

## **Should Anti-Vivisectionists Boycott Animal-Tested Medicines?**

Katherine Perlo, Ph.D.

### **Introduction**

When we, who unequivocally oppose vivisection, take medicines that were tested on animals, we feel guilty and our political credibility is threatened. Nevertheless, while some individuals may privately abstain from such medicines, the animal liberation movement has rejected an organized boycott.

Here I examine the arguments commonly offered against a boycott, as well as a few that can be found in favor. The arguments are discussed in the light of some concepts from moral philosophy; in terms of tactical merit; and (in the case of the anti-boycott arguments) in regard to the animal rights movement's policy of boycotting animal-tested cosmetics.

My conclusion is that we should promote a highly visible trend towards avoiding animal-tested medicines. Some people following the trend might reject the medicines altogether; some might seek alternative treatments where available; others might simply add a "patient choice" element to other anti-vivisection demands. But the common goal would be to make the government, the medical profession, and the public aware that we do not want to take these medicines, and that when we do, it is only through lack of choice. In this way we could put on the defensive those pro-vivisectionists who accuse us of hypocrisy. And we could demonstrate that we are willing to take any health risks that might be entailed by the abolition of animal experiments. Thus we would thus show our sincerity and commitment to animal liberation, and add a new, and hopefully effective, dimension to the anti-vivisection campaign.

### **A Conundrum of Anti-Vivisectionism**

These two statements have similar content:

(1) In the event of an accident or emergency, I will refuse all medical treatments developed or tested on animals ....If my child suffers from a ... serious condition, I will not allow them to have life-saving treatment developed through animal research. None of my pets shall receive any veterinary vaccine or medicine that has been developed or tested on animals. (Patients' Voice 2001)

(2) I'm going to REFUSE any medical treatment ... whose development has involved animal tests. ... I'm hoping to set up a card system, similar to organ donation, that will let doctors or ambulance paramedics know that we REFUSE this kind of treatment. (Lydia 2005)

But morally and politically, they could not be more opposed. The first is from Patients' Voice, a pro-vivisection group. Its message is that anti-vivisectionists have no right to treatment resulting from animal experimentation; that it is hypocritical of them to accept such treatment; and that they should carry a card to that effect for emergencies, like a kind of leper's bell. The words "not allow[ing children] to have life-saving treatment" are used quite intentionally to demonize anti-vivisectionists as monsters.<sup>1</sup> Statement (2), from an anti-vivisectionist, turns (1) on its head. Lydia argues that by refusing animal-tested medicines we are not depriving ourselves of something good, but rather are refusing to participate in something evil.

Considering the publicity given to challenges like (1), it is no wonder that most anti-vivisectionists oppose a boycott on animal-tested medicines, even though some of us reject them of our own accord. Nor is it surprising that the author of (2) could find only thirteen people to sign her suggested pledge: “I will promise not to use any drugs tested on animals but only if 50 other people will do the same” (Lydia 2005). Yet she apparently continued to avoid animal-tested medicines herself.

This contrast shows that the question of boycotting animal-tested medicines is primarily political. But moral questions are also involved, since whenever animal liberationists and vegans take these drugs, not only does the opposition accuse us of hypocrisy, but our conscience charges us with benefiting from evil.

### Definitional Issues

In discussing the problem, the following definitions will be used. The word “boycott” typically refers to widespread publicized abstention from the products of a particular company (e.g., Nike) or nation (e.g., apartheid South Africa). But here the word “boycott” is applied to a vegan campaign of abstention from all animal products, including not only meat and dairy, but fur, leather, cosmetics, household products, and animal-tested medicines as well.

The term “abolition/ist/ism” often is used as an antonym to “animal welfarism.” Or it can mean simply the aim of animal liberation, without any implied denigration of incremental reforms. Here the term refers only to abolition of animal experiments.

The word “medicine” is used to refer to all medical substances and procedures. “Tests” or “experiments” are any laboratory drug development procedure. “Cosmetics” means make-up, toiletries, and household products.

### Underlying Concepts

The following concepts will be applied where appropriate:

(1) The near-dilemma. A full moral dilemma consists of a need to choose between the conflicting and serious interests of two “others,” so that wrong will be done whatever one does. But an individual as a sentient being also counts in the moral calculus, so a conflict between the serious interests of oneself and others cannot be dismissed as selfishness versus morality. Still, the unavoidable bias towards choosing in one’s own favor deprives the situation of full dilemma status. Hence, it is a near-dilemma. However, in the present context a full dilemma can arise if one is the sole available guardian of young children or pets. In that case, avoiding the medicines and thus risking death or incapacity could conflict not only with one’s own health needs, but also with obligations to dependents.

(2) The “cost barrier” is the point at which the cost of avoiding a morally dubious act threatens to exceed the agent’s wish to avoid it. Vivisection presents a higher cost barrier than any other kind of animal abuse, because the cost of avoiding its products is the risk of illness or death. When I use the word “cost” alone it will mean the *cost of avoiding* the medicines. If one is a sole guardian, the cost can be moral as well as personal.

(3) “Dirty hands” cases involve “acts that are justified, even obligatory, but [are] nonetheless wrong and shameful” (Stocker 2004: 9). Its classical form always represents a full dilemma, but it can be applied to a near-dilemma. An important feature of an instance of dirty hands is the presence of coercion, either individual, such as when an evil person forces a morally impossible choice on another agent, or political, as when “the circumstances which

justify the dirty hands are, themselves, immoral”, such as “the immoralities of war” (ibid.: 19). For us it is the immorality of vivisection. Also, “circumstances which are only very difficult” (ibid.: 24) can create a “dirty hands” case.

