

The hidden skill? Dealing with disgust in veterinary medicine

J. Karg* and C. Dürnberger

Messerli Research Institute, Veterinärplatz 1, 1210 Vienna, Austria

*Corresponding author, e-mail: Johanna.karg@vetmeduni.ac.at

Abstract

The article deals with a topic that has received little attention in research to date: dealing with disgust in veterinary medicine. While veterinarians are confronted with situations and materials (such as faeces, blood and pus) that many people are disgusted by, the need to deal with disgust is not featured in the descriptions of the profession and its challenges, nor in accompanying sociological research. In the following article, we will briefly outline the emotion of disgust and its relevance to veterinary medicine. Given the limited research on disgust within veterinary medicine, we will draw upon insights from analogous professions, particularly human medicine, to illuminate how this emotion impacts professionals, their practice, and their relationships with patients: The emotion of disgust is indeed present and prevalent among surveyed healthcare professionals, irrespective of their level of experience; feeling disgust can have a negative impact on the healthcare professional-patient relationship; and healthcare professionals develop specific coping strategies to encounter the feeling of disgust during work. Since there is a lack of corresponding research in veterinary medicine, exploring how disgust influences various aspects of veterinarians' well-being, decision-making processes and interactions with both patients and clients, the paper argues that the phenomenon of "disgust" deserves greater attention within the field of veterinary medicine.

Keywords: dirty work, soft skills, veterinary education, veterinary ethics

Introduction

When people think of veterinarians, a common image that comes to their mind is a person with one arm inserted into the rectum of a cow. While such activities are a part of a veterinarian's daily work, this mental image can be repulsive to many people, and perhaps also for some veterinarians themselves, especially at the beginning of their studies or their professional career. However, contact with animal body fluids such as blood, faeces, pus or even contact with the bodies of deceased animals must be tolerated when practicing veterinary medicine. To put it bluntly: Veterinarians are required to deal with situations and materials that many people are disgusted by. In the following paper, our aim is to trace the emotion of disgust and examine its potential impact on veterinarians and their practice. To achieve this, we will initially examine the phenomenon from both a biological and, briefly, a moral philosophical perspective. Given the limited research on disgust within veterinary medicine, we will draw upon insights from analogous professions, particularly human medicine, to illuminate how this emotion impacts professionals, their practice, and their relationships with patients. We will finally argue that this phenomenon deserves greater attention within veterinary medicine.

Disgust between biological mechanism and moral condemnation

The concept of disgust fascinated Charles Darwin, who described in 1872 the state of disgust as being "excited by anything unusual in the appearance, odour, or nature of our food" (Darwin, 1872: p. 257). Subsequent research described the roots of disgust in biological terms, i.e. disgust was primarily understood as a mechanism for avoiding contaminated and inedible food (Haidt and Rozin, 1993). This argument is supported, for example, by human facial expressions caused by disgust: A wrinkled

nose, a raised upper lip or even narrowed eyes have a protective function for the nasal and oral mucous membranes, as they shield them from direct contact with the repulsive stimuli (Rozin *et al.*, 1994). However, individuals do not universally find all things equally disgusting; perceptions of what is considered repulsive are subjective and can vary. Haidt *et al.* (1997) explored what things provoke disgust in humans. They identified in total seven broad categories as triggers for disgust, including food, animals (such as insects or pests), body products (blood, faeces etc.), sexual deviance (incest, bestiality), body envelope violations (wounds), poor hygiene, and contact with death (Haidt *et al.*, 1997).

Not only psychology, but also moral philosophy has become increasingly interested in the “unreasoned” (Russell and Giner-Sorolla, 2013: p. 328) emotion of disgust in recent decades. Instances of racist, sexist, and unjust conduct are, for example, associated with feelings of disgust; this connection goes beyond a mere linguistic correlation, where “disgusting” is commonly used interchangeably with unacceptable. Rather, the connection is grounded in the observation that indignation shows overlapping brain activation patterns and elicits parallel physical reactions as those provoked by physically repulsive stimuli (Moll *et al.*, 2005). This article, however, focuses on a narrow understanding of disgust. The focus is not on disgust in a moral dimension but on dealing with tangible materials such as pus, bodily excretions and viscera in the workplace.

