I have been very impressed by the Equine End of Life Service (EEoL), an organisation supported by World Horse Welfare, Blue Cross, the British Horse Society and The Donkey Sanctuary. The website provides excellent advice to owners on how to assess and plan for the latter stages of their equid’s care. There is also pertinent advice from the American Association of Equine Practitioners (AAEP) on guidelines for equine euthanasia.

However, as an aged, brood mare, required to continue work in harness for another decade before being eligible for pension, I read some of the AAEP guidelines with some alarm. They suggest that a horse ‘should not have to endure continuous pain from a condition that is incurable’, or ‘receive continuous analgesic medication for the relief of pain for the rest of its life’.

This got me thinking about my own health. Having spent 45 years around horses, with 30 of these working professionally, it comes as no surprise that this line of work has taken a gradual toll on my body. So, how does my current physical state compare to that of an equine patient, deemed to be at the end of his or her life? As part of my geriatric examination, I noted the following conditions:

- **Axial skeleton**: cervical arthritis requiring regular physiotherapy and postural support, lumbosacral pain and ongoing stiffness requiring stretching exercises and external non-steroidal topical medication, plus oral acetaminophen.
- **Appendicular skeleton**: femorotibial crepitus and stiffness (sore knees), bony exostoses on the medial aspects of both first metatarsal-phalangeal joints (bunions), requiring remedial shoeing and reducing the ability to move at speed. Chip fracture of the metacarpophalangeal joint with osteoarthritis of the third digit, requiring oral and topical non-steroidal medication on a regular basis to allow pain-free function.

Ultimately, I have been placed on hormone replacement therapy to avoid osteoporosis and maintain (the illusion of) mental acuity. In addition to this, my brain chemistry requires a cocktail of FEI-banned substances to function effectively, including caffeine for alertness, tea for soothing, alcohol for relaxation and intermittent antidepressants to ensure normal service continues under stress.

An overall assessment of my need for medication and my quality of life would appear, on the face of it, to look rather gloomy if an equine vet was examining my fitness for work. So it is probably a good thing that my employers take a more robust view.

I imagine that most of us ageing practitioners aren’t in a much better state than our ageing equids. Therefore, I was glad to read that EEoL report also acknowledges that the quality of life is ‘different for each horse’, and that it is advisable to monitor conditions which will worsen over time.

Many of my aches, pains, stresses and strains are a direct result of hard, physical work, with a large species, over the years. Would I change it? No. Does it help me? Yes, definitely. As I mature, age and decline, I can feel an enhanced empathy for my patients. I understand the growing need to care for the ageing body, as well as the efforts required to keep it functioning. All I need now is to keep my ‘quality of life’ assessment out of sight of my GP and to keep taking my tablets!

**Is it time to be put out to pasture?**

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