Welfare concerns for the U.S. sport horse—a matter of practice ethics?

Richard D. Mitchell, DVM, MRCVS, Dipl. ACVSMR
Fairfield Equine Associates, 32 Barnabas Road, Newtown, CT, USA 06470
Tel: 203-270-3600  Fax: 203-270-4672
rmitchell@fairfieldequine.com

Keywords: Welfare, sport horse, competitions, medication rules

Sport horses in the United States are, without question, some of the best cared for horses in the world. Owners, trainers and riders most often want the very best care possible for their horses regardless of the level of competition, yet lack of education and the desire to win on the part of owners and trainers may blur the line between proper care and abusive practices. Many sport organizations in the US have somewhat liberal medication rules and even those organized competitions which are strict about treatments (i.e., FEI) may suffer from inadequate stewarding. We, as veterinarians, are ethically obligated to meet the medical needs of the horse and to recommend best practices for their continued health and well-being.

When surveyed by this author, most veterinarians caring for sport horses involved in U.S. competitions of eventing, show jumping, dressage, show hunters and western performance readily cited areas of concern regarding equine welfare. It was often expressed that the equine veterinary profession had created some of the problems that now exist. Some were quite defensive in their tone, citing all the good attributes of their sport while blaming any equine welfare concerns on the lack of good horsemanship of owners and trainers. Are owners and trainers solely to blame?

The sport horse industry in the US has evolved into a multi-billion-dollar industry with thousands of competitions each year. Horses have become significantly more expensive to acquire and maintain, and there is pressure for these animals to train, compete and to win. This is
often translated to pressure on the equine practitioner to perform questionable treatments or give
dvice on practices which may be considered illegal or unethical. The veterinarian is in a unique
position to help the horse and minimize abusive practices through educating the client and
delivering services which are truly good for the horse, but doing so sometimes takes bravery.

Colleagues expressed concern for equine welfare related to various aspects of sport horse
practice in the U.S. There was a consistent concern about overuse of medication in the
performance horse. Allied with this were concerns related to medication use with no diagnosis or
for the purpose of affecting behavior. Sport horse practitioners are becoming increasingly aware
of the need for better training programs that condition the horse against injury, yet there is a
constant struggle with educating the clients to employ these practices. Often, the treating
veterinarian is faced with limited finances which the client prefers to dedicate to the “quick fix”
as opposed to extensive diagnostics and rehabilitation. To quote Dr. Kent Allen, “Absent a
diagnosis, medicine is poison, surgery is trauma and alternative therapy is witchcraft.” That said,
we may not always be functioning in the best interest of the horse.

To promote equine welfare and level the playing field for competition, the United States
Equestrian Federation and the American Quarter Horse Association have promulgated rules
regarding medication use and prohibited practices. Medication and treatment rules have been
based on “reasonable therapeutic use” grounded in the concept that a minor health issue, such as
a wound, minor infection or mild soreness, may not be a threat to the welfare of the competing
horse when appropriately treated. As a result, a list of medications has evolved that are not
prohibited, some which are listed as restricted and levels are regulated. There is an extensive list
of forbidden medications which include drugs such as psychotropic agents, sedatives,
anesthetics, antihistamines and corticosteroids other than dexamethasone (USEF 2108).

Injectable medications may be administered by the horseman or veterinarian, but no horse is to be injected with any substance within 12 hours of competition by anyone other than a veterinarian. A six-hour rule was established and applies only to fluids, antibiotics and a reduced dose of dexamethasone administered by a veterinarian. Any forbidden medication administered must be for a legitimate therapeutic purpose, withdrawn for 24 hours prior to competition, and declared in a medication report. This rule, while arguably liberal, gives the horseman a considerable bit of latitude while addressing realistic health and welfare concerns for the horse in competition.

Unfortunately, these rules have allowed for significant abuse in the sport horse world governed by these organizations, not to mention unrecognized shows. Trainers are often making the decisions regarding what medications horses in their care receive and advice of what to use often comes from other trainers rather than the veterinarian. There are multiple “urban myths” relative to currently allowed and unrestricted medications that may lead to their excessive use in an effort to enhance performance. This is a form of abuse not to mention technically illegal. Often, when veterinarians are asked, they are passive in their advice for fear of alienating the trainer and losing a client. Thus, inappropriate drug use may continue.

We have to look at ourselves in the mirror for our past acts of encouraging treatments and joint injections to improve performance. Some of these practices were based on sound medical decisions, some because of client pressure, and some, unfortunately, for our own personal economic gain. Many trainers now expect “maintenance injections” simply because nothing has been done to the horse in a while. Such treatments should, from an ethical standpoint, be based
on a thorough clinical examination and determined need for such therapy. Surely, some horses that are working hard need periodic therapy for the treatment of inflamed joints or other musculoskeletal issues. Educating the client to do periodic evaluations which may preclude the need for such aggressive therapy is in the best interests of the horse. The veterinarian can be in the driver’s seat by being “proactive” and recommending modifications of shoeing, feeding, general health care (that may include medication) and training practices that may minimize the need for subsequent “reactive” therapy. Unlike many sports, many of our higher-level sport horses have no “off season” and perhaps some of these horses simply need a break from training and competition.

Most of our clients care deeply about their horses and will graciously receive guidance from their veterinarian. It remains for us to provide good evaluations, appropriate care and give consistent advice that is directed at the welfare of the sport horse and its long-term health.

References:

2018 USEF Guidelines & Rules for Drugs and Medications, www.usef.org