Summer 2018 - Issue 70

The Rehabilitator

BWRC NEWSLETTER

In this issue

In this issue:

A word from the Chair

Welcome to the Summer 2018 edition of The Rehabilitator! In this edition we report on the super-successful Hedgehog Carer's conference that took place at Hartpury University Centre near Gloucester, and bring you updates on wildlife health research from the Garden Wildlife Health team based at London Zoo. We are also delighted to introduce our newest trustee – Lucy Bearman-Brown from Hartpury University Centre, with whom we collaborated to organise the Hedgehog Carers' Conference.

Lucy Bearman-Brown with her dog Tia

BWRC trustees often find ourselves chewing over the ethical issues around wildlife rehabilitation, usually after hearing of a contentious case which has caused disagreement between rehabbers, or where a rehabilitator is unhappy with veterinary services provided (or not!). Our Veterinary Advisor Molly Varga has brought many of these discussions together into her article on page 21, which we hope will provide both clarification and food for thought – please let us know your views.

In our last edition Simon Allen provided some advice on GDPR (the EU's new General Data Protection Regulation) – four letters that we are all sick of reading and hearing by now! Many of you will, like us, have to deal with it from both sides as charity trustee, and so you'll understand the importance of letting BWRC

know that you are still happy for us to keep your data and contact you. Please do make sure that you have either a) completed a 2018 version of our associate membership form and signed the data privacy statement on the form, or b) signed and returned our new data protection policy which can be downloaded from the home page of our website (bwrc.org.uk). If you have any queries please do not hesitate to contact me via the addresses below.

As always if you have research, experience or concerns to share, please send articles and letters to **BWRC at admin@bwrc.org.uk or by post to PO Box 8686, Grantham, Lincolnshire NG31 0AG.**

Terri Amory
BWRC Chair

Cover photo - Hartpury House in Gloucestershire – venue for the Hedgehog Carer's Conference earlier this year. (Photo: Terri Amory)

Dates for your diary

2-3rd August 2018 Third European Bat House Symposium

Juniper Hall, Surrey. For the Trust Website at: http://www.vwt.org.uk/latest-news/events/3rd-european-bat-house-symposium/

18-19 August 2018 - Channel Islands Bat Workshop

Guernsey. Please e-mail ani@jerseybatgirl.co.uk for more information.

Dates for your diary

7-9 September 2018 - National Bat Conference, University of Nottingham

http://www.bats.org.uk/pages/national_bat_conference.html

Saturday 6th October Scottish Badgers Conference 2018

between 09:30 and 16:20 at Perth Museum and Art Gallery 78 George Street Perth PH1 5LB

9-11 November 2018 BVZS Annual Conference - Wildlife Health Day

Saturday 10th “Anthropogenic impacts on ecosystem health” Aston University, Birmingham

10th November 2018 South East Bat Conference

See http://www.bats.org.uk/pages/seconference.html

Hedgehog Carers' Conference 2018

"Hedgehog Rehabilitation - Sharing Best Practice"

By Llewelyn Lowen

BWRC worked in collaboration with Hartpury University Centre and the British Hedgehog Preservation Society to run our first Hedgehog Carers' Conference at Hartpury University Centre in Gloucestershire on the 7th April this year, kindly supported by RSPCA, Spikes World, Brambles, Hedgehog Welfare, Vale Wildlife Rescue and Secret World Wildlife Rescue.

The conference was opened with a recorded message from well-known ecologist, writer and fan of hedgehogs Hugh Warwick. The morning presentations began with Deborah Wright, Senior Hedgehog Officer for the Warwickshire Wildlife Trust, presenting on hedgehog rehabilitation in the West Midlands and surrounding counties. Deborah outlined "Help for Hedgehogs", a grass roots scheme aimed at engaging with the community and utilising 'Citizen Science' to improve habitats for hedgehogs whilst gathering information on local hedgehogs.

Deborah took us through how the scheme uses data gathered from local hedgehog rehabilitators, identifying trends in admission causes, seasonal peaks and more. This use of data is also helping to foster better relationships between conservationists and rehabilitators.

