

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

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

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

24 The sport horse industry in the US has evolved into a multi-billion-dollar industry with  
25 thousands of competitions each year. Horses have become significantly more expensive to  
26 acquire and maintain, and there is pressure for these animals to train, compete and to win. This is

27 often translated to pressure on the equine practitioner to perform questionable treatments or give  
28 advice on practices which may be considered illegal or unethical. The veterinarian is in a unique  
29 position to help the horse and minimize abusive practices through educating the client and  
30 delivering services which are truly good for the horse, but doing so sometimes takes bravery.

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

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

49 anesthetics, antihistamines and corticosteroids other than dexamethasone (USEF 2108).  
50 Injectable medications may be administered by the horseman or veterinarian, but no horse is to  
51 be injected with any substance within 12 hours of competition by anyone other than a  
52 veterinarian. A six-hour rule was established and applies only to fluids, antibiotics and a reduced  
53 dose of dexamethasone administered by a veterinarian. Any forbidden medication administered  
54 must be for a legitimate therapeutic purpose, withdrawn for 24 hours prior to competition, and  
55 declared in a medication report. This rule, while arguably liberal, gives the horseman a  
56 considerable bit of latitude while addressing realistic health and welfare concerns for the horse in  
57 competition.

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

66 We have to look at ourselves in the mirror for our past acts of encouraging treatments and joint  
67 injections to improve performance. Some of these practices were based on sound medical  
68 decisions, some because of client pressure, and some, unfortunately, for our own personal  
69 economic gain. Many trainers now expect “maintenance injections” simply because nothing has  
70 been done to the horse in a while. Such treatments should, from an ethical standpoint, be based

71 on a thorough clinical examination and determined need for such therapy. Surely, some horses  
72 that are working hard need periodic therapy for the treatment of inflamed joints or other  
73 musculoskeletal issues. Educating the client to do periodic evaluations which may preclude the  
74 need for such aggressive therapy is in the best interests of the horse. The veterinarian can be in  
75 the driver's seat by being "proactive" and recommending modifications of shoeing, feeding,  
76 general health care (that may include medication) and training practices that may minimize the  
77 need for subsequent "reactive" therapy. Unlike many sports, many of our higher-level sport  
78 horses have no "off season" and perhaps some of these horses simply need a break from training  
79 and competition.

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

83 References:

84 2018 USEF Guidelines & Rules for Drugs and Medications, [www.usef.org](http://www.usef.org)