in the long term and the only way to permanently eradicate the tumour and its unpleasant symptoms. What about palliative therapy and its medical outcome? And what other obstacles are to be expected in its implementation? This form of therapy can be carried out in a very simple way. A certain degree of compliance with the goodwill of the animal owner is required, as she or he has to continue the therapy in part. At the same time, it is important for the attending veterinarian to provide the cow with proper follow-up care and to regularly check the status of the eye.

The consequences of a solution have already been discussed in detail in the previous chapter as part of a utilitarian approach. Palliative therapy in our Cancer Eye Case is not a long-term solution. Talking about this proposed therapy, we are only hoping for an improvement of the

situation. However, it really can improve the situation for the animal and postpone the final decision making. Therapy is a process, does not start with a case study and certainly does not end with the implementation of a solution. When talking about therapy options, it is again necessary to extend the case to a wider context, namely the dimension of time. It can be noted that even the (provisional) decision to treat the cow only palliatively may prove to be insufficient if the cow does not respond to the therapy, the inflammation worsens and the tumour grows rapidly. Clinical decisions may need to be revised if a situation changes. The work of a veterinarian rarely stops at the point where a particular therapeutic method has been implemented. As a good veterinarian, this point should be taken into account and should be handled flexibly according to the situation. Therapy methods must be adapted to the situation and condition of the patient.

Within this therapy method, it would also be important to consider medium and long-term solutions for the individual animal as well as for the other animals, also in view of the increased animal welfare problems on the farm. In the long term, as a veterinarian in her or his role as also a veterinary stock supervisor, one should think about general measures for the farm, for example reducing the number of animals or keeping down the number of Cancer Eyes by feeding and breed selection (Gelatt 1998).

And to further go through the Dramatic Rehearsal to the point where the cow has finally calved, the problem of how to handle the eye will arise again. At this point, where the situation has changed by a decisive event and a possible surgical procedure would no longer pose any particular risk to either the suckler cow or the calf, the problem may have to be renegotiated. Even here, the farmer's wish to take the animal to slaughter is legitimate, at least according to the law. The context has changed here and with it the problem. This is where the veterinarian has to go back to square one and renegotiate the treatment (if the farmer gives him the opportunity).

This chapter dealt with the consequences of realizing a therapy option as well as those that might result from it in the end. In both cases, Rollin may have been a bit hasty, as he was so sure of his solution that once again it made no difference to him what obstacles might stand in

the way or what actual consequences might arise for the parties involved. But when Rollin talks about practical actions such as surgical enucleation rather than theories about how a veterinarian should always act one way or another, he must be prepared for this practical instruction to be examined and played through. Some weaknesses have been identified in this process that make palliative therapy more appropriate. This therapy would be an option that has been adapted to the temporal circumstances of the pregnant cow and the precarious circumstances of the farmer, without losing its aim of being a curative veterinarian and alleviating the animal's pain. Nevertheless, from the perspective of a feminist ethic, no clear instructions for action can or will be given at this point. This is in the nature of this approach, because a specific answer can (if at all) only be given if a real case is presented in all its specificity. From the perspective of Feminist Ethics, a solution can only be provided for the specific individual case and even then, the solution can only be applied to this case and cannot be similarly transferred to others. Here, a solution can therefore only be hinted at, not precisely determined.

Ethical advice, however close to reality and context it may be, ends here and the handling of the case goes back to the starting point: the actor her-/himself and her or his lived experience. Therefore, we will now turn to the last point of the Pattern of Inquiry, the actual action in the case.

## **5. Testing the Hypothesis by Action**

The Pattern of Inquiry find its consistent conclusion in the moral agent her/himself. In the Dramatic Rehearsal a decision and all its perceived consequences can be played through in your mind, and yet the realization of this procedure may produce many unexpected outcomes. Whether a solution was really the right one in the end can only be proven by actually implementing it. This may be unsatisfactory at first, but it seems only consistent. And experience shows that success or failure of a therapy in veterinary practice cannot be predicted completely. After the theoretical analysis of a case study, a look back at practice should play a major role in veterinary ethics. After all, it is here, and only here, that it becomes apparent how well the theories developed previously can really be applied. Whether the identified and agreed

path was really helpful in solving the problem can to a large extent only be answered afterwards and from a certain distance.