Lecturer at Hartpury University Centre Lucy Bearman-Brown delivered a presentation on her research work looking at the scale and impact of hedgehog rehabilitation in the UK. Lucy explained that the UK hedgehog population is estimated to have dwindled to just under 1 million, with the most severe decline occurring in rural habitats. Rehabilitators could be a potential source of vital information about the remaining hedgehog population, as between 8 and 11% are thought to experience rehabilitation each year. However, getting this information may not be simple, as Lucy's survey found that 45% of rehabilitators surveyed do not use social media, and that very few keep computerised records from which data could be searched or shared. Differences in recording systems also create data that is difficult to collate.

Hartpury House provided a range of function rooms and pleasant gardens for "stretching our legs"

The next presenter was Nigel Reeve, former Head of Ecology for the Royal Parks and author of Poyser Natural History's "Hedgehogs". Speaking for the Jersey Hedgehog Preservation Group and his collaborator, Dru Burden, Nigel discussed

hedgehog casualty records on the island between 1995 and 2017, particularly with regard to evident mortality factors. Nigel started by identifying previous research into the mortality factors of hedgehogs, comparing the findings of Reeve and Huijser (1999) with BWRC data. This data disagrees as to whether anthropogenic (man-made) or natural causes of mortality are more common in hedgehogs; Reeve and Huijser (1999) attributed only 41% of mortality to anthropogenic causes, whilst BWRC data found a 'man-made' mortality rate of 72%. Nigel then compared these sets of data to findings taken from Jersey; over the last 20 or so years, the rate of admissions on Jersey has increased by around 2.6% per year (approximately 65% total). Findings also identified that 47.4% of admissions and 37.9% of fatalities resulted from anthropogenic causes. There was also a brief discussion on post-release monitoring methods, such as ear tags (used in Jersey - 15.6% recovery rate), microchips and coloured spine-tags.

Next on the presenter list was Liz Mullineaux, vet and scientific advisor to Secret World Wildlife Rescue in Somerset. Liz's presentation looked at using medication safely, effectively and legally in hedgehogs. Starting with a detailed breakdown of the legalities rehabilitators face when seeking to use medication on casualty hedgehogs in their care, Liz addressed the idea that the general use of medications in care is currently very excessive and that dispensation without veterinary involvement and guidance should not be happening. The presentation looked at whether care, particularly long-term care (such as overwintering hedgehogs) can create problems, as well as whether current rehabilitation techniques can be creating drug resistance among wild populations. Biosecurity and the spread of infection within rehabilitation centres were also discussed in detail.

Following on from Liz and keeping to the topic of medication Dr Martyn Wood from Gower Bird Hospital posed us the question, "To worm or not to worm?" Based on work done by founder of Gower Bird Hospital Simon Allen, the talk focused on whether parasites

are as a serious a welfare problem as some assume, as well as whether current treatment methods may be harming hedgehogs. Martyn identified parasite loads associated with a ‘chronic’ cause (poor body condition, hypothermia, dehydration etc.) as being more common in hedgehogs than those with ‘acute’ (injury etc) issues. Anthelmintic efficiency was also discussed, with particular attention to Ivermectin, which Martyn found to be ineffective in control of parasites as well as presenting the potential for drug-resistance building. Given that these kinds of drug also bind to proteins, their use was identified as a potential welfare risk when used on underweight hedgehogs.

The sixth presentation of the day was delivered by Ben Williams from Reading University, looking at the National Hedgehog Survey. Citing the recent “State of Britain's Hedgehogs 2018” report by the PTES/BHPS, Ben discussed the idea that the National decline may be levelling off but cited problems with previous survey methods, outlining the benefits of the “footprint tunnel” method used for the National Hedgehog Survey. The survey was discussed with particular relevance to the impact of badgers on hedgehog numbers, with results indicating that badgers did have an impact, but were not wholly responsible for low hedgehog numbers (only a 31% occupancy even when badgers were absent). Ben identified that locality with human habitation seems to have the most positive association with higher hedgehog numbers, regardless of the proximity to badgers. The presentation ended with a short discussion on the impact of road-collisions and this positive association with the built environment.

