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Horse with Laminitis

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Ethical Considerations in Treating the Horse with Laminitis

Autumn Fiester, PhD and Lori Mann, VDM

Introduction

The nature of laminitis -- its unpredictable course, the severe pain and disability it causes, the lengthy convalescence it requires even when cured -- poses challenging ethical quandaries for the clinicians who treat it and the owners whose horses suffer from it. Unique among equine ailments, this disease places owners and clinicians in the untenable position of trying to balance considerations that are very difficult to weigh against each other: the animal's pain, the unknown disease trajectory, the questionable possibility of full recovery, the limited usefulness of the animal post-laminitis, the financial drain of treatment, the financial loss of a formerly productive horse, the expense of maintaining a "pasture potato," the animal's frustration or distress during convalescence, etc. The pressing question in every case of laminitis is: where should we draw the line? The answer to this question will not only be different in every individual case of laminitis, but different owners and clinicians will often have divergent views even regarding the same case. In an ethical terrain that is so clearly "gray," absolutes are unlikely to be found. Instead, our essay hopes to clarify the ethical considerations involved in treating a horse with laminitis to facilitate the decision-making process regarding the specific cases encountered by clinicians in the field.

We offer two perspectives on the ethical issues raised in the treatment of laminitis: a view from the inside, that is, the perspective of a clinician, and a view from the outside, that is, the perspective of a bioethicist.

The Clinician's View

The Bioethicist's View

There are three bioethical issues to consider in answering the clinician's question, "Where do you draw the line?": (1) what is in the best interest of the animal?; (2) what types of "conflict of interest" exist in the case and how do they impact what is in the best interest of the animal?; (3) what is the general ethical criterion clinicians and owners use to terminate treatment and how is that criterion applied in a particular case?

1. Substituted Judgment

The first issue comes under the bioethical rubric of "substituted judgment." In the case of clinical veterinary practice, the patient involved is without exception unable to convey its wishes regarding treatment, so other individuals involved in the case (i.e., clinicians and owners) must be substituted in as the decision-makers. When the animal's well-being is the only variable under consideration, clinicians and owners make clinical judgments based on what they believe will be in the best interest of the animal, what in bioethics is called the "best interest standard." But even when this is the only

consideration in making a treatment decision, the judgment is fraught with ethical uncertainties because human beings are not well placed to project themselves into the mind of a being as wholly other as an animal, or, in this case, a horse.

When clinical decisions are made considering only (what is guessed to be) the best interest of the horse, clinicians and owners tend to concentrate on a single variable, namely, the immediate pain and suffering of the animal. The default mode of decision-making using the best interest standard is to focus solely on the animal's current physical state or well-being: e.g., how much is the animal suffering, is the pain well-controlled, how much mobility does the animal have, etc. When the animal's condition is judged to be low on a scale of well-being (i.e., the animal is suffering greatly), clinicians and owners tend to see the immediate cessation of pain as what is in the best interest of the animal.

This conclusion may be true -- immediate cessation of pain may in fact be what any animal would consider to be in its best interest, were its capable of making choices and conveying them to its caretakers -- but it's worth exploring the assumption that underlies it. The ethical assumption here is that an animal would prefer nonexistence to the experience of any significant pain or suffering in the present, whatever the probability of a pain-free existence at some point in the future. In other words, the prevalent view of the best interest of an animal is that an animal would rather forgo additional months or years of life without pain rather than endure an equal or even lesser amount of time with pain to gain those additional months or years.

This assumption may seem obviously true because animals don't have the capacity to make such rational calculations. They not only lack the mental capacity that

such high-level reflection requires, but they are also not future-directed, so they cannot project themselves into a time beyond their immediate pain and suffering that would make their current suffering worth enduring. They would, therefore, choose to end their existence now, could they express their wishes to us. This is probably true, but interestingly that does not mean that forgoing treatment (ending an animal's suffering now) is truly in the best interest of the animal. The reason why this type of decision-making is called "substituted judgment" is because the patient in cases of surrogate decision-making is incompetent, in one sense or another, to make the best decision for him- or herself. It could turn out that even if this is what an animal would choose, it is not what we ought to choose for it. The parallel case to animals, in terms of mental capacity, is very young children: we can easily imagine cases where a child would refuse treatment because she wants the pain to stop now, but (in curable illnesses) no one would consider forgoing treatment to be in the best interest of a child.

