The Rehabilitator

WINTER 2023

ISSUE 86

+ BWRC NEWSLETTER+

"I BET IT'S A BABY PIGEON"
A first for Vale……

Also in This Issue:

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THE REHABILITATOR

+ BWRC NEWSLETTER +

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Winter 2023 **ISSUE 86**

Word From the Editor

Another packed newsletter as we go into Winter. After a very busy season, we do hope that everyone can now take at least some time to rest and recover.

It wont be long before the first cub appears through your doors, the first baby birds is gaping for food once again.

We would like to take this opportunity to wish you all a Merry Christmas and a Happy New Year from us all at the BWRC.

As always, we are looking for interesting case studies, tips and tricks and if there is a subject you want us to delve into then please do let us know (admin@bwrc.org.uk)

We hope you enjoy this latest issue

The Editor

Wildlife rescue forecast

Morgane Ristic

The warmer months have been busy for us all, with the usual summer admissions: baby birds of all kinds alongside young rodents, hedgehogs, deer, rabbits, hares and more.

Towards the latter part of the summer, Cuan Wildlife Rescue, Oxfordshire Wildlife Rescue and Wildlife Rescue Moyles Court all took on Manx shearwaters, a species usually spotted far out at sea and therefore a less common admission into wildlife rescue centres. After storm Babet, many coastal rescue centres witnessed a rapid increase in seabirds needing help. New arc wildlife rescue dealt with hundreds of reports of grounded, and sadly, dying European shags, also referred to as a shag wreck.

For those who rescue hedgehogs, facilities are filling up with young and struggling **autumn juveniles*** due to the temperatures beginning to drop and food becoming more scarce. Though many are still being picked up unnecessarily whilst out foraging at night, often described as being "too small to hibernate" by members of the public.

Bats are now ending their mating season and are seeking out suitable hibernation sites. Amphibians are now tucked away waiting for winter to pass but remain at risk of being dug up by autumn gardeners. For our seal rescues the grey seal pupping season is now well underway, with many admissions already in care.

We are now heading towards the "**true quiet season**"** though it won't be long before fox and badger mating season begins, soon followed by the first cubs in need of help. We can however rely on squabs to keep us on our toes throughout the c[illegible]ths.

* Young, independent hedgehogs born in the late summer/autumn, often admitted into care as spotted foraging in the day as food availability reduces approaching winter, causing a huge surge in hedgehog admissions across the UK.

** Though the term is frowned upon within the wildlife rescue community as often "jinxed", refers to the quieter months seen within general wildlife centres, usually towards December/January/February when admission figures decrease drastically.

“Bet it’s a baby pigeon”
The first ever Bittern at Vale wildlife hospital

Caroline Gould, Founder of Vale Wildlife Hospital

It’s not very often that we admit a species at Vale Wildlife Hospital that we have never dealt with before in our (almost) 40-year history. The phone calls we usually receive are about the species we deal with on a daily basis e.g. hedgehogs, pigeons, deer, foxes, birds of prey etc, all equally interesting and important cases in their own right, the ‘bread and butter’ of a wildlife rehabilitation centre. Very occasionally we receive a call about something that gets us all excited, something rare or unusual that we haven’t seen before. Often the ‘strange’ or ‘rare’ bird that someone has picked up in their garden turns out to be a baby pigeon and over the years squabs have been brought in as just about everything from ducks and ‘some sort of bird of prey’ to, on one occasion, a pair of baby vultures. We received a call from the RSPCA in South Wales in August asking if we could accommodate a couple of hedgehogs and a bittern. Of course we agreed and then looked at each other and said (jokingly) ‘bet it’s a baby pigeon’.

However, when it arrived we could see straight away that it was a magnificent bittern (Botaurus stellaris) – it had been picked up by a member of the public with a suspected wing injury as it seemed unable to fly. It had initially been taken to a local vet where no injuries could be found and was then transferred to us by the RSPCA.

Our initial triage of the bird didn’t find any physical injuries either but we found that he/she was emaciated and our thoughts were that the lack of flying was down to weakness because of this. We didn’t know whether the bittern was male or female and the weight range for adult birds should be between 870gms to almost 2kgs, so with an admit weight of just 616gms and a razor-sharp keel bone, this bird was certainly underweight. From the weight, we assumed it was probably female. After the initial triage and administration of fluids, the bittern was moved to our Rearing Unit, a much quieter area than the main hospital given how secretive and susceptible to stress these birds are, and she very quickly started to eat the fish we had put in with her. Examination of a faecal sample revealed that the bittern had a high parasite burden and despite not gaining weight initially, following parasite treatment her weight started to increase daily.