The final presentation of the day was delivered by Becki Lawson, European Veterinary Specialist in Wildlife Population Health for the Zoological Society of London, and looked at hedgehog declines and population health. This was delivered from the perspective of the Garden Wildlife Health (GWH) Project, which Becki is a part of; a collaborative project run by ZSL, BTO, RSPB and Froglife, focused on monitoring the health of garden birds, amphibians,

reptiles and hedgehogs as well as identifying disease threats to UK wildlife. Becki discussed the work done by GWH on hedgehogs over the last few years, looking at reports submitted to them from the public on sick or dead hedgehogs as well as the results from sample analysis and post mortems. In particular, Becki discussed a recent study of her own (Lawson et al., 2018) which identified emerging types of Salmonella enteritidis infection rates in hedgehogs and the potential for hedgehogs to act as a source of zoonotic infection.

After lunch, delegates were split into groups for either practical or discussion sessions. The two practical sessions consisted of a hedgehog dissection led by Alex Barlow from the Animal & Plant Health Authority and the identification of parasites in hedgehogs using the McMaster and Baermann methods which are useful for detecting a range of parasite species and are more sensitive than a basic faecal analysis. Alternatively, three discussion sessions were also held; “starting out as a hedgehog carer” and “the care of neonate hedgehogs” were both delivered by Janet Peto, Founder of Hedgehog Welfare and BWRC Trustee, whilst an extended discussion on developing a record keeping system for casualty wild animals was led by Hartpury Lecturer Lucy Bearman-Brown and Terri Amory (BWRC Chair).

Janet Peto, presenter of two afternoon workshops draws on four decades’ experience rehabilitating and releasing this species.

Photo credit: Janet Peto

References

Reeve, N.J. & Huijser, M.P (1999) in Lutra 42; 7-24. 2008

(https://ptes.org/hedgehog-papers/reeve-et-al-1999-hedgehog-mortality-factors-rescue-centres/)

Lawson et. al., (2018) Salmonella Enteritidis ST183: emerging and endemic biotypes affecting western European hedgehogs (Erinaceus europaeus) and people in Great Britain. Scientific Reports volume 8, Article number: 2449 (2018) doi:10.1038/s41598-017-18667-2

(https://www.nature.com/articles/s41598-017-18667-2)

On the lookout for Snake Fungal Disease

Llewelyn Lowen, BWRC Trustee

Garden Wildlife Health, a collaborative project based at the Zoological Society of London (ZSL) aimed at monitoring the health of wild species and identifying disease risks in British wildlife, has been looking at an emerging fungal pathogen threatening the health of British snakes.

Snake fungal disease or 'SFD' as it is commonly referred to, is an infectious disease caused by the fungal pathogen Ophidiomyces ophiodiicola. As the name might suggest, this infection is only known to affect snakes, but joins other emerging fungal diseases like white nose syndrome (Pseudogymnoascus destructans) in bats and chytridiomycosis (Batrachochytrium dendrobatidis and B. salamandrivorans) in amphibians as important threats to wildlife health.

Although there are historical reports of SFD in captive snakes from multiple continents, including Britain, reports of the disease in wild snakes have only occurred since 2006, from eastern and midwestern parts of the USA. Research in the USA has now confirmed SFD in over 30 snake species across coastal, forested and prairie habitats as well as "dry areas" east of the continental divide. Research in 20171 went further and proposed that "surveillance should consider all snake species and habitats likely to harbour this pathogen".

In 2015, the first case of SFD in a wild European snake was

detected; in a grass snake (Natrix natrix) from the East of England with skin disease. Following this detection, wild snake carcasses and skin sheds collected from Britain between 2010 and 2016 were analysed for SFD, with 8.6% testing PCR-positive for O. ophiodiicola. A single skin shed with lesions from a dice snake (Natrix tessellata) from the Czech Republic in 2015 also tested positive. Molecular characterisation of O. ophiodiicola showed that the isolates from European wild snakes form a separate clade to those from the USA. Not only did this research2 confirm the presence of SFD in England and mainland Europe, it also indicated that rather than having been introduced from North America (or vice versa), it is probable that the fungus has been present but unrecognised in Britain for some time.