A critical review of the actual implementation phase would also be a crucial point for Feminist Ethics. For this approach it is an important aspect to clarify the influence of contextual circumstances on practical implementations. And it is also an important question to determine the level of comfort of each individual party involved while implementing the agreed solution. How would the veterinarian feel if she couldn't solve the real problem and only relieve the cow's pain? How satisfactory would the result be for the moral agent herself? From a Feminist Ethics point of view, it would again depend on details to decide about a successful resolution, details that might not be relevant from a deontological or utilitarian point of view. However, the analytical work ends here and the veterinarian is released with all these considerations into the wildness of veterinary practice to test them in real experiments. The responsibility is handed over to her and it is now up to her to implement the favoured solution.

Nevertheless, we want to conclude this work by asking: Where do we stand at the end of our analysis? Where has Feminist Ethics been able to enrich our work and where does it add burdens and complexities? Where do these ideas of a feminist perspective and the focus on women in veterinary medicine find their way into theory and practice? In the following chapter we will sum up the impact that Feminist Ethics can have on veterinary medicine.

## 6. Conclusion

This work has tried to transfer the ideas of Feminist Ethics to veterinary medicine. For this purpose, a case study from farm animal practice was examined. We will draw a conclusion from the preceding analysis in order to demonstrate the benefits Feminist Ethics could bring not only to the principal concepts of veterinary ethics but also to its long-term goal of implementing it concretely in veterinary practice. Where can veterinary medicine benefit from a Feminist Ethics approach?

### 6.1. Feminist Approaches in Veterinary ethics

Within the framework of the case analysis, the ethical problem of a suffering cow and her owner who didn't want to pay for the treatment was enriched by some situational details. The situation the veterinarian encounters was embedded in a social and personal context and the interests of all parties involved were examined in more detail. We noticed that the view on the problem changes whenever the reasoning of the farmer against enucleating becomes more comprehensible through detailed explanations. Albeit the situation thus becomes more complex, it also becomes more realistic. Veterinary conflicts do not happen within a hermetically sealed setting, well protected from external influences. Among the sometimes overwhelming overdose of impressions, a veterinarian also needs to select the decisive piece of information to draw the appropriate conclusions. How to identify the decisive pieces of information to decide on an ethical problem in practice was tried to be dealt with in this paper. Prior to that, Bernard Rollin in his answer to the case referred primarily to the fundamental obligations regarding duties and regulations of the veterinarian as such. Contextual or medical details should not or only rarely impact those obligations. We have seen that moral principles and duties being violated can provide a moral superstructure to a problem. In the case study, though, Rollin selected principles primarily where his theory could be legitimised. These principles were primarily concerned with our, as a human species, basic obligations towards animals in need of help and looked at the problem from one side only. But established moral codes in society can generally and not only applied from one side only, serve as an orienting guideline to decide on the moral relevance of specific details of a case. For example, the track

record of the animal owner regarding the complete herd under her care does contribute to a proper resolution of the suffering cow and therefore to the success of a therapy. This aspect was explained and outlined in this work in detail and it should definitely be considered. As opposed to that, the type of music playing in the background of the stable scene is, of course, a typical observation in farm animal practice, but one that should rarely be considered in a moral conflict.

The request to listen carefully to a multitude of excuses of the animal owner for not paying for a treatment may initially sound like an overwhelming thought for the veterinarian. Besides all this standing up for animal welfare, I should now also digest this impertinence? As a matter of fact however, these excuses and arguments are already an integral part of veterinary practice and instead of closing one's mind to them because one has an obligation to the animal, one could allow them room they already occupy anyway. Here, the arguments and their background must be examined to see if they are valid. After all, even as a veterinarian you are dependent on the animal owner in terms of animal welfare. This alternative approach to moral conflicts in the veterinary practice could mean for the veterinarian to free herself from a pressure of principle and to show open-mindedness and curiosity in dealing with patients and patient owners.