This discussion leads us to an alternative criterion for deciding what is in the best interest of an animal. Rather than focusing on the acute suffering of the present and projecting into the future, we might want to think (as a thought experiment) from the future back to the present. Consider the following thought exercise: in retrospect, post-cure, would a pain-free animal regret being alive (having been treated) rather than euthanized? If the answer is "no," then we do not overstep our bounds as surrogate decision-makers to force an animal to endure suffering in the short term for longer-term benefits. Of course, this "thought exercise" leaves out one critical fact: the prognosis with laminitis is always uncertain, so a clinician cannot be confident that a pain-free existence is in any particular animal's future even if no treatment option is spared.

All of this is to say that what at first glance seemed straightforward -- making a clinical decision based solely on the best interest of the animal -- is itself quite complicated. Add now to this that the best interest of the animal is not the only valid ethical consideration in veterinary decision-making when treating a horse with laminitis. This brings us to the second bioethical issue in answering the clinician's question, "Where do you draw the line?," namely, conflict of interest.

2. Conflict of Interest

The status of animals as the property of their owners makes veterinary medicine fraught with competing interests, and these "conflicts of interests" generate difficult ethical quandaries for clinicians. Even if it were possible to accurately determine the best interest of the horse in a particular case of laminitis, it is unlikely that this factor would be the only one in making a treatment decision. Veterinary medicine rarely has the luxury of focusing solely on the well-being of the animal. It is a branch of medical practice that has conflict of interest issues embedded in its very structure, with clinicians having dual (and often conflicting) loyalties to both patients and clients.

In bioethics, "conflict of interest" is defined as a situation in which the clinician has a financial or professional interest that conflicts with the interests or goods of the patient. As both the employee of the owner and the trustee of a significant financial investment, clinicians in equine practice are constantly forced to juggle these considerations with their best clinical judgment. The layers of conflict of interest are increased when we consider the dual role of the animal's owner: the guardian and caretaker of a living being, while at the same time being a property owner with a stake in

protecting (or liquidating) a financial investment. Translated into considerations that need to be weighed in treatment decisions, these interests include: the cost of the treatment, the financial losses at stake, the wishes of the owner, the pain and suffering of the animal during treatment, and the prognosis. This complex jumble of interests of the various stakeholders is not likely to be eased in anything like the near future.

But then given all of the legitimate interests of the different parties involved, is there one player who has the sole role of "patient advocate"? Ought there to be an advocate? How much ought the animal's interests to matter in the moral equation? Until that question is answered, it is very hard to sort out on what basis one ought to make treatment decisions, or how the various factors ought to be balanced and weighed.

3. Euthanasia vs. Continuing Treatment

The final consideration in answering the veterinarian's question, "Where do you draw the line?," is the stark choice in veterinary medicine between continuing care and euthanizing the animal. With euthanasia always on the table as a viable ethical option, clinicians have a powerful tool to end horrible suffering. On the other hand, because euthanasia is almost never excluded as a treatment choice, its use can become so routine that it may blind the decision-making parties from giving adequate weight to other considerations or it may stigmatize decisions that haven't seriously considered euthanasia as a viable option. How so?

In clinical veterinary practice, euthanasia is the fallback option used to protect the interests of the animal when a treatment/cure is either not medically or financially possible. It is considered the merciful answer to unremitting pain and suffering. Coupled

with a belief that the termination of an animal's immediate suffering is always in the best interest of the animal, euthanasia presents itself as one of the most humane treatment options in almost all cases of animal suffering. But the danger is that it may be considered a treatment option even when a treatment\cure *is* either medically or financially possible. The cost of having this tool constantly at the ready is that it may make other treatment options look *inhumane*. The irony then becomes that an owner's or clinician's decision to try to save an animal by continuing treatment can appear to thwart the animal's best interest; it can appear "selfish" or "cruel." Of course, that moral criticism is only valid if, in fact, it really is in the best interest of the animal to be dead, which takes us full circle back to the first consideration.

Conclusion

Clinicians treating a horse with laminitis face a difficult set of ethical considerations in trying to decide where to draw the line. Not only do they have to grapple with their own professional, ethical and personal judgments, but they have to balance these with the wishes and interests of the animal's owner, their employer. This balancing of moral considerations is extremely complex, and this essay has tried to lay bare some of those complexities. By looking at the perspectives of both the clinician and bioethicist, this essay sought to clarify and put into context the competing ethical considerations felt by the practicing equine veterinarian.