(4) Formal and material cooperation with the evil of animal experimentation. If we take animal-tested medicines, our most pressing concern would be the fact that we are benefiting from the infliction of suffering on animals. Analogously, Pruss (2004), writing from a strict Catholic viewpoint, asks whether is it right for Catholics to use, in vaccines and research, cell-lines derived from aborted fetuses. As he states, “You formally cooperate in someone’s illicit action provided the achieving of the same illicit object of activity is a part of your action plan.” Material cooperation, lacking the intention described above, “need not be wrong. However, observe that there is a *presumption* against such cooperation.” .

Vivisectors have two key objectives: to promote human health and to test on animals. The first we approve of, the second we consider illicit. Vivisectors think the first aim is possible only through the second, whereas the animal liberation movement sees the second aim as a key barrier to, and as ultimately incompatible with, the first.

### Procedure and Outline

To ground the problem in what abolitionists are actually saying, I asked eleven groups for organizational and/or individual opinions as to how to solve the near-dilemma of whether to take animal-tested medicines. Seven replied, one of whom referred me to their “Frequently Asked Questions” (FAQ) information section, and I also consulted other FAQ replies.

Section 1 below reviews the anti-boycott arguments. First, there are two arguments (A1 and A2) to the effect that a boycott would be positively wrong: we need to preserve our health, and a boycott would make us seem fanatical. The former point, of course, is the source of the whole problem, identifying the high cost of refusing the medicines.

There follow six arguments to the effect that a boycott is not morally obligatory. The first five (A3–A7) can be summarized as denials of responsibility for vivisection’s role in producing the medicines. The sixth (A8) argues that we have no choice of medicines.

Of each anti-boycott argument, three questions will be asked:

*Does the argument refute the charge of benefiting from evil?*  
*Does it refute the charge of hypocrisy?*  
 And, *would the respondent offer it as a reason for using animal-tested cosmetics?*

The third question establishes whether the given argument is the real reason why the respondent opposes a boycott. If (a) the given argument is equally applicable to medicines and cosmetics, but (b) the respondent accepts animal-tested medicines while refusing animal-tested cosmetics, then we must look for a distinguishing reason for using the medicines. There are two salient candidates: cost and choice. The cost of avoiding animal-tested medicines is much higher than the cost of avoiding animal-tested cosmetics. Also, there is only a restricted choice of alternatives to animal-tested medicines, while cruelty-free cosmetics are readily available. Since cost, being the basis of our near-dilemma, affects all the arguments, lack of choice will emerge as the strongest, though not unanswerable, argument why a boycott is not morally obligatory.

Section 2 reviews pro-boycott arguments. These are: that a boycott is needed to maintain the principle of equal rights for humans and animals, and to refute the charge of

hypocrisy; that a boycott with a cut-off date would be practical; and that it is possible to find humane medical treatments if one makes the effort.

Of each pro-boycott argument, it will be asked:

*Does the argument answer the objection that we need to preserve our health?*

*Does it answer the objection that a boycott would make abolitionists seem fanatical?*

*Does it undermine the “no-choice” argument for taking the medicines?*

Section 3 offers suggestions for replying publicly to the vivisectors’ challenge if one takes the medicine. Both sections 3 and 4 review other possible measures, short of a boycott, with which to attack vivisection in our role as healthcare consumers and as activists. It goes on to suggest an umbrella campaign comprising these measures as well as boycotts, according to individual preference.

In the concluding section, I stress the importance of overcoming vivisection’s high cost barrier, and urge the value to the abolitionist movement of the proposed trend.

### **I. Anti-Boycott Arguments**

*Argument A1: We need to preserve our health.*

The basic stance here is that a boycott would be positively wrong for numerous reasons. First, it is argued that humans need to preserve and protect their health, which overrides animal rights proscriptions against animal research. Even some animal advocates argue in favor of using prescription drugs under certain conditions. As Korimboccus writes, “were I to require medication, I would do more good for animals by taking the medicine and continuing to campaign” (2006). Moreover the British Union For the Abolition of Vivisection (BUAV) is concerned that “[t]here may well be reasonable health limits to how far an individual can boycott certain products such as prescription drugs,” and contends that “[i]t obviously wouldn’t be responsible for the BUAV to advise anyone about taking prescribed medication” (2006a).

Does the argument refute the charge of benefiting from evil? Yes, to the extent that we are formally cooperating only with the vivisectors’ licit aim of curing illness, not their illicit intention of experimenting on animals. Since we oppose vivisection and are reluctantly taking medicines derived from it because we cannot obtain treatment any other way, we are only materially cooperating with the vivisectors’ illicit aim. Nevertheless, we are cooperating at that lower level by taking the medicines.

Does the argument refute the charge of hypocrisy? Saying that we should preserve our health in order to campaign against the medicines that preserve it fails to refute this allegation. Prioritizing health for its own sake rather than for the movement (as the BUAV statement did) still accepts a dependency on what we oppose. Would the respondent offer it as a reason for using animal-tested cosmetics? The question does not apply to Argument A1, since cosmetics do not affect one’s health.