After 2 weeks we moved her to one of our seclusion aviaries to give her more space and allow us to monitor and evaluate her condition and progress without causing any stress to her.

Once happy that she was able to fly we organised a ringer to come in and fit a BTO ring before liaising with the RSPB reserve near to where she was initially picked up to make sure she was released back into a suitable spot where staff could hopefully monitor her ongoing progress. She was released by Meg, one of our Care Assistants on 12 th September – a brilliant outcome for a rare patient at Vale Wildlife Hospital.

What you need to know about Bitterns

Morgane Ristic

The Eurasian or Great Bittern (Botaurus stellaris) is not a common find, even amongst avid bird watchers, as their inconspicuous plumage blends in perfectly with the reedbeds they live and hide amongst and where they also feed on insects, fish and amphibians. Their wintering population doesn't exceed the thousand, making the Bittern a rare find on UK ground.

They are known for their unmistakable booming call, mostly heard during the breeding season, which I would encourage any curious reader to look up as it sounds nothing like any other British bird. They can be heard "booming" up to 3 miles away, their call earning them the title of loudest bird in the UK!
Sadly this bird species was once extinct in the UK back in 1870 when persecution and drainage of wetland for agricultural purposes led to its disappearance. Their numbers have slowly increased since 1990, and the RSPB recently reported that bitterns have had another great 2023 breeding season in the UK. Following the 2022 successful season which had 228 booming males counted. Through considerate wetland management, there is hope that the Great Bittern could once more occupy our landscape and for its incredible call to become a familiar sound once more.

Meet a Rehabber!

This issue we meet Carrie Grace from SWR

Hi, now first of all, tell us a little bit about who you are?

I am Carrie and I run Seahaven wildlife rescue, which I set up in 2012. I have been involved in the sector for 14 years now and realised Wildlife Rehabilitation was the route I wanted to dedicate my life to when I was studying for my National diploma at college, one of the modules was wildlife rehabilitation

How long have you been involved in the wildlife rescue, rehabilitation and release field and what led you on to this journey? Were there any key moments in your childhood or career you would like to share with us?

My grandfather was massively influential in my life decisions as he would take in pigeons and injured birds from people who had found them, I would watch him as a young child nurse them back to health and then release them onto land that backed onto his garden and it ignited a spark in the curious child I was. I proudly told my mum one day I will be saving animals like that! This led onto growing a passion for birds and exotics.

What is your favourite thing about working with wildlife and why?

My favourite things about working with wildlife is being able to help them when they are at their worst and seeing the day they are released knowing you played a huge part in their second chance.

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What is your biggest struggle and something you have a hard time with when working with wildlife?

My biggest struggle whilst working with wildlife has been the fundraising side of running a charity, but also the intensity and stress of running one is very high, but it is so worth the sleepless nights.

Are there any advice you have found useful and would like to share with anyone within the wildlife rescue, rehabilitation and release community?

The advice I have found most useful whilst working with wildlife came from another rehabber when I was very young, she told me things are always changing within the sector and you will never know everything, always speak with other rehabbers/veterinary professionals, never fear judgment as
everyone has different ways of doing things, the more we share and speak with one another the more we will achieve for animals, this is something I have always held very close to my heart and something I have always done over the last 14 years.

Where would you like to see your wildlife rescue in the next 5 to 10 years?

I would like to see my rescue expanded over the next 5 years and I would love the opportunity to inspire others as I have had others inspire me! The more we can do to protect wildlife the better.

The Tale of The Black Tailed Godwit

Brent Lodge Wildlife Hospital

Introduction: Who Are Brent Lodge Wildlife Hospital?
Brent Lodge Wildlife Hospital, in Sidlesham (West Sussex), has been operating as a charity and wildlife hospital for over 50 years. They treat, rehabilitate and release all kinds of sick, injured or orphaned British wildlife – from hedgehogs and deer to wrens and peregrine falcons! Patients are often brought to the hospital by concerned members of the public who have phoned for advice or pre-assessed casualties from RSPCA Inspectors or by local vets. A recent admission at Brent Lodge was a special patient indeed – none other than a Black-Tailed Godwit!

What is a Black-Tailed Godwit?