Disgust and “dirty work”

There is a theoretical approach that takes a closer look at disgusting situations and substances in work environments and, above all, their consequences: The concept of “dirty work”, introduced by Hughes (1951), focuses on (parts of) occupations that are likely to be perceived as degrading or disgusting. He describes the work of a nurse: some tasks of health professionals are considered “pleasant” both by the professionals themselves and by outsiders, other tasks are seen as disgusting. Hughes uses the term “dirty work” for tasks of the second kind and emphasizes that although almost every job has its share of “dirty work”, some professions are characterized by the fact that they perform activities that many people are disgusted by. Such jobs are associated with dirt, stench, death, or waste; the work is often perceived as nauseating, leading to feelings of repulsion. Examples of such jobs are sewer workers, morticians, or butchers (Ashforth and Kreiner, 2013). People who do such work experience a kind of stigmatization that has been called “taint” by following research (Ashforth and Kreiner, 1999). Hughes pointed out that all professions tend to delegate the “dirty work” parts of their job to other groups and focus on the prestigious, enjoyable parts (Hughes, 1958: p. 51). Human medicine can be used as an illustrative example: Whereas in earlier centuries it was still common for physicians to clean and tidy the operating room themselves, this part of medicine has been “outsourced” to other professions over the course of history. The theoretical approach of “dirty work” also provides explanatory approaches relating to the social prestige of a profession. To give an example: Health professionals deal with various kinds of bodily fluids, which is why certain roles, particularly those involving patient hygiene and care, are often associated with lower occupational status than other tasks and jobs in medical care (Ostaszkiwicz *et al.*, 2016).

Disgust in human medicine

Empirical studies within the field of human medicine underscore the importance of investigating the sensation of disgust within medical professions. Below, we provide a short summary of key findings in three points.

1. The emotion of disgust is indeed present and prevalent among surveyed healthcare professionals, irrespective of their level of experience. They recognize disgust as a “common yet negative emotion” (Hadjiitofi *et al.*, 2020: p. 10) encountered in practice. Another finding is that even though it is common, this feeling is hardly talked about, described as a “hidden” part of practice (Van Dongen,

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- 2001) and nursing students expressed a desire for patients not to recognize this negative feeling in them (Krey 2004). Explanations for this phenomenon would be the perception that disgust is deemed “unprofessional” (Muggleton *et al.*, 2015), but also from the tendency for health professionals to be silent about unpleasant facets of their work (Ostaszkievicz *et al.*, 2016).
2. The experience of disgust can influence physician-patient relationships. Feelings of disgust can lead to specific reactions such as stepping back, maintaining distance, or avoiding triggers perceived as disgusting. Muggleton and colleagues (2015) found that encountering disgusting symptoms in patients hindered nurses from being empathetic professionals, reducing their willingness to spend time with and attentively listen to their patients (Muggleton *et al.*, 2015). Disgust experienced by nurses can even contribute to patient abuse and dehumanization (Goergen, 2004).
 3. Healthcare professionals have coping strategies to encounter the feeling of disgust during work. As public and collegial discourses around feelings of disgust remains limited, nurses and other professionals have found alternative methods to cope with this negative emotion. Habituation occurs after being confronted repeatedly with the same stimulus resulting in decreased sensitivity towards this stimulus. In a study by Rozin (2008) involving medical students, disgust sensitivity was assessed both before and after participating in a cadaver dissection course. The results revealed a notable decrease in sensitivity to death and bodily envelope violations following the course. However, it's noteworthy that this mechanism was selective; while students showed adjustment to handling cold cadavers, they did not exhibit the same adaptation to those that were still warm (Rozin, 2008). Other studies suggest that individuals who choose to work in human medicine may in general be less sensitive to disgust triggers compared to those who go for fields where encountering disgusting stimuli might be less likely, such as pharmacology (Consedine *et al.*, 2013).