*Argument A2: A boycott on products derived from vivisection would hurt our cause.*

A boycott, states Uncaged Campaigns, “would be playing into the hands of the pro-[vivisection] lobby. The media would portray us as not just extremists – but loonies to boot. Imagine if anyone died as a result of such a campaign, the media ... would have a field day. (2006). Should one ask if this argument refutes the charge of benefiting from evil, it does suggest that our material gain is a lesser evil than harming the anti-vivisection movement by

an appearance of fanaticism. This concern with the success of the movement, rather than with personal rationalization, is a strength of this view. But it also accepts that we derive so much benefit from animal-tested medicines that we would be considered mad to give them up.

Does this second argument refute the charge of hypocrisy? No, but it considers that the charge of fanaticism would be more damaging. Moreover, if one asks, “Would the respondent offer it as a reason for using animal-tested cosmetics?”, the answer again would be “No,” because no one would be thought mad or fanatical for rejecting animal-tested cosmetics.

*Argument A3: Animal tests are irrelevant.*

We are told here that successful drugs “are in pharmacies *despite* the animal tests, not because of them” (Fowler-Reeves 2006; also see ALF 2006, In Defense of Animals 2006, and Korimboccus 2006). This argument refutes the charge of benefiting from evil because the patient is held to gain only from the non-animal research and experimentation that produced the medicine. As in A1, the person using the medicine is only carrying out the vivisectors’ professed intention of promoting health (see the objections under A1). A further problem is that A3 depends upon a vulnerable contingency, namely on disputed scientific facts. If the only defense that an abolitionist offered for taking animal-derived drugs were that the tests were irrelevant, it could be inferred that, had the tests been relevant, the person would indeed be benefiting from them.

Does this response refute the charge of hypocrisy? Since the non-boycotter is convinced that animal tests are irrelevant, and that therefore s/he is not benefiting from them, there is no inconsistency with the aim of abolishing the tests. But the respondent would not offer the argument as a reason for using animal-tested cosmetics. While campaigners argue against the relevance of vivisection for cosmetics, they nevertheless boycott them.

*Argument A4: The animal tests produce positively harmful results.*

As Fowler-Reeves (2006) reminds us, “The list of drugs that were passed ‘safe’ in animals but later harmed or killed people grows longer by the day” (for the same point see the ALF 2006: AECW). The argument refutes, rather more strongly than A3, the charge of benefiting from evil, although harmfulness seems a curious reason for accepting rather than avoiding the medicines. There is still the problem, as with A3, that the tests, albeit potentially damaging, are part of the total process from which one benefits. But the benefit from evil is still only material, not formal, since the campaigner disowns, on both moral and scientific grounds, the vivisector’s illicit object.

Does it refute the charge of hypocrisy? Yes. Here again, the subjective belief that the animal tests do not contribute to – in this case, may actually undermine – the medicine’s efficacy, clears the campaigner of failing to practice what s/he preaches. However, the “harmfulness” argument, besides depending on disputed scientific facts, creates a new problem. Abolitionist literature emphasizes the frequency of adverse drug reactions. Yet by taking the medicines, the person implies that the likelihood is of benefit, adverse reactions being seen by implication as rare. So that particular scientific claim is weakened.

Would the respondent offer it as a reason for using animal-tested cosmetics? No, although the “harmfulness” argument is equally applicable to that case.

*Argument A5: You would have to live in a cave to avoid vivisection.*

It is regrettably the case that nearly everything in modern society has been tested on animals. Because of this, BUAV argues that “unless all anti-vivisectionists condemn themselves to a

virtually hermitic lifestyle ... it is clearly impossible ... to ... avoid animal testing altogether” (2006a; also see Korimboccus 2006). Does the argument refute the charge of benefiting from evil? The campaigner is not formally profiting from evil, since s/he does not choose to further the vivisectors’ illicit object. However, exoneration is further sought by the claim that since we cannot avoid other animal-tested things, we cannot therefore be expected to avoid animal-tested medicines – a conclusion which does not logically follow.

Looking at the charge of hypocrisy, we see that argument A5 refutes it insofar as the respondents are pleading a lack of choice (see A8 below). But in this case, as just argued, the basis of the plea is flawed. Would the respondent offer it as a reason for using animal-tested cosmetics? No, although it is equally applicable.

*Argument A6: The damage to the animals has already been done; we must look to the future.*

Here another evil outside our control is compared with animal experimentation, namely that “many of the roads we drive on were built by slaves. We can’t change the past .... What we can do is change the future by using non-animal research methods from now on” (Ask Carla 2006; see similar arguments in ALF 2006: DG and JK). Does the argument refute the charge of benefiting from evil? “The further we are removed from the evil deed, the less likely that we are doing what the malefactors intended us to do” (Pruss 2004). But while it is true that for a particular animal-tested medicine the damage is in the past, nevertheless the practice of vivisection, against which we are campaigning, continues. The analogy with slave-built roads does not hold, because slavery is now illegal and no longer the object of a campaign.

The argument does, subjectively, refute the charge of hypocrisy. Since the respondents’ objective is a future without vivisection, they are practising what they preach by campaigning for it. But they must make clear that they will accept any possible future health risks entailed by abolition. Would the respondents be likely to offer it as a reason for using animal-tested cosmetics? No, although it is equally applicable.