Evidence suggests that O. ophiodiicola infection is transmitted through contact between snakes, with damaged scales increasing the chance of infection. Although it is thought that the fungus can likely survive in the environment, the importance of transmission from contaminated environment as compared with direct contact with an infected snake is not yet known.

The signs of SFD in wild snakes have been well documented in the USA, with thickened/ulcerating skin, scabs, crusty scales, abnormal moulting, swellings under the skin and swelling of the face/head being the most common presentations. In addition to skin lesions, snakes infected with SFD in the USA have also been observed to show abnormal behaviour, spending increased time in open, exposed locations, which may then lead to an increased chance of predation, environmental exposure or starvation. Affected animals may also increase their rate of moulting or become anorexic.

Examinations of European grass snakes, meanwhile, have indicated that, in this species, skin lesions vary in colour from light to dark brown, and often occur on the ventral body scales, particularly along the scale edges and in the crypts between the

scales. However, other areas of the body including the skin on the head can be affected. Areas of flaky skin caused by dysecdysis (the abnormal shedding of the dead outer skin) have also been observed in some SFD-infected grass snakes, as well as inflammation of the skin and adjacent areas of muscle.

Although the significance of SFD to the health of wild British grass snakes is not yet fully understood, a spectrum of disease severity, from likely incidental lesions to severe conditions where SFD is thought to have contributed to the animal's death, has been observed. It is also not yet known if O. ophiodiicola and/or SFD can affect the European adder (Vipera berus) or smooth snake (Coronella austriaca). Evidence from the USA does link SFD to some declines in threatened wild snake populations, but further evidence is required and nothing is yet known about any potential impact on British snake populations.

Figure 1: Grass snake (Natrix natrix) with skin lesions caused by SFD (black arrows).

Photo credits: Zoological Society of London

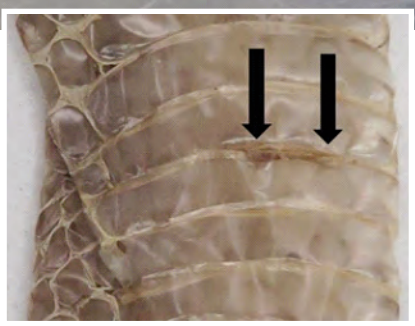


Figure 2: Grass snake skin shed with lesions positive for Ophidiomyces ophiodiicola (black arrows)

Photo credits: Zoological Society of London

In order to learn more about the disease conditions affecting wild reptiles and understand the impact of SFD, both on individuals and populations, more information is critical. Further work is also required to determine if O. ophiodiicola is native to Britain, or was introduced, and whether SFD is emerging, or has been present

and stable in Britain for some time. However, due to their generally secretive and solitary nature, securing information on the health of wild snakes can be very difficult. Admissions of snakes to wildlife rehabilitators are particularly scarce and, when this does occur, it is often the result of trauma (e.g. garden strimmers) or trapping/entanglement (e.g. in pond netting).

So what can you do? Unfortunately, it is not possible to reach a diagnosis of SFD without laboratory testing and there are multiple potential causes of skin abnormalities. Therefore, Garden Wildlife Health are appealing for snake skin shed samples (if near intact) or any reptile carcasses, regardless of whether skin lesions are present, with details of where and when they were collected. To arrange this, or if a live snake admitted as a wildlife casualty is showing potential signs of SFD, please report it at www.gardenwildlifehealth.org. (Please note, the Garden Wildlife Health project vets are unable to offer information on wildlife casualty treatment and care but may be able to liaise with your centre's responsible veterinary surgeon.)

For more information on SFD as well as a range of other diseases affecting reptiles, amphibians, birds and hedgehogs, factsheets on various conditions are available on the Garden Wildlife Health project website.

References

https://www.researchgate.net/publication/321969027_Host_susceptibility_to_snake_fungal_disease_is_highly_dispersed_across_phylogenetic_and_functional_trait_space

https://www.researchgate.net/publication/317661880_Emerging_fungal_pathogen_*Ophidiomyces_ophiodiicola*_in_wild_European_snakes

New insights into hedgehog salmonellosis

Becki Lawson, G--arden Wildlife Health, Zoological Society of London

Hedgehog populations are currently in decline in Great Britain (GB). There are multiple potential threats that may be contributing to this reduction in numbers, including agricultural intensification, habitat fragmentation, road kill and predation. Whether disease also has a negative impact on hedgehog population size is currently unknown. The Garden Wildlife Health project **(www.gardenwildlifehealth.org)** aims to investigate this knowledge gap.

