



**Table 2. Percentage of operations that had an end-of-life plan for their equids, by primary use of equids**

Primary use	Percent operations
Pleasure	59.8
Lessons/school	83.1
Showing/competition	75.5
Breeding	68.2
Farm or ranch work	50.8
Other	55.8

**Information source(s) used for end-of-life decisionmaking**

More than 8 of 10 operations that had an end-of-life plan for their equids (85.8 percent) consulted a veterinarian when deciding whether or not to euthanize an equid. Other common information sources included other equine owners and farriers (22.9 and 12.2 percent of operations, respectively) [table 3].

**Table 3. For the 59.8 percent of operations that had an end-of-life plan for their equids, percentage of operations by source(s) used when deciding whether or not to euthanize an equid**

Information source	Percent operations
Veterinarian	85.8
Other equine owners	22.9
Farrier	12.2
Internet resources	5.3
Magazines or other literature	5.6
Rescue/rehabilitation resources	3.0
Extension agent	1.9
Grief or other professional counselor	0.8
Animal communicator/psychic	0.6
Other	1.8

The American Veterinary Medical Association (AVMA) and the American Association of Equine Practitioners recognize the important role veterinarians play when helping their clients decide whether or not to euthanize an equid. These associations have created euthanasia guidelines that help veterinarians fulfill this role.<sup>2,3</sup>

In addition, doing a quality of life (QOL) assessment (a set of questions that help assess the animal's quality of life) can help equine owners and their veterinarians decide whether the equid should be euthanized. While there are multiple validated QOL assessment tools for small animals (e.g., domestic dogs),<sup>4</sup> equine QOL assessments are mainly subjective observations of the equid's mental and physical health.<sup>5</sup>

**End-of-life decisionmaking criteria**

In the Equine 2015 study, operation owners/operators were asked what criteria were important in making the decision to end an equid's life. Pain and suffering was the primary criterion that would or had contributed to end-of-life decisionmaking (92.9 percent of operations), followed by likelihood of survival (60.0 percent) and cost of treatment (40.0 percent) [table 4].

**Table 4. Percentage of operations by criteria that would, or has, contributed to making the decision of whether or not to euthanize an equid**

Criterion	Percent operations*
Pain and suffering	92.9
Likelihood of survival	60.0
Cost of treatment	40.0
Return to use	27.3
Length of recovery	22.5
Insurance status of the horse	3.8
Other	2.6

\*All operations responded to this questions, whether or not they had an end-of-life plan.

Since pain and suffering was the primary criterion used for end-of-life decisionmaking, it is important that equids have routine veterinary examinations in order to detect any clinical disease that may contribute to pain and suffering, especially on operations with geriatric equids. According to Ireland and others,<sup>6</sup> there is a low prevalence and poor agreement of owner-reported

disease in geriatric equids compared with what was detected on veterinary examination. Thus, equine owners need the assistance of their veterinarian in addressing all health conditions that could potentially contribute to the end-of-life decisionmaking for their equids.

## Human-animal bond

While the role of equids varies from one equine operation to another, the highest percentage of operations (47.2 percent) indicated that the primary use of their equids was for pleasure. This finding aligns with those from the AVMA's 2011 nationwide survey in which just over one-half of equine owners (50.7 percent) considered their equids to be pets or companions; only 14 percent of owners considered their equids as property.<sup>7</sup> Most equine owners have a deep bond with their animals. As end-of-life decisions are being considered, it is important that veterinarians take into account the emotional needs of the equine owner, while at the same time providing quality care for the equine patient.

## References

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