*Argument A7: The animal tests could have been and in the future can be replaced by humane methods.*

“Had the vivisection not occurred,” it is urged here, “the knowledge might well have been obtained through alternative, moral methods” (ALF 2006: DG; and see BUAV 2006a). By disowning, like previous arguments, the illicit component of the medicines, A7 does refute the charge of benefiting from evil. But unlike A3 and A4, this argument does not rest on vulnerable factual claims, but rather on the logical principle that one cannot prove a negative: namely, the vivisectors’ insistence that without animal experiments no medical progress could have been made or can be made in the future. (The anti-vivisection equivalent is the negative claim that animal experiments have never yielded useful results, nor can they in the future [see Lewis 2004].) Nevertheless, as noted earlier, the tests are part of the process of developing the medicines, so that in taking them, the abolitionist is materially benefiting from evil.

Does it refute the charge of hypocrisy? Yes, by implying that, had what we preach only been heeded, we would be able to practice it. But the respondents would not offer A7 as a reason for using animal-tested cosmetics, even though it is equally applicable.

*Argument A8: We have no choice.*

This is the heart of the difficulty. As Fowler-Reeves (2006) insists, “Given the choice, we believe that most people would choose cruelty-free versions of drugs but we don’t have the choice.” Does this argument refute the charge of benefiting from evil? In an improvement on previous arguments, the respondent dissociates herself not merely from an evil element in the medicines, but also from the act of taking them at all, since it is done under duress.

But there is still a problem. Offered an animal-tested medicine for an illness we have contracted, we do have the choice of doing without it. Also, our illness may be treatable by alternative medicine. It is more a case of “circumstances which are only very difficult,” because of the vivisectors’ domination of research, licensing, and healthcare practice.

To a great extent, argument A8 also refutes the charge of hypocrisy. When pro-vivisectionists make this accusation they imply that we take animal-tested medicines because we prefer them to *non-animal-tested medicines*. That would indeed be hypocritical. In fact we only prefer them to *no medicine at all*, an option we are largely denied. But to the extent that we do have some limited and difficult options, the argument is not completely successful.

Would the respondent offer it as a reason for using animal-tested cosmetics? No. But unlike A3 to A7, this claim does not apply to cosmetics because we do have the choice of buying cruelty-free versions. This is why A8 is stronger than previous arguments. It is the real reason why the respondent opposes a boycott. It acknowledges, rather than disowning, a persistent moral deficit and the concomitant dirty hands. But it offers a persuasive excuse for them, based on indisputable facts (see Section III below).

Still, it is not unanswerable, because choices do exist.

## II. Pro-Boycott Arguments

*Argument B1: Taking the medicines violates the principle of equal rights for humans and animals.*

Lydia (2005) takes an uncompromising stand: “if I’m really sincere in believing that animals have the same rights as human beings, I have to put my belief into practice. ... Let’s face the fact that human beings have got some benefits from animal tests. And let’s be courageous in refusing to take those benefits. That way, the pro-testing lobby won’t be able to accuse us of hypocrisy any more.” Does the argument answer the objection that we need to preserve our health? Rather, it contests it on the grounds that there are moral limits to what we can do to preserve our health. Nor does it answer the objection that a boycott would make abolitionists seem fanatical, since animal rights beliefs are currently associated with fanaticism in the public mind; all the more so if they lead to the rejection of medicine.

However, it does undermine the “no-choice” argument for taking the medicines, since it recommends the choice of doing without the medicines whatever the cost.

*Argument B2: It would be practical to boycott medicines that were tested on animals after a certain date.*

Since “boycotting medicines that have been tested a long time ago does nothing to help animals that have suffered in the past,” Hersh (2006) argues that “a cut-off date of 2000 could be effective and is something people could sign up to, without being very restrictive .... It could also generate some nice headlines.” Korimboccus (2006) agrees. In the same vein, J. and S. G. Martin-Nichols (2006) suggest “asking for old technology – e.g. aspirin instead of a souped-up and animal-tested analgesic.” The idea is that some of these traditional treatments may not have been tested on animals, or at least not recently. The argument partly answers the

objection that we need to preserve our health, because it asks us to forgo only the more recently introduced medicines.

Does it answer the objection that a boycott would make abolitionists seem fanatical? To an extent yes, since it would put our health less at risk than a total boycott. Does it undermine the “no-choice” argument for taking the medicines? Yes, because it indicates a choice of at least partial rejection of the medicines.

*Argument B3: You can often find humane products if you try.*

Joanne Oliver “was diagnosed with a prolactinoma ... and given medicine to take to shrink the tumour. ... It had been tested on animals, so I went looking for an alternative. ... I found one which ... was tested on humans.” Although finding non-animal-tested medicines was more difficult where she was living than in the UK, she concludes that such products “just take a little bit of searching out”(2006). Like B2, this argument goes some way towards answering the objection that we need to preserve our health, because the writer is going to some trouble to do so.

Elsewhere in her article, however, she declares opposition to vivisection even “in the cause of medical advancement,” and writes that, “If I have a headache, I go without pain-killers.” Although this might seem extreme to some people, her efforts to cure her more serious condition largely answer the objection that a boycott would make abolitionists seem fanatical. And in suggesting that we should make a similar effort to find alternatives, B3 particularly undermines the “no-choice” argument for taking the medicines.

### **III. How an abolitionist who is taking the medicines might respond to the accusation of hypocrisy**

Sections 1 and 2 offered arguments for discussion within the movement. Here we consider rebuttal of the opposition.