Salmonellosis, the disease that occurs as a result of infection with Salmonella bacteria, is known as a cause of ill health and death in hedgehogs in GB and continental Europe. To learn more about the effects of Salmonella

Hedgehog receiving fluid therapy. (Photo courtesy of Molly Varga).

infection on both public and hedgehog health, a study led by the Zoological Society of London and Public Health England, in collaboration with eight wildlife casualty treatment and rehabilitation centres across GB, was recently conducted.

Published in Scientific Reports, this large-scale investigation found two strains of Salmonella Enteritidis affecting British hedgehogs. Phage type (PT) 11 was most frequently detected and, due to its widespread distribution in GB, it is thought that this strain is likely to be endemic, i.e. it has been present in the hedgehog population for at least several decades. However, whilst PT11 was associated with a range of disease manifestations (from asymptomatic carriage, to diarrhoea, internal abscesses or generalised infection) in hedgehogs, there is currently no evidence to suggest that this has occurred at a scale sufficient to cause a population decline. In addition, PT66, a novel strain, was detected as a cause of severe disease, associated with abscess formation in the mesenteric lymph node, was also discovered in hedgehogs from southern and central Scotland. Further research is required to determine this strain's distribution, the range of disease presentations caused, and whether it is also endemic in the population, or has only recently emerged.

In addition, this work found hedgehogs to be a potential reservoir of Salmonella bacteria for other species; the Salmonella strain identified in British hedgehogs, however, was only found to be responsible for 0.6 % of reported Salmonella infections in people in England and Wales, 2006-2015 inclusive.

"the Salmonella strain identified in British hedgehogs… was only found to be responsible for 0.6 % of reported Salmonella infections in people in England and Wales"

These findings are very similar to those from a study of garden birds, another potential wildlife source of Salmonella bacteria in Great Britain. Garden birds can be infected and sometimes develop disease with particular strains

of Salmonella *Typhimurium*, different to those affecting hedgehogs. Between 2000-2010, the garden bird-associated strains of Salmonella accounted for 0.2 % of isolates from humans in England and Wales.

These figures of 0.6 % for human infections with hedgehog-associated Salmonella strains, and 0.2 % for garden bird associated strains, are both very low. It's therefore important to understand that the risk posed to public health is minimal, even for those working with wildlife casualties, whose work involves regular 'hands-on' contact with these animals. Nevertheless, this finding highlights the need for sensible hygiene precautions (e.g. wearing gloves, washing hands) as a routine when dealing with hedgehogs, to reduce the risk of Salmonella exposure.

Further information:

https://www.nature.com/articles/s41598-017-18667-2

http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0088968

https://www.gardenwildlifehealth.org/

BVZS annual conference 2018 - Wildlife Health Day

Due to the huge success of the first three-day Meeting at ZSL London Zoo in 2017, which attracted 270 delegates, the British Veterinary Zoological Society (BVZS) will be holding its second annual 3-day conference from November 9th-11th 2018 at Aston University, Birmingham.

As in 2017, the conference will feature designated lecture streams, including a full day focusing on Wildlife Health on Saturday 10th November.

The theme of our Wildlife Health Day this year will be 'Anthropogenic impacts on ecosystem health'. We have already secured keynote lectures: Paul Jepson from the UK Cetacean Strandings Investigation Programme (ZSL) will speak on anthropogenic threats to killer whales and other marine mammals, and Ruth Cromie (WWT) will reflect on the multidisciplinary skills needed for resolving threats to ecosystem health, using lead poisoning as a case study.
Visit https://www.bvzs.org/meetings/bvzs-conference-november-2018 for more details - we look forward to seeing you there!