Black-Tailed Godwits are medium-sized, long-legged wading birds, renowned for their remarkably long migrations and distinctive plumage. Their slender bills, warm reddish-brown plumage and characteristic black tails are a cherished sight in the birdwatching community. Females are typically bigger and heavier than the males, with a noticeably longer beak. They reside in coastal areas or wetlands and during their annual migrations. They undertake some of the longest journeys in the avian world spanning the Indian Subcontinent, Australia, Africa and Western Europe!

Black-Tailed Godwits are a rare sight in the UK, only stopping off at a select few of our wetlands and estuaries during the winter months to breed. These sites must be specially managed and protected by conservation organisations to ensure the best chances of the Black-Tailed Godwits' breeding success. Devastatingly, 97% of our wetland habitats have been lost to agriculture and flooding in recent years, meaning that the Black-Tailed Godwit is desperately struggling to breed in the UK. As a predominantly ground-dwelling species, their nests of chicks are particularly vulnerable to flooding and predation. The species were extinct in the UK around 200 years ago but, due to wonderful conservation efforts, approximately 60 breeding pairs have been noted across the small number of managed sites we have in Eastern England.

The Tale of the Black-Tailed Godwit at Brent Lodge Wildlife Hospital

At the beginning of August 2023, a male Black-Tailed Godwit was found in central Chichester, West Sussex, with wounds to his neck and chest, thought to have been sustained from a predator attack.

Thanks to the initial support of Arun Veterinary Group his wounds were quickly treated and stitched up. He was then transferred to Brent Lodge Wildlife Hospital for ongoing rehabilitation and care, in preparation for his release.

Due to the ongoing threat of Avian Influenza and with water birds being of a higher risk, he was placed in an isolated water-pool enclosure for his first 2 weeks at Brent Lodge. Here he received antibiotics and pain relief whilst his stitched-up wounds healed. He was then moved to another water pool enclosure to continue his rehabilitation.

This is the first time that the team at Brent Lodge have ever encountered a Black-Tailed Godwit, so naturally, the team were very keen to treat and see him through to a successful release. He was fed on insects including live mealworms, waxworms and universal bogena bird food and was able to drink from, and wade in, the water-pools in his enclosures. As with all wild animals, the team used minimal handling with him and only did so to monitor and remove his stitches, administer medication and to transport him from each enclosure and finally for his release.

When he was showing clear signs of recovery, he was assessed for release. A release sight was carefully chosen at the nearby RSPB Pagham Harbour Nature Reserve, just 5 minutes down the road from Brent Lodge Wildlife Hospital. Home to thousands of migratory and native birds, the reserve has over 1,500 acres of extensive wetland area – an ideal location for this stunning bird to reside for his winter migration among other potential godwits.

Supporting the work at Brent Lodge Wildlife Hospital

To support Brent Lodge Wildlife Hospital, please visit their website – www.brentlodge.org – or find them on most social media channels. As a small charity hospital, they rely on kind donations to keep their amazing work going. As well as welcoming monetary donations, they also have Wish Lists on their website of items they desperately need all year round to help the animals in their care.

If you find a wild animal in need, please call your local wildlife rehabilitation centre for advice. For more information on Black-Tailed Godwits and their conservation status, please visit the *RSPB* or *The Wildlife Trusts* websites.

Last but not least…

A big thank you to the teams at Arun Veterinary Group, Brent Lodge Wildlife Hospital and RSPB Pagham Harbour for all playing a vital role in this beautiful Black-Tailed Godwit's journey to recovery!

Avian Pox – What is it?

Written by: Dr Richard Edwards BWRC Trustee

Every year, towards the latter part of the summer and early autumn, wildlife rehabilitators see an increase in birds being admitted with in pox-like lesions, particularly in young wood pigeons. Dr Richard Edwards kindly put together some relevant information regarding the disease and offers his expertise on the treatment and considerations when caring for birds affected by a poxvirus.

Avian pox is a commonly encountered disease in UK wild birds. It is only known to affect birds and there is no known health risk to humans or other mammals.

It has several synonyms: Avian pox, bird pox, fowl pox, avian diphtheria, contagious epithelioma, molluscum contagiousum.

Avian pox is caused by a DNA virus of the genus *Avipoxvirus* belonging to the family Poxviridae. At least ten strains are recognised and named by the species of origin, for example, canary pox, pigeon pox, fowl pox. The source and reservoir of avian pox is primarily infected birds. Some avian species are more likely to be infected than others.