*Response 1: We have no choice.*

Legal and professional policies ensure that most medicines are animal tested. “The U.S. Food and Drug Administration and the U.S. Environmental Protection Agency regulate [the pharmaceutical and chemical] industries, and the law currently requires animal tests” (Wesley 2006; see also IDA 2006 and, for the U.K., Minett 2006). British and European law is more complex, but its effects are the same. In theory, the Animals (Scientific Procedures) Act 1986 and European 86/609 Directive allow animal experiments only if no non-animal method is available (see BUAV 2006b for the convoluted process of seeking acceptance for a humane method). But in practice,

Before a non-animal method can be authorized as a replacement ..., it must go through a lengthy “validation” process. During validation, the results of non-animal tests must compare favourably against those of the tests they are intended to replace.... (BUAV 2006c)

Vivisectionists have tried to suppress non-mainstream treatments. In Britain, orthodox scientists “sent a circular letter to National Health Trusts to persuade them not to fund ‘complementary’ medicines” (Arkangel 2006a). In America, alternative medicine is subject to repression by regulatory agencies, state medical boards, and insurance companies (Trivieri and Anderson 2002: 44).



The ideology behind this denial of choice “goes much deeper” than “promoting vested interest” (Klug 1992: 265). It echoes Francis Bacon’s human imperialism, according to which “scientific knowledge . . . is best elicited with `nature under constraint and vexed” (ibid.: 273). Sometimes, in response to bad-drug disasters, the government will admit that “animal studies do have their limitations,” yet insist “it is through recognizing these limitations that animal testing is all the more valuable” (Corbett 2006).

Within a speciesist ethos, this is rational. Vivisectors “could argue that the very unreliability of present tests justifies conducting further tests in order to overcome the shortcomings of existing methods” (Regan 1984: 372). But the fact that the government offers it as the sole solution to drug failures, rejecting the equally rational course of trying something different, reveals their dogmatic determination to maintain the vivisection regime.

*Response 2: The vivisectors are hypocrites themselves.*

There is hypocrisy “in claiming animal experiments save lives with no hard evidence to back that up” (Korimboccus 2006). The government has consistently rejected an independent investigation into the efficacy of animal experiments. They promise to reduce animal experiments but actually increase them. In 2006 U.K. animal tests – 3,012,032 – reached a 15-year high (Uncaged Campaigns 2007). They set up a 3Rs programme, but spend most of its budget on “reduction and refinement methods that can still involve the use of animals” (BUAV 2006c). Australian campaigners, also, have protested at neglect of an official 3Rs policy (Baker 2005).

They boast about the U.K.’s strict welfare regulations but do not enforce them, as leaked documents show (see [www.xenodiaries.org](http://www.xenodiaries.org)), and help pharmaceutical companies to modify the rules. In 2001 the Pharmaceutical Industry Competitiveness Task Force agreed on “substantial actions to streamline [animal-test] licensing procedures” and to reduce some welfare requirements (Uncaged Campaigns 2001, quoting government sources at: [www.advisorybodies.doh.gov.uk/pictf/pdf](http://www.advisorybodies.doh.gov.uk/pictf/pdf)).

In 2006 the European Coalition for Biomedical Research opposed EU laws that would protect laboratory animals’ welfare and promote alternatives (*Arkangel* 2006b). Such moves refute claims that vivisectors are bound by, and by implication accept, strict regulations.

But there is a flaw in Response 2, namely that it contains the informal fallacy of the *ad hominem* argument – trying to disprove someone’s opinions by attacking his or her character. That the vivisectors are hypocrites does not prove that anti-vivisectionists who take animal-tested medicines are not. However, the facts illustrating the vivisectors’ hypocrisy can be used to bolster the more valid “no-choice” response. Leaving aside the conflict with what they say, what they do is wrong in itself, because it harms animals and restricts our healthcare choices.

Not that our own choices constitute the fundamental issue. Our aim is not merely a niche market in ethical medicine for the ethical consumer, with the vivisectors continuing to cater for the majority. We want to end vivisection in all research. So we do indeed seek to limit other people’s right to choose or produce animal-tested medicine. But that is because vivisection denies the animals the more crucial choice of freedom, welfare, and life rather than imprisonment, suffering, and death.

#### **IV. Proposal for a Trend Towards Avoiding Animal-Tested Medicines**

A campaign limited to an absolute or cut-off-date boycott would lack movement support and could be divisive. Instead I suggest a publicized trend towards avoiding animal-tested medicines. It would include boycotts and other avoidance measures, having a common source in participants’ concern as healthcare consumers.

Publicity would be essential. A group taking up the trend should notify the press. “[G]roup actions by an organization get heard. Individual ones don’t so easily. But you can ask your G.P. to choose a medicine not tested on animals” (Martin-Nichols 2006). As individuals should tell the doctor that they prefer non-animal-tested medicine, thus bringing into the surgery a campaign currently limited to the streets and the media. When seeking or consulting an alternative practitioner or shopping at a health store, one should state why one is doing so. It will not be assumed that the motive is to avoid animal testing. Neither Anon. (2000), the AMA (1997), nor the House of Lords (2000) mention this among possible explanations for the popularity of Complementary and Alternative Medicine (CAM).

We know that it is some people’s reason. The fact that some CAM purveyors listed on the web declare their no-animal-testing policy shows that it is at least a desideratum, if not necessarily a primary motive, for prospective users. But therapy providers will not know it unless you tell them.