Health hazards to wild birds and risk factors associated with garden bird feeding

Becki Lawson, Carden Wildlife Health, Zoological Society of London

Garden bird feeding is a popular activity in Great Britain, with the nation estimated to spend £200 million a year on the provision of supplementary food to visiting wild birds. While there are benefits to offering these additional resources, particularly as natural habitats shrink, a recent collaborative study by the Zoological Society of London, British Trust for Ornithology and Fera Science Ltd investigated the occurrence and impacts of infectious diseases and mycotoxin exposure on garden birds, in association with supplementary feeding.

Published in Philosophical Transactions of the Royal Society B, the study analysed 25 years of wildlife disease surveillance data, focusing on finch trichomonosis, Paridae pox and passerine salmonellosis and highlights that the practice of garden bird feeding can facilitate the transmission of infectious disease. Proposed mechanisms

"…the practice of garden bird feeding can facilitate the transmission of infectious disease."

for the increased risk of disease spread include: close contact between different species at feeders; the congregation of birds in

Photo credit: BTO – John Harding.

large numbers; and, poor hygiene at feeders, which allows potentially infectious food waste and droppings to accumulate, contaminating both the food and the local environment.

These findings improve our understanding of how humans can influence the dynamics of disease transmission in wildlife, and enable scientists to develop best practice advice to safeguard the health of wild birds, in relation to garden bird feeding. For more information on disease conditions affecting garden birds in Great Britain, and how to reduce the risks of disease spread at garden bird feeding stations, visit www.gardenwildlifehealth.org.

Further information:

http://rstb.royalsocietypublishing.org/content/373/1745/20170091.long
https://www.gardenwildlifehealth.org/
https://www.zsl.org/science/news/feed-the-birds-scientists-highlight-risks-of-disease-at-garden-bird-feeders

Treating Wildlife and the RCVS Code of Professional Conduct

Molly Varga, BVetMed CertZooMed DZooMed (Mammalian) MRCVS

The boundary between the veterinary profession and wildlife rehabilitation workers has not always been an easy one. This article sets out the responsibilities of the veterinary surgeon in terms of the Royal College of Veterinary Surgeons Code of Professional Conduct. This, in addition to the Veterinary Surgeons Act (1967) is the central document that guides the professional behaviour of veterinary surgeons in the UK.

Upon graduating every vet makes a declaration: I promise and solemnly declare that I will pursue the work of my profession with integrity and accept my responsibilities to the public, my clients, the profession, and the Royal College of Veterinary Surgeons, and that above all my constant endeavour will be to ensure the health and welfare of the animals committed to my care. In order to support this assertion, vets must uphold the five principles of practice: competence, honesty

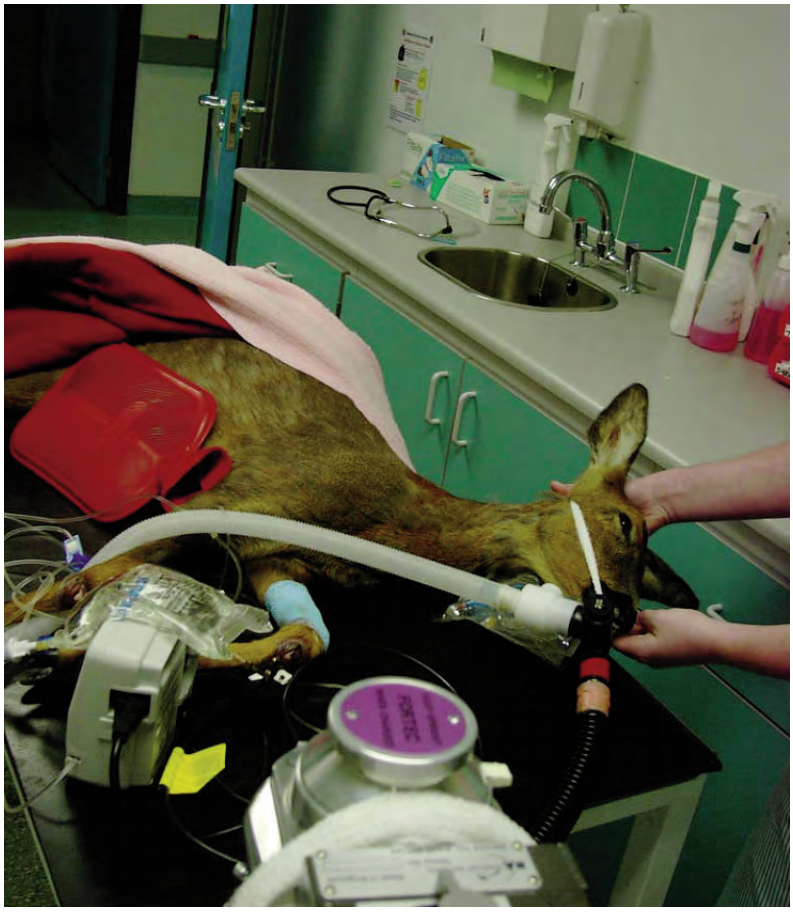
"I promise and solemnly declare that I will pursue the work of my profession with integrity and accept my responsibilities to the public, my clients, the profession, and the Royal College of Veterinary Surgeons, and that above all my

