Solicitation of Patient Consent for Bilateral Orchiectomy in Male Canids: Time to Rethink the Obligatory Paradigm

Alice Wünderlandt1,*, Olivia Doll2 and Gal Usalida3

1Lutenblag University, Molvania
2Subiaco College of Veterinary Science, Australia
3Avicephalon Atmospheric Risk Assessment Center, USA

*Corresponding author: Alice Wünderlandt, Lutenblag University, Molvania

Submission: May 25, 2018; Published: June 01, 2018

Opinion

Male canid subjects residing in a human domestic environment are routinely subject to bilateral orchiectomy, effected primarily in order to preclude reproduction and to suppress undesirable behavioral traits, including agonism and inappropriate urine dissemination [1]. This practice has remained constant and routine for decades (if not centuries), and is widely conducted globally despite evidence of deleterious secondary effects; these include (among others) increased prevalence of injury to the anterior cruciate ligament [2], higher risk of prostatic carcinoma [3], and a miscellaneous suite of behavioral mal adaptations [4-6]. In addition, post-traumatic stress, often combined with diminished self-esteem, may be manifest in the subject as an acute or chronic complication of the operation, with an effective duration of weeks to years (Wünderlandt and Borzoi, unpublished data). Furthermore and most importantly within the context of this note the procedure is almost invariably performed without the patient’s informed consent.

We suggest it is time to propose an altered paradigm within a hyper-ethical contextual framework, in which input and consent is solicited from the subject in question prior to surgical intervention. This would be in keeping with an evolving, and increasingly enlightened and progressive, bioethical framework, at least within Western society [7]. It also parallels recent ethical developments within the emerging field of consensual paediatrics [8].

Whilst highly defensible in a scientific, ethical and legal context, the principal obstacle to implementation of this novel bioethical approach remains the current absence of a mutually comprehensible interspecific linguistic system. Nonetheless, this problem may be resolvable in one of two ways.

First, application of a robustly structured program of operant conditioning would involve training to express positive or negative vocal responses to a variety of commonly encountered stimuli; once the subject has been so trained to reliably opine, consent or rejection could be determined through exposure to videographic representation of the procedure. The alternative approach to consent would involve parapsychological channeling. While appealing due to its inherent simplicity, this approach has yet to be subjected to double-blind experimentation and statistical analysis of results, though it should not be difficult to conduct such research providing a statistically robust sample set of sufficiently self-deluded bedlamites can be assembled within a controlled laboratory environment.

However this is achieved, we would argue that prompt action towards this goal is essential. In a world of increasing awareness of individual needs and heightened ethical sensitivities, the time to permit gonadal self-determination by our most steadfast quadrupedal associates is long overdue.

References