### *Use of alternative medicine*

“You might want to consult with an herbalist or homeopath or consider lifestyle changes,” “Ask Carla recommends (2006; similar to ALF 2006 AECW). Abolitionism and vegetarianism can be linked by “promoting prevention through plant-based diets” (Korimboccus 2006); we can further contribute to ethical medicine by “donat[ing] tissue to the tissue banks for human-based research” and “encouraging individuals” to do the same (ibid.).

Trivieri and Anderson (2002: v-viii) list 40 types of alternative therapy for a total of 194 health conditions, including the most serious ones. Such treatments are growing in popularity.

The American market for herbal remedies has doubled since 1985 ... (excluding homeopathic remedies and teas). Growth is expected to continue at 10% to 15% per year through 1997. Four-fifths of all people, worldwide, still rely to a great extent on traditional medicines based on plants ... (American Medical Association 1997).

Other figures attesting increased usage are Anon. (2000 – Canada), House of Lords (2000 – Britain and U.S.), Trivieri and Anderson (2002: 4 – U.S. and Canada), Wong (2006 – U.S.), and University of Ulster (2007 – Northern Ireland). The usefulness of Echinacea (Connor 2007; McKenna 1998: vi) and St John’s Wort (Anon. 1997) for common maladies is now recognized, however cautiously, by orthodox doctors.

In mainland Britain it is already possible to register with a homeopathic doctor on the National Health; in Northern Ireland the government “may make it easier – and cheaper – to access CAM through the National Health Service” (University of Ulster 2007).

Unfortunately, one cannot be sure that an alternative medicine has not been tested on animals. Many are indeed cruelty-free, such as Bioforce, Lanes products (Henly 2007), the OxyMin and Healthwise ranges of Natural Health Direct (Helenna 2007), and for pets, Hilton or Global Herbs (these last two, together with Bioforce, suggested by Martin-Nichols 2006). But alternative medicine exponents Trivieri and Anderson (2002: 331) and McKenna (1998: 16-17) both describe animal experiments without disapproval. By asking the manufacturer or retailer; one simultaneously gets information, publicizes the demand for humane products, and – if they already have a cruelty-free policy – encourages them to maintain it in the face of establishment pressure.

Another limitation is that alternative medicine does not treat everything. “Conventional medicine is superb in dealing with acute medical conditions and traumatic injury, and in providing emergency treatment” even though “alternative medicine works better for just about everything else ....” (Goldberg [eds.] 2002: 1); while antibiotics are “[s]ometimes ... necessary” (McKenna 1998: 33), despite being overprescribed and leading to resistant strains.

So there may still be a difficult decision to make.

#### *Attempts to change the law*

The law “must be changed so that it does not require all medicines to be tested on animals” (Minett 2006). Since in Britain, obstructive licensing and validation procedures rather than the law itself make animal tests effectively compulsory, Korimboccus (2006) suggests “challenging the claim that animal experimentation is a legal requirement (BUAV often challenge this claim).”

Wesley (2006) urges us to “[ask] legislators to mandate the development and validation of non-animal tests and [to write] to companies that continue to test on animals despite the cheaper, more effective alternatives now available.”

When writing letters, we should identify ourselves as healthcare consumers as well as campaigners, adding to our usual anti-vivisection arguments the point that it is unfair to force us to choose between doing without mainstream, readily available medicine, or using an unethically developed product.

#### *The demand for labeling of medicines*

When Dr Evan Harris MP urged that medicines be labeled “Tested on Animals” to convince the public of the value of vivisection, Philip Wright, of the Association for the British Pharmaceutical Industry, expressed concern

... that somebody, for example, who has taken an asthma medicine each day may decide to stop taking it and that might lead to a life-threatening situation. (BBC News 2006)

“Yes, it can’t do any harm to inform the nation; what are they afraid of?” (Korimboccus 2006). And it is “[m]uch easier for [the G.P.] as well as you if they are labeled ‘tested’ or ‘not tested’ on animals” (Martin-Nichols 2006) when you request humane medicines. The public would find this measure reasonable, since “[c]lear and honest labeling is increasingly demanded by consumers” (Minett 2006). A label specifying the last date of testing would be necessary for people practicing a time-limited boycott.

#### *Adding a patient-choice element to other campaigns*

“More effort needs to be made to tackle animal experiments from a human health angle and on a scientific basis,” and “to develop, promote, and utilize alternatives” (Minett 2006). Korimboccus (2006) also suggests raising scientific points “as consumers.” Emphasizing that we are prospective patients will prevent our demand or inquiry being seen as just another protest.

### **Attacking the Cost Barrier**

## Summary

Pro-vivisectionists have accused abolitionists of hypocrisy if we take animal-tested medicines, and have challenged us to refuse to do so. Most anti-vivisection campaigners reject the challenge. Reasons given have been that it would be counterproductive; that in various ways we are not responsible for the “dirty” element in the medicines; and also – the strongest argument – that we have no choice because of the vivisectors’ control of medical policy.

Arguments that can support a boycott include the principle of species equality, and the practicability of a cut-off-date boycott and of seeking alternative treatments.

If we take the medicines, the “no-choice” argument should be the basis for rebutting the charge of hypocrisy. Vivisectors severely restrict our choice of medicine, and are ideologically committed to animal testing.

In consideration of these points, I call for a trend towards avoiding animal-tested medicines. I argue for a multidimensional approach that would include boycotts, use of alternative medicine, efforts to change relevant laws, demands that medicines be labeled, and adding a patient-choice element.