and integrity, independence and impartiality, client confidentiality and trust and professional accountability. Looking at these principles in terms of how they apply to veterinary care of wildlife can be informative.
Veterinary science has progressed so much in the past 30 years, that it is very difficult indeed for anyone to be 'omnicompetent' and particularly with the wide variety of wildlife species that might be presented, it is likely that many veterinary surgeons will have little or no knowledge of the specific animal in question. This does not however mean that this animal cannot be adequately examined, and at least given basic care such as analgesia, that will promote welfare, whilst a more experienced opinion is being sought. The other side of this is that in general the rehabilitator will have a better idea of what an individual animal needs to achieve in order to survive in the wild (in terms of behaviour and lifestyle). If both sides communicate their findings and needs well, then a better understanding of what the likely outcome should be will be achieved.

We must acknowledge that not all veterinary surgeons are willing to or capable of treating wildlife further than initial assessment and provision of emergency care. In this situation, a veterinary surgeon cannot refuse to see an animal for emergency care, however it may be on the understanding that this will be undertaken until a more experienced colleague can attend. Vets are able to examine a range of species, and by utilising the skills of a rehabilitator in assisting with this, should be able to make at least a basic survey of most animals, allowing the provision of analgesia and at least a working diagnosis &/or prognosis. Not having specific knowledge of a species is not an excuse for providing inadequate or substandard care.

There are some species – deer for example- that will be much better assessed and handled at a dedicated wildlife hospital, and

some –such as badgers- that will require sedation in most cases to allow a physical examination. While any person can administer emergency treatment to wildlife for the purpose of saving life or alleviating suffering, only a veterinary surgeon can diagnose and specifically treat an animal. Therefore the animal must be presented and examined at some stage, however in a situation where there is likely to be suffering caused should treatment of some kind not be forthcoming, then medication can be administered under the direction of a veterinary surgeon. This could be the result of a phone conversation between the veterinary surgeon and a trusted client.



Anaesthetised roe deer (Capreolus capreolus).

Photo courtesy of Molly Varga.

Where many of the potential issues surrounding veterinary treatment of wildlife arise is when care that is complex and ongoing is sought. Any animal that cannot be released back to the wild with at least the same chance of survival as any other individual of the same species should be looked at very carefully, and euthanasia at that point must be robustly discussed. Whilst veterinary surgeons can undoubtedly perform complex procedures that are potentially life-saving for individual animals, the question remains - should we? Length of time in captivity and ability to deal with this both physically and mentally affect the procedures we should put a wild animal through.

"Whilst veterinary surgeons can undoubtedly perform complex procedures that are potentially life-saving for individual animals, the question remains - should we?"

Financial cost also needs to be considered. There is an UNOFFICIAL agreement between the British Veterinary Association and the RSPCA that emergency wildlife care will be provided free of charge. There is also a mechanism for an RSPCA log number to be provided to assist with funding for treatment of casualties greater than 1kg in weight. This does NOT mean all wildlife care is free. Emergency care may be fluids, analgesia, potentially nutritional support but it equally may be euthanasia in appropriate circumstances. X-rays (& other diagnostic procedures) and complicated surgery are not generally emergency procedures, and will attract an associated cost- both financial (to the 'finder' or rehabilitator) and physical/psychological to the wild animal in question.