The third step of the inquiry, the search for the right solution may appear to have ended unsatisfactorily under the perspectives of a feminist ethic. A sufficient solution was suggested, but not as clearly stated at the end as Rollin had stated in his response to the case prior to that in comparison. It also turned out that this suggested solution would only be a temporary option and that the problem would most likely arise again in the near future. So how could Feminist Ethics prepare the veterinarian for the brutal reality of veterinary practice if it cannot give clear instructions even in this theoretical and extensively analysed case? Care ethics, as a sub-field of this feminist approach, gave us an understanding of the dimensions of mutual dependencies between animals and humans and the obligations that arise from them. For the case study, Care Ethics has thus provided an important component, even if it cannot fully meet the reality of veterinary medicine, especially farm animal medicine, with its very idealistic approach alone. In the discourse-ethical approach according to Benhabib, the strengths and at the same time the



weaknesses of the idea of a feminist ethic have been revealed: The feminist approach refuses the idea that ethical questions can be simply answered according to a certain scheme. It seems as if it leaves the moral agent alone in the search for the right solution. But we would promise too much to foresee a feasible solution immediately after having completed a comprehensive analysis, including all perspectives and interpersonal aspects. Feminist Ethics thus leaves the final responsibility of finding the right answer with the concrete moral agent in that particular case. The veterinarian is expected to think independently, to weigh, balance and verify in order to find the answer to her or his concrete problem her or himself.

We expect Feminist Ethics can also broaden the perspective when it comes to bringing ethical approaches closer to veterinarians and students of veterinary medicine. The teaching of veterinary ethics had previously concentrated primarily on demonstrating established theories of moral philosophy using ethical case studies from practical experience. We have seen in this thesis that this deductive approach usually presents a practical problem in a highly reduced and simplified form. Ultimately, however, teaching should aim to also commence a case study bottom-up, that means with the real problems faced by veterinarians and students as a starting point rather than starting with a theoretical superstructure. Here Feminist Ethics could support the means to a new theory-building through a more practical approach by focusing on concrete problems. To this end, it is of major importance to provide a clear and unambiguous definition of Feminist Ethics in veterinary medicine. Future work should define in particular those aspects of Care Ethics that should be included and where exactly Feminist Ethics can make its contribution to gender-equitable practice in veterinary medicine.

Of course, traditional approaches like the one according to Rollin cannot and should not be abandoned in teaching. We have seen that this approach, with its clarity and unambiguity, can be a good tool for structuring problems and, in cases of doubt, also reducing them. But Rollin's perspective should be regarded only as one among several possible ways to address ethical issues in veterinary medicine and should not be seen as omnipotent and applicable to every single case. Rather, a variety of positions should be taught to encourage veterinarians and students to look at a problem from multiple angles. An analogy would be the depiction of a building by a photographer. With a single shot, the photographer can only depict the building

from one perspective and only with a specific incidence of light. However, if the photographer walks around the building, capturing the building from far away and very close up, day and night, from inside and outside, only then can the building be understood as a whole. Ethical problems in veterinary medicine also require such an open and all-embracing view in order to fully understand them. In this respect, Feminist Ethics can be the opportunity for such an open view.

## 6.2. The future of women in veterinary medicine

One of the aims of this work was to focus on women in veterinary medicine and their specific perspectives on a problem in veterinary practice. Also in veterinary ethics the term “the veterinarian” is often used without differentiating the socio-cultural background of veterinarians. In this paper we have highlighted some exemplary points that women might experience differently from their male colleagues in a case like this. When interpreting these new results of the sociological surveys of veterinarians and possible gender differences, one easily falls into the trap of confirming old stereotypes when talking about “the typical women” and “the typical men” again. Doesn't it lead to unequal treatment all the more if this differentiation is introduced?