## Discussion

Besides the political problem created when abolitionists take animal-tested medicines, we face a crisis of conscience as individuals. Many respondents have argued that we can discount the evil component in the medicine and are only benefiting from its non-animal elements. The vivisection element may thus be regarded as a secondary and unnecessary effect. It differs from the classic “Churchill” example, whereby allowing Germans to bomb English civilians was an unwanted but necessary sacrifice to win the war (see Stocker 2004: 38ff). However, the scientific necessity or lack of necessity is moot, since, from the point of view of the medicine-user, putting up with the animal experiments is necessary in order to gain the health benefit.

Here the “no-choice” defense provides a synthesis with pro-boycott arguments and with other avoidance measures. Whatever step we take within the trend that I suggest, we are striking back at the compulsion, or near-compulsion, exerted upon us. And “[m]orality requires us not to cooperate with evil and often to help fight it. It is, itself, a violation to do what one is immorally coerced into doing” (Stocker 2004: 25). Every time anyone uses an animal-tested medicine, the vivisectors are upheld in their claim that humanity cannot do without their activities. The claim of indispensability affects all animal issues. Their underlying argument is:

- (1) Humans have moral priority over animals.
- (2) If animal suffering serves human needs, it is justifiable.
- (3) Therefore vivisection is justifiable.

The first point, on which the second and third depend, can be extended to any kind of animal abuse, however trivial the human interests that it serves, since one person’s “want” is another’s “need.”

It seems likely, then, that if the cost barrier of vivisection – kept artificially high by lack of choice – can be surmounted, the lower barriers of other abuses might fall in turn. And since the high cost of avoiding animal-tested medicines repeats in microcosm that of the vivisection issue as a whole, if the former is weakened, the latter may be weakened in turn, to the benefit of all animals. Rudolf Bahro, who resigned from the German Green Party over animal experimentation, considered the issue “so central to testing whether we are really

ready for conversion that there is no better litmus paper by which we can find out what we really want and ... no longer want” (Bahro 1986: 208-9).

### Conclusion

Pro-boycott arguments B2, pointing to time-limited avoidance, and B3, emphasizing the search for alternatives, might suggest the most pragmatic way forward. However, campaigners who take the more uncompromising, “whatever it costs” stand expressed in B1 – which does not prevent them from also seeking alternatives – can keep our principles to the fore, while pulling the argument further in a liberationist direction. And a range of non-boycotting activities are available within the suggested trend.

To recall some recommendations for activists who might consider pursuing these recommendations:

Publicize your action, whether as a group or as an individual. Tell doctors, alternative practitioners, health store owners and staff, and companies or government agencies, that you want to avoid animal-tested medicines.

In campaigns other than a boycott, stress that you are speaking from the standpoint of a patient being denied a fair choice of therapies.

Make clear that, in opposing vivisection, you will accept any future costs that abolition might entail. As Linzey (1994: 107) writes of the moral norm that it is wrong to cause animals avoidable injury, “I do not say that realizing this norm will be easy, or that it will not require us to make some real sacrifices .... But ... we need fresh conviction and moral energy to realize this norm.”

The proposed trend could be a useful new strategy, revealing abolitionists as non-violent but radical. It could enable us, when the vivisectors issue their challenge, to stand “not as the accused but as the accuser[s]” of vivisection, which, like the capitalism that John referred to, is “dripping with blood from head to foot,” and stains our own hands with animals’ blood when we fall ill.

### References

- Animal Liberation Front (2006), Frequently asked questions.  
<<http://www.animalliberationfront.com/Philosophy/Animal%20Testing/Vivisection/labtest.htm#faq82>>  
Accessed 20 July 2007.
- American Medical Association (1997), “Report 12 of the Council on Scientific Affairs (A-97)”. <[www.ama-assn.org/ama/pub/category/13638.html](http://www.ama-assn.org/ama/pub/category/13638.html)>  
Accessed 20 July 2007.
- Anon. (2000), “Patients’ use of CAM”. <<http://sprojects.mmi.mcgill.ca/cam/patients.htm>>  
Accessed 20 July 2007.
- Arkangel (2006a), Editorial: “Quackery or conspiracy”,  
<<http://www.arkangelweb.org/editorials/20060531quackery.php>>  
Accessed 6 October.
- Arkangel (2006b), News item: “Group set up to block EU directive on animal welfare”,  
<<http://www.arkangelweb.org/international/general/20061205ecbr.php>>  
Accessed 14 December.
- Ask Carla (2006), for PETA, Frequently asked questions.  
<<http://www.askcarla.com/answers.asp?questionandanswer ID=261>> and ID=262  
Accessed 3 November.