The question of 'ownership' also needs to be considered. Once an animal is brought into captivity (and we must remember the circumstances under which this happens are also governed by law- Wildlife and Countryside Act 1981, and it's Amendments) then it has the same legal status as other property i.e. it 'belongs' to the

person who finds it. Therefore the 'finder's' consent must be sought before anything can happen to that animal. Should the ownership of the animal be transferred to the veterinary surgeon/practice, then the finder has no further legal recourse to that animal. This means that unless surrendered an animal remains the responsibility of the finder- and this includes shouldering the financial responsibility for ongoing care. All veterinary surgeons promise to act with honesty and integrity in terms of ethical, welfare and financial circumstances of any interaction with an animal and its carer. An honest opinion about the prognosis of an individual should be given at the earliest opportunity. Difficult as it may be, euthanasia always has to be an option, in order to protect the individual animal.

Where the ethical viewpoint of the veterinary surgeon and the finder are opposed regarding an animal presented for care, then problems inevitably arise. A veterinary surgeons' first and prime responsibility is to promote the welfare of the animals submitted to his/her care. He or she also has an obligation to gain and retain client trust and protect client confidentiality. As a profession vets recognise and support that euthanasia is an important tool for promoting welfare. Philosophically euthanasia and therefore death does not reduce or compromise an animal's welfare and in many cases it improves this. Euthanasia as a negative option is an ethical issue, not a welfare one, and is based on the belief systems of the person or people involved. Avoiding euthanasia may negatively impact welfare in individual animals. Undoubtedly as veterinary surgeons there are many aspects of poor welfare that can be mitigated- pain for example -and we can also provide appropriate and empathetic housing in a rehabilitation scenario to remove some of the stress associated with captivity, however we can't remove the chronic psychological stress associated with

"Philosophically euthanasia and therefore death does not reduce or compromise an animal's welfare and in many cases it improves this."

captivity in many species. Being alive as the primary predictor of good welfare is not an assertion based in reality. Having said this, most vets will go out of their way to look for alternative welfare lead solutions to euthanasia. The veterinary surgeon must act in an independent and impartial manner when considering each case. The convenience euthanasia (you are not going to get paid so you suggest euthanasia as an alternative) is an entity that most of the veterinary profession do not entertain or recognise. At all times the conduct of a veterinary surgeon – from client contact and initial clinical assessment through delivering a prognosis and considering further care- has to stand up to the scrutiny of our peers- other vets in practice. If our actions are not up to standard, if there has been dishonesty, poor clinical decision making or the prolongation of suffering (even if the client/finder was instrumental in persuading the veterinary surgeon to avoid euthanasia) then as vets we can and should be held to account.

The professional obligations of the veterinary surgeon are: to the animals committed to our care, the clients (finders) of those animals, to other members of the profession and the working team and to the public. Animal health and welfare will always be the first consideration. Financial gain or convenience for most of us comes a very poor second, although these are criticisms frequently made against vets. Neither are we generally a profession that would rather put an animal to sleep rather than try to effect a cure- regardless of costs, or likelihood of receiving payment. As vets and rehabbers, we need to communicate more effectively, both sides need to recognise their limitations and we need to promote the welfare of the individual animal in question, putting aside ethical considerations against euthanasia.

BWRC Trustees

Registered Charity No. 1157841

Terri Amory, Anne Maskell, Janet Peto, Simon Allen, Molly Varga, Dan Forman, Llewelyn Lowen, Lucy Bearman-Brown

BWRC would like to thank volunteers Caroline Gould **Website Administrator** and Jayne Morgan **Facebook Page**

Newsletter designed and produced by Nadine Barrow

If you would like to submit an article or letter for publication or give a presentation at a future symposium please contact
Annemaskell@gmail.com

The views and opinions expressed in this newsletter are those of the authors and do not necessarily reflect the official policy or position of the British Wildlife Rehabilitation Council

BWRC website: www.bwrc.org.uk
Follow us on Facebook at
www.facebook.com/BritishWildlifeRehabilitationCouncil