Disgust and working with animals

Compared to human medicine, there is a lack of empirical studies focusing on disgust within the veterinary profession. However, there are some studies that explore aspects such as working with animals, cadavers, or animal organs, which can provide relevant insights. Randler and colleagues (2013) for example investigated disgust in biology students during animal dissection. They highlighted the correlation between disgust and other negative emotions, underscoring the significance of exploring this feeling further: The biology students who experienced disgust during an animal dissection course exhibited reduced interest, decreased well-being, and encountered heightened levels of pressure and boredom (Randler *et al.*, 2013). Another study also showed a correlation between disgust and reduced self-efficacy belief among students during the dissection of a pig heart (Holstermann *et al.*, 2009). Sanders (2010) is one of the few who has at least partially dealt with veterinary work and disgust: In his study on veterinary technicians, he describes that these professionals often perceive tasks commonly deemed disgusting as “something one has to get used to”. All these studies suggest that the feeling of disgust may be prevalent in veterinary students as well as practicing veterinarians during their work.

Disgust in veterinary medicine

In 1931 Theodor Kitt, a German professor of veterinary medicine, published a book called “Der tierärztliche Beruf und seine Geschichte” (“The veterinary profession and its history”), giving veterinary students an overview of what it takes to become a good vet. He mentions the need to deal with disgust on the very first few pages: “A veterinarian must not shrink from such manual labor as lies in touching sick animals, cutting up dead ones, examining their entrails and diseased parts. He is often forced to stay in dirty stables. Even the human doctor often has to enter living rooms that are not always inviting and carry out work that requires him to overcome a strong sense of disgust” (own translation) (Kitt, 1931: p. 10). However, Kitt's explicit address seems to be the exception — especially in the present day. The

need of dealing with disgust is not featured prominently in the descriptions of veterinary medicine, in the lists of necessary skills or in the research on the challenges of the profession — rather the contrary.

Disgust plays hardly any role in these contexts and only little research has been carried out on this “dirty” part of the veterinary profession. There are various possible reasons for this. Perhaps it is assumed that vets are in general not too sensitive to disgust. In this context, the need of dealing with disgust could best be understood as part of a “hidden curriculum” (Whitcomb, 2014). It could also be the case that the topic is considered private and therefore people may prefer not to talk about it as it could be perceived as an unprofessional emotion. As a result, the topic of “disgust sensitivity” does not appear explicitly, neither in research nor in descriptions of the job. To give an example: Although the so-called “Day One Competences” of the European Association of Establishments for Veterinary Education (EAVE) specify the minimum standard that a veterinarian must have, skills in dealing with disgust do not appear anywhere – not even in the so-called soft skills (cf. EAVE).

Outlook

As we can see from research into other professional fields the emotion of disgust could be a thought-provoking and highly relevant topic for research about the veterinary profession. Understanding this feeling and its influence on moral behaviour could provide deeper insights into the ethical dimensions and human-animal relationships within veterinary medicine. Exploring how veterinarians respond when disgust is triggered by both the animal patient but also potentially by the animal owner would yield valuable insights. Furthermore, the influence of disgust on veterinary education and teaching should also be considered. Veterinary students deal with animal cadavers, body envelope violations, and carcasses during their studies. The studies referenced above suggest that this has an impact on student motivation and well-being. How this affects veterinary medical students remains unexplored at this point.

This article does not call for disgust to be explicitly mentioned in job descriptions and necessary skills, but: ignoring them leads to the risk of the phenomenon being completely disregarded, even in research. We are convinced that it would be beneficial for disgust to be studied in the context of veterinary medicine: What disgusts vets? What impact does disgust have on their work, their well-being and their relationship with the patients and clients? What strategies or coping mechanisms do they use to deal with disgust? Do they discuss the feeling of disgust with colleagues or in their private lives? Does it change over the years? Does disgust also influence the choice of professional environment, e.g. whether you work in a small animal clinic, in livestock farming, in a laboratory or in a slaughterhouse? All of these would be worthwhile and relevant research questions.

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