- Bahro, Rudolf (1986), *Building the Green Movement* (London/Philadelphia: Heretic/New Society).
- Baker, Richard (2005), "Sacrificed for Science", *The Age*, 25 June. <<http://www.theage.com.au/news/national/sacrificed-for-science/2005/06/24/1119321904401.html>> Accessed 25 July 07.
- BBC News (2006b), "'Tested on animals' labels urged", 23 May. <[http://news.bbc.co.uk/1/hi/uk\\_politics/5007420.stm](http://news.bbc.co.uk/1/hi/uk_politics/5007420.stm)> Accessed 13 July 2007.
- BUAV (2006a), Frequently asked questions. <<http://www.buav.org/faqs.html#faq15>> Accessed 2 October.
- BUAV (2006b), Frequently asked questions. <<http://www.buav.org/faqs.html#faq14>> Accessed 15 November.
- BUAV (2006c), "Law & Industry". <<http://www.buav.org/campaigns/nonanimal/law.html>> Accessed 24 November.
- Connor, Steve (2007), "Echinacea can cut risk of colds by 50 per cent", *The Independent*, June 25. <<http://news.independent.co.uk/health/article2705326.ece>> Accessed 16 July 2007.
- Corbett, Edward (2006), letter from Department of Health, 28 April.
- Fowler-Reeves, Kate (2006), of Animal Aid, e-mail 4 October. [kate@animalaid.co.uk](mailto:kate@animalaid.co.uk)
- Goldberg, Burton (2002), "Introduction to the Second Edition", pp. 1-2 in Trivieri and Anderson (eds), *Alternative Medicine. The Definitive Guide* (Berkeley/Toronto: Celestial Arts).
- Helenna (2007), of Natural Health Direct, e-mail 19 April.
- Henly, Paul (2007), of Lanes Health, e-mail 24 April.
- Hersh, Marion (2006), e-mail 24 October. <[m.hersh@elec.gla.ac.uk](mailto:m.hersh@elec.gla.ac.uk)>, transmitted by <[scotland@animalrightsalliance.org.uk](mailto:scotland@animalrightsalliance.org.uk)> 25 October.
- House of Lords (2000), "Introduction" to *Select Committee on Science and Technology Sixth Report*, 21 November. <<http://www.publications.parliament.uk/pa/ld199900/ldselect/ldsctech/123/12303.htm>> Accessed 25 July 2007.
- In Defense of Animals (2006), Frequently asked questions. <<http://www.vivisectioninfo.org/faq.html>> Accessed 6 October.
- Klug, Brian (1992), "Lab animals, Francis Bacon, and the Culture of Science", pp. 264-81 in R. Kalechofsky, ed., *Judaism and Animal Rights* (Marblehead, MA: Micah Publications).
- Korimboccus, Lynda (2006), e-mail 23 October. <[scotland@animalrightsalliance.org.uk](mailto:scotland@animalrightsalliance.org.uk)>
- Lewis, N. 2004. "Bad science or bad argument: the role of science arguments in the animal experimentation debate". Communications Department, University of Pittsburgh, last update: 1 Dec. 2004. <<http://www.vegetus.org/essay/aexp.htm>> Accessed 31 July 2006.
- Linzey, Andrew (1994), *Animal Theology* (London: SCM Press).
- Lydia (2005), untitled item on PledgeBank. <<http://www.pledgebank.com/noanimaldrugs>> Accessed 13 July 2007.
- Martin-Nichols, J. and S. G. (2006), e-mail 24 October. <[jsgmn@btoopenworld.com](mailto:jsgmn@btoopenworld.com)>
- McKenna, John (1998), *Natural Alternatives to Antibiotics* (New York: Avery).
- Pitt, Robert (1996), "John Maclean and the CPGB" <<http://www.whatnextjournal.co.uk/Pages/Pamph/Maclean.html>>

- Minett, Ross (2006), of Advocates for Animals, e-mail 6 November.  
<ross@advocatesforanimals.org>
- Oliver, Joanne (2006), "Animal testing? No thanks".  
<<http://news.bbc.co.uk/1/hi/magazine/4747752.stm>>  
Accessed 13 July 2007.
- Patients' Voice (2001), "Challenge to anti-vivisectionists".  
<<http://www.simr.org.uk/pages/news/03-2001/index.html>>  
Accessed 16 July 2007.
- Pruss, Alexander R. (2004), "Cooperation with past evil and use of cell-lines derived from aborted fetuses".  
<<http://www.georgetown.edu/faculty/ap85/papers/CooperationWithPastEvil.html>>  
Accessed 6 December 2006.
- Regan, Tom (1988), *The Case for Animal Rights* (London and New York: Routledge).
- Stocker, Michael (2004), *Plural and Conflicting Values* (Oxford: Clarendon).
- Trivieri, Larry and Anderson, John (eds) (2002), *Alternative Medicine. The Definitive Guide* (Berkeley/Toronto: Celestial Arts).
- Uncaged Campaigns (2001), "Dictatorship of the drug industry", 11 May.  
<<http://www.uncaged.co.uk/news0108.htm>>  
Accessed 3 November 2006.
- Uncaged Campaigns (2006), e-mail 20 December. <info@uncaged.co.uk>
- Uncaged Campaigns (2007), news release, 25 July.  
<<http://www.uncaged.co.uk/news/2007/statistics.htm>>  
Accessed 31 July 2007.
- University of Ulster (2007), "Rise in demand for complementary medicine and alternative therapies, survey finds", University of Ulster news releases, 21 February.  
<<http://news.ulster.ac.uk/releases/2007/3014.html>>  
Accessed 24 July 2007.
- Wesley, Robyn (2006), of PETA, e-mail 16 October. <RobynW@peta.org>
- Wong, Cathy (2006), "Who uses complementary and alternative medicine?", from *Your Guide to Alternative Medicine*.  
<<http://altmedicine.about.com/od/alternativemedicinebasics/a/usage.htm>>  
Accessed 15 November.

---

<sup>1</sup> Note that the boycott discussed in this article would affect only the human adults practicing it, since dependent children or pets could not exercise their own judgment in the matter.