

Counterpoint Editorial

Avoidance or Cat Immunotherapy is an Ethical/Moral Issue and a Dilemma That Must Be Addressed

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THIS "COUNTERPOINT EDITORIAL" IS A RESPONSE to the Editorial by Robert H. Schwartz, M.D. in the previous issue of the journal (9(2):59–61, 1995) entitled "Surfing the Internet—Newsgroups (alt.support.asthma and rec.pets.cats) Asthmatic Allergic Cat Lovers Are a Special Breed." When I first read this editorial, I said to myself "Bob you're kidding me. You don't expect me to put this in the journal?" Well he did; so I accepted it for publication, after my second reading, when I noted his last lines: "Letters to the editor regarding your comments are welcome, as are e-mail (rhsz@eznet.net) messages. Some will be published pending editorial review." As of October 5, 1995, there has been no response to his editorial.

I think I had the most trouble with his comment regarding allergic pet owners that "we must respond to their wishes." We all have to respond to such patients daily. In an allergist's practice, my answer has always been an emphatic: "**You wouldn't eat poison would you?**" The kids always say "yes," if it is chocolate. After my third reading of this editorial, I saw Dr. Schwartz' point. This problem of allergic pet owners is a subject that needs to be addressed somewhere, somehow.

Parents and patients have many ways to justify keeping cats and, for that matter, any other pet, in their homes. These justifications include, among others (1) The asthma was present before the cat entered the house. (2) I can go away for a long weekend and I'm no better, and I'm no worse after returning to my home. (3) The cat never comes upstairs. (4) My former cat died, and after 2 months, I was no better. Etc., etc., etc. . . .

All of these excuses illustrate the lack of knowledge about allergic asthma and cat allergy in particular. Bronchial asthma is now considered to be an inflammation of the airways, as well as bronchoconstriction. The evidence is overwhelming that the inflammation takes weeks, if not months, to go away. I have always suggested that the patient leave the environment for a month, in essence, "go visit an aunt" in order to see if the condition improves. However, the test comes when the patient returns to the *cat's home*. If the patient is allergic to the cat, symptoms will recur very rapidly. It takes several months for cat allergen to clear out of the house even when it is cleaned thoroughly. Cat allergen is so light that it remains airborne throughout the house. A recent research report showed that cat shedding is not reduced by cat washings, Allerpet-C spray, or acepromazine (an animal tranquilizer said to reduce cat allergenicity).¹

The high frequency of cats in allergic patients homes is no surprise². Our reports were confirmed in reference 1 where the authors stated that 6 million Americans are allergic to cats, and a third of them have cats. Many years ago, when children were sent to one of the Denver homes for asthmatic children, about 50% of these children had pets in their homes. These children became known as "rapid remitters"; that is,

they lost their asthma within a short time, only to get sick very rapidly upon returning home. Just think of the implications of this. Parents would rather get rid of their children than get rid of their pets. Today, this would be called child abuse.

There is a positive belief, awareness, and acceptance of a beneficial health belief system in those who got rid of their pets versus those who did not remove their pets.² Patients without a strong health belief system are more likely to be maladaptive; this is important information for any physician to know about a patient or a patient's family. In other words, if patients do not or cannot believe a treatment will help, why try? Such patients are more often noncompliant with their medication regimes, and, besides, these regimes do not work because a child is not completely cured after 10 days of medication. Watch, and you will find that they will be very irregular with receiving their allergy shots (now called immunotherapy). Some of this recalcitrance or the part of the patient's family may be caused by subconscious resentment toward the patient, because of how the illness affects the family's lifestyle.

Today cat allergen immunotherapy is very effective. However, there is no improvement for several months. It is not cheap as or as successful as avoidance and it is inconvenient for the patient. Serious side effects, although very rare, can occur, and there is no agreement as to when they can be stopped without a recurrence of symptoms.

In addition, the father is often not involved, except to pay the bills. He comes home after a very tiring day at work to find a sick child and an exhausted wife. The dog is jumping around him wagging its tail and appears to be the only one in the home happy to see him. It often helps to ask, "whose pet is it?" You will be surprised to learn that it is rarely the child's pet. Children often mention, when out of hearing range of their parents that there is a pet in the house.

In the September 1995 issue of *The MA Report from the Allergy and Asthma Network—Mothers of Asthmatics, Inc.*, (3554 Chain Bridge Road, Suite 200, Fairfax VA 22030-2709) much of the abovementioned was addressed very appropriately in an article called; "Allergy-Proofing Wars." I was very pleased to see that the Editor-in-Chief, Nancy Sander, is trying to send the message out, that the best therapy is avoidance. This article is correct; a major need is better education for parents and patients. All physicians should recommend this publication to their patients.

During the last decade, much of the effort to help patients cope with the emotional attachment to the pet, as well the multiple problems of being sick, has been handled by an interdisciplinary team of health professionals. Unfortunately, one hears much less about these efforts in the current medical care world. After all, this is health care and not medical care. I submit it is both good health care and good medical care. Physicians must train their staffs to deal with much of the education. It is known that psychologic counseling can change the health belief system of a person. This modality must be used when appropriate. Do any of you readers have any ideas on what should be done? *Your opinions are most welcome.*

REFERENCES

1. Klucka CV, Ownby DR, Green J, Zoratti E. Cat shedding of Fel d I is not reduced by washings, Allerpet-C spray, or acepromazine. *J Allergy Clin Immunol* 1995;95:1164–1171.
2. Herring S, McGeady SJ, Jones JD, Mansmann Jr HC. The maintenance of pets in allergic families: I. A survey of health beliefs. *Ann Allergy* 1981;46:24–29.