When reading Rollin's example, one probably doesn't notice that here with the animal owner it is quite naturally spoken of him (“He does not want to ...” (Rollin 2006)). These stereotypical images of strong men as farmers and also farm veterinarians, no longer correspond to reality. The idea of the male military veterinarian, which was already mentioned in the introduction of this thesis, is often still in our minds, including in the mind of philosophers and veterinarians. So as soon as you consciously bring female protagonists into the game, the stereotypical images of farmers or veterinarians are transformed into more realistic images. At the same time, these differentiated and realistic views stimulate questions concerning structural aspects such as the unequal treatment of women and men and all resulting consequences in the context of their life as veterinarians in general (In veterinary medicine not unlike other domains, the best jobs and salaries are typically occupied by men (Binder et al. 2019)). Veterinary medicine is pervaded by outdated images and deadlocked career paths. These can only be overcome if they are

recognised and named. The fact that actual veterinary medicine is a pluralistic and changing professional field should be taken into account in future work and a precise look at still existing inequalities and hurdles should be taken. Only by addressing these discrepancies women will be able to embark on the long road towards imprinting their own ideas into veterinary medicine and thus veterinary ethics.

## 7. Summary

The advance of women in veterinary medicine is in full swing, the fraction of female students in lecture halls is impressive. This perpetual shift towards feminization however has hardly influenced so far science and academic education, not to mention veterinary practice. At the same time veterinary ethics has long refused to adopt feminist approaches. Yet such ideas could offer an opportunity to enrich current role models, especially in the livestock segment with its strong male veterinarians still dominating. Indeed some fresh and inspiring new perspectives are overdue. In this paper, an attempt was therefore made to apply the ideas of Feminist Ethics to questions of veterinary practice. For this purpose, a well-known case study presented by philosopher Bernard Rollin was used, that centers on a cow suffering from a cancer eye and a farmer not wanting to pay for the therapy. Bernard Rollin's approach to the case study is one of a traditional moral philosopher, and from the perspective of Feminist Ethics clear points of criticism can be derived from it.

Feminist Ethics is characterised by the fact that, contrary to tradition, it includes contextual and interpersonal elements of care ethics and in addition the particular experiences of women in ethical conflicts. Rollin, on the other hand, loses sight of actual veterinary practice in an attempt to legitimise his visionary ideas of the veterinary profession with a principled, deontological approach. Instead of stripping down the case study to a few details, Feminist Ethics includes the contextual framework of a problem and focuses on the process of finding a solution and situation-specific action in a crisis. To pursue this concept, the description of the case study was therefore expanded in this work to include medical details in a practice-oriented way, the three parties (veterinarian, cow and farmer) were provided with realistic individual biographies and embedded in a social (cross-species) network. While applying this procedure to the concrete case study, the diverging interests in supporting alternative paths of solution can be identified in a particularly realistic way. This helps the process of solution-finding in the framework of a discursive process, as a jointly decided path proves to be more promising if it explicitly includes contextual details and the interests of all parties involved, also those of the animal owner. Last but not least, this more flexible approach to the case study widens Rollin's extreme position, rigidly limited to surgical enucleation and allows to consider interesting

medical alternatives, in this case the one of palliative therapy which can be more appropriate and promising in actual veterinary practice.

With the idea of Feminist Ethics and the differentiation of the individual parties as a person (and in this case woman) with a broad spectrum of experiences and perspectives it may be possible to soften old stereotypical structures and create forward-looking images of a veterinary profession. Only through this open and holistic thinking can feminisation of veterinary medicine and ethics enrich academic teaching and veterinary practice with refreshingly new perspectives.

## 8. Zusammenfassung

Die fortschreitende Feminisierung der Veterinärmedizin lässt sich zweifelsfrei an den Universitäten im stetigen Anstieg weiblicher Studierender ablesen. In den Konzepten akademischer Theorie und Lehre, geschweige denn in der tiermedizinischen Praxis hatte dies bislang jedoch noch keine Konsequenzen. Auch die veterinärmedizinische Ethik hat bislang einen weiten Bogen um feministische Ansätze gezogen. Dabei könnten solche Ideen eine Chance darstellen, die stark männlich geprägten Bilder gerade im Nutztiersegment, mit neuen Erkenntnissen und Perspektiven aufzufrischen und zu bereichern.

