Comments on the dilemma in the July/August issue: ‘Regulation breach on farm’

The dilemma in the July/August issue concerned a farmer client requesting a veterinary examination of a pregnant suckler cow (In Practice, July/August 2011, volume 33, page 362). Examination revealed an infected, ulcerated growth on its third eyelid that was provisionally diagnosed as squamous cell carcinoma. The farmer was advised that removal of the mass under local anaesthetic was the best course of action, but that by the time the cow had calved and reared its calf, the growth would probably have returned and culling would then be recommended. The client insisted on palliative treatment with a time limit, without removal of the mass, but a courtesy visit one week later revealed that the cow was showing signs of pain as a result of the growth. In addition, several untagged dead calves and two dead sheep were observed in a ditch at the entrance to the farmer’s land. Mike Steele commented that it was the vet’s role to remind the farmer immediately of his responsibilities to both the cow’s welfare and the dead animals. A solution for the suckler cow may have been to cull it only if early signs of regrowth revealed themselves after removal of the mass, potentially allowing the animal to live longer. The dead animals were ultimately the farmer’s responsibility, irrespective of whether they belonged to him, because they were on his land. The fact that they were not tagged may have contravened the Rural Payment Agency’s tagging rules, depending on the calves’ ages, and dumping of carcases in watercourses would be treated very seriously by the authorities. However, the vet should question the farmer on why the animals were dumped, to identify potential underlying problems such as a lack of finances to send them to the knacker (implying an inability to care for the animals properly), or a disease outbreak that needed addressing.

Siobhan Mullan comments: Mike Steele advocates the use of evidence-based veterinary medicine (EBVM) to inform a decision as to the most appropriate treatment for the cow with a third eyelid mass. In common with the human medical field, EBVM has gained in momentum and is often seen as the ‘gold standard’ for making clinical and other health care decisions, such as the allocation of resources. I find the principles of EBVM, and its potential to deliver improvements in patient care and outcomes, so incredibly seductive that in order to ensure EBVM is not misused I need to keep reminding myself of some of the fundamental problems of such an approach.

EBVM is built upon a consequentialist philosophical model, where the morality of any action is determined through a consideration of the consequences of that action. It might appear at first sight that by providing the evidence, EBVM has eliminated one of the underlying problems of this type of approach – the need to make an estimate of the consequences. However, EBVM is limited to providing evidence on the easily quantified consequences, such as monetary cost or mortality associated with treatments and neglects, and is poor at estimating the effect on other less tangible values, such as justice. The types of treatments that are analysed within EBVM are likely to be decided on without input from all the appropriate stakeholders (such as animal owners) and might be biased towards products that have the funding behind them for the required research to be conducted, such as those produced by pharmaceutical companies. Finally, EBVM may provide evidence for improving individual welfare (such as not vaccinating in areas of low disease risk) that is at odds with improving the welfare of a population. The use of EBVM has huge potential, but a wealth of evidence derived from studies of large numbers of animals may make it difficult for owners to make decisions based on the risks to an individual animal, and they may find such ambiguity unsatisfactory.

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