Quality of Life How can we assess quality of life in horses?

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In September 2006, an interesting international conference for veterinarians on the topic of "Quality of Life – the Heart of the Matter" took place under the auspices and in the house of the "Royal Society".

This current topic brought together scientists from nearly all European countries, the Commonwealth and the USA, and from various faculties, though most of the invited lecturers and attendees were veterinarians. The broad spectrum of the presentation topics gave an impression of the complexity of this problem and this was confirmed by the contents of the presentations. Physiologists, philosophers, statisticians, behavioral scientists, practitioners, clinicians, psychologists, zoologists and lawyers were all in agreement that, only in extreme cases, can we make a statement about the quality of life of another individual, and even then, it can only be a vague statement. This is because quality of life is a markedly individual matter, which can be assessed by another individual only with great difficulty, whether in human or – and to a much lesser degree – in veterinary medicine.

For example, society looks askance at people who keep animals in a breed-V appropriate manner on their own land, in order to slaughter a sheep or cow when needed to feed their own family. Yet people who buy meat at the gro-L cery store – meat which comes from animals which did not live a single day of their lives as they were meant to, instead suffering from lack of movement and oxygen, bad smells, pain in joints and feet, stress due to separation from Α their mothers or others of their kind, and were confined in unendurably small spaces, before they were finally trucked to a frightening slaughter house to be killed quickly or slowly – people who buy such meat are socially accepted. People must first gain clarity with themselves about such details, before they can presume to pass judgment about the quality of life of an animal. Unfortu-Ν nately, the presentations barely addressed animal physiology as a basis for assessing the quality of life, well-being or suffering. For example when they are talking about research animals and determining the guality of life of these animals they are measuring by old oppressive standards and not by what the А animal requires physiologically.

In my eyes, it is imperative that veterinarians are highly knowledgeable about the physiology of their patients, in order to determine their required quality of life. If we transfer this to horses, where there seems to be the greatest discrepancy in the perception of the importance of lameness, that means: when a horse has breed-appropriate living conditions, good pasture with the chance to move and the company of other horses, and the owner looks after the problems of the animal (treats them), then we can assume that this horse does not suffer unreasonably from a painful foot.

Let's take the horse as an example. For an animal with a highly developed sense of smell, it is a great detraction of its quality of life if it must live in an enclosed space with many others of its kind, where it is constantly subjected to the smell of the other animals and their excrements. Yet it is probably less the strong smell that is a problem, rather than the lack of variety of olfactory stimuli which it would find in nature. That means, it is terribly boring! And boredom is pure stress. Aside from that, for example the acrid odor of ammonia in a horse stall destroys or damages the mucus membranes, and this leads to other health problems.

Unfortunately, the conference in England also did not address the exasperating topic of NSAIDs (non-steroidal anti-inflammatory drugs); these are, for example, phenylbutazone, equipalazone, etc.

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These anti-inflammatory drugs constrict capillaries. Through this, swelling and pain from pressure is reduced, and nerve function is inhibited. These are the desired effects. Unfortunately, there are side effects, which are especially pronounced for horses, because horses respond "well" to NSAIDs: due to the drugs' effect on capillaries, kidney function is reduced. With prolonged use, this leads to a slow poisoning of the animal. That's why, on the instruction leaflet accompanying such drugs, it specifically states that they should not be used over longer periods of time (no longer than 4 days). Another side effect occurs as a result of the active ingredients of the drugs attaching to roughage, and remaining longer in those areas where hay stays in the intestine longer: for example in the stomach, appendix, and large intestine. In these areas, the drug acts (i.e., constricts capillaries) for prolonged periods, with results such as separation of the mucosa of the intestine (large areas of open wounds develop in these parts of the intestine, and normal digestion is disrupted as a result). Even weeks after the prolonged use of NSAIDs, large pieces of intestinal mucosa can be excreted, which often lie like a hair net around the feces.

Side effects of circulatory disruptions can, depending on the dosage and duration of use, be found in all organs. These side effects are listed in the pharmacological textbooks of veterinary medicine. As with many facts of the basic knowledge branches (anatomy, physiology, histology) in veterinary medicine, the branch of pharmacology is also not respected in the practice of equine medicine.

On a philosophical, legal and ethological level, attendees were cautioned
against suing animal owners for cruelty to animals, in cases where an owner
was trying to keep an animal with various health problems alive, even though
objectively, an observer might feel that the animal does not have good quality of life.

Special relationships/bonds between human and animal may also have an influence on the quality of life of the animal (positive or negative). Also pointed out were the usually differing – and much more comprehensive than in humans – senses of animals, with the possible result that the objective, obvious health problems are not necessarily felt in the same way or with the same intensity as in humans.

Another important statement was: freedom from pain is not the same as good quality of life.

Life consists of a collection of positive and negative experiences. A life with only positive experiences is not necessarily to be seen as good quality of life. However, an individual will also perish when it has exclusively negative experiences. Both positive and negative experiences are important.

Pain was not listed by most of the lecturers as a main disruptive factor for good quality of life. In the order of importance for good quality of life, several speakers were of the same opinion:

- 1. physiological living conditions appear to be most important
- 2. breed-appropriate nutrition
- 3. opportunity for normal behavior
- 4. company of equals, as well as interaction with the owner
- 5. health problems are the least important

Examples were given of dogs which became blind, compared to dogs of manmade breeds with physical deformities ("fashionable" animals such as ones with legs or noses that are too short, too much skin, etc., which causes the animal lifelong suffering). The blind dog probably suffers little if the owners are considerate, while dogs with deformed noses suffer from constant breathing problems.

The bottom line of this highly interesting convention was: there is much to do, we know little, and we must undertake considerable research efforts in this area, for which everyone who has to do with animals is called to do their part.

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