In dieser Arbeit wurde deshalb der Versuch unternommen, die Ideen der feministischen Ethik auf Fragen der veterinärmedizinischen Praxis anzuwenden. Zu diesem Zweck wurde ein bekanntes Fallbeispiel des Philosophen Bernard Rollin herangezogen, das sich mit einer an einem Krebsauge erkrankten Kuh und einer/einem nicht für die Therapie bezahlender/n LandwirtIn auseinandersetzt. Bernard Rollins Herangehensweise an das Fallbeispiel ist die eines traditionellen Moralphilosophen und aus Sicht einer feministischen Ethik lassen sich daraus eindeutige Kritikpunkte ableiten. Eine feministische Ethik zeichnet sich dadurch aus, dass sie entgegen der Tradition kontextuelle und interpersonelle Elemente der Care-Ethik aufgreift und dabei insbesondere den Lebenskontext von Frauen berücksichtigt. Rollin hingegen verliert in dem Versuch, seine visionären Vorstellungen des Tierarztberufes mit einem prinzipienorientierten, deontologischen Ansatz zu legitimieren die tatsächliche veterinärmedizinische Praxis aus den Augen. Anstatt das Fallbeispiel auf wenige Details zu reduzieren um daraus eine alternativlose Handlungsprämisse abzuleiten, stellt die feministische Ethik den Prozess der Lösungsfindung und *situationsbestimmtes Reagieren* in einer Krise in den Mittelpunkt und öffnet sich den *kontextuellen Rahmenbedingungen* eines Problems: Die Beschreibung des Fallbeispiels wurde daher praxisgerecht um medizinische Details erweitert, die drei Parteien (Tierarzt/Tierärztin, Kuh und Landwirt/in) mit realistischen individuellen Biografien ausgestattet und in ein soziales (speziesübergreifendes) Netzwerk eingebettet. Innerhalb dieses Prozesses wurde festgestellt, dass in diesem konkreten Fallbeispiel zum Teil divergierende Interessen an alternativen Lösungsansätzen auf diese Weise besonders wirklichkeitsnah bestimmt werden können. Das dient der Lösungsfindung insofern, als sich der

gemeinsam beschlossene Weg als erfolgsversprechender erweist, wenn sie kontextuelle Einzelheiten und die Interessen aller Beteiligten, also auch die des Tierbesitzers, ausdrücklich in einem diskursiven Prozess mit in ihren Entwurf miteinbezieht. Nicht zuletzt erlaubt dieser flexiblere Zugang an das Fallbeispiel und die Abkehr von Rollins Maximalposition einer chirurgischen Enukeation das Aufzeigen von medizinischen Alternativen, im konkreten Fall die einer Palliativtherapie, die der tatsächlichen veterinärmedizinischen Praxis gerechter werden können.

Mit der Idee einer feministischen Ethik und der durch sie angestrebten Differenzierung der einzelnen Parteien als Person (und in diesem Falle Frau) mit einem breiten Spektrum an individuellen Erfahrungen und Sichtweisen sollte es gelingen, alte stereotype Strukturen aufzuweichen und zukunftsweisende Bilder einer veterinärmedizinischen Profession zu erzeugen. Nur durch dieses offene und ganzheitliche Denken kann die Feminisierung der Veterinärmedizin und eine mit zusätzlichen Perspektiven erweiterte Ethik die akademische Lehre und die tiermedizinische Praxis bereichern.

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#### Legal Norms:

Council Regulation (EC) No 1/2005 of 22 December 2004 on the protection of animals during transport and related operations and amending Directives 64/432/EEC and 93/119/EC and Regulation (EC) No 1255/97, O.J. L 3/1

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