Avian pox infections are among the earliest described avian diseases with examples dating back to 1844, probably because of the ease of identification of the external lesions.

Whilst avian pox has been described in several hundred wild bird species, with a worldwide distribution, in the UK sporadic outbreaks have been seen in starlings (*Sturnus vulgaris*), dunnocks (*Prunella modularis*) and house sparrows (*Passer domesticus*). Particularly frequently affected is the wood pigeon (*Columba palumbus*) in which the infection is considered to be endemic. Additionally, a particularly severe form is recognised in various tit species, especially great tits (*Parus major*).

Great Tit with avian pox, by Dave Wragg.

Great tit pox was first reported in Scandinavia in the 1950s with further outbreaks in central Europe in the mid-2000s. Since great tits are not generally considered a migratory species to the UK it is more likely that introduction to the UK was via windborne or human induced movement of an infected vector. Outbreaks can occur all year round although there is a seasonal peak in late summer and early autumn. Whilst it was first recognised in the south-east of England in 2006, it has been spreading steadily north and west across England and Wales.

Transmission:

Avian pox is considered to be a highly transmissible disease. Transmission can be via a variety of routes such as biting insects (e.g. mosquitoes, mites, fleas, midges and/or flies), direct contact between birds and fomite borne, for example contaminated perches and bird feeders. Pox viruses cannot penetrate unbroken skin, but small abrasions are sufficient to permit infection.

Avian pox is relatively resistant and can persist in the environment for several months or even years. It is particularly resistant to desiccation, allowing it to survive in dried scabs and on perches. Aerosol transmission can occur from viruses being carries along with dust particularly in confined situations such as aviaries or rehabilitation centres.

The prevalence of avian pox is affected by four main factors; weather conditions (temperature and moisture), vector numbers, host densities and numbers of pox viruses present. In wild populations, the most important of these are host density (and host susceptibility) and vector numbers. The density dependent nature of its transmission is something that is highly relevant to captive birds and rehabilitation centres.

In the UK particularly, supplemental feeding of garden birds is commonplace and is a significant potential source of transmission of avian pox. In order to limit transmission, it is important to ensure that all feeders and water baths are disinfected, rinsed and thoroughly air dried regularly, ideally daily. Weak solutions of domestic bleach or specifically-designed commercially available disinfectants may be suitable. Rotating the positions of feeders in the garden to prevent contamination build up in any one area is also important.

Clinical Signs:

It is a relatively slow-developing disease and occurs primarily in two forms; a “dry” form and a “wet” form. The more commonly encountered dry form is characterised by discrete, warty or tumour-like, proliferative lesions on the skin of the toes, legs, wings or head, particularly the eyelids and beak. The less common wet form (also known as the diphtheritic form) is characterised by moist necrotic lesions developing on the mucous membranes of the mouth and upper respiratory tract. A third form causes systemic infection but is rarely found in wild birds.

The clinical signs of avian pox are variable and the disease is only confirmed by histopathology which requires the collection of either biopsy or post mortem samples. Identification of specific strains of avian pox can be performed via virus isolation and PCR testing.

Visual signs of lesions alone do not give a definitive diagnosis. A number of other diseases can cause similar lesions to poxvirus infection. Mites and bacteria can cause lesions on legs that strongly resemble avian pox lesions. Candidiasis, capillariasis and trichomoniasis all cause lesions in the oral cavity that look similar to the diphtheritic form of avian pox.

In endemic species, such as the wood pigeon, the infection can be mild and self-limiting, affecting just the skin. However, large lesions can also develop which may interfere with feeding, vision or mobility opening the birds to possible predation or serious secondary bacterial infections. In great tits particularly, whilst the infection is not invariably fatal, the disease compromises individual survival especially in juvenile birds. Despite the presence of this more severe form in great tits, it does not appear to have had an adverse effect on population numbers.

Whilst the overall impact of avian pox on wild bird populations is unclear, avian pox in captive situations can be associated with extensive losses. Direct, indirect and aerosol transmission are significant factors to consider with the systemic form potentially causing acute deaths.

Typically, birds are presented as casualties when the lesions become severe or there is significant concurrent disease present such as secondary bacterial septicaemia. Others may be presented after cat predation has been made more likely through impaired vision or locomotion.

Treatment:

Treatment can be considered to support the casualty during the course of the disease, but this may carry a poor overall prognosis, especially with severe infections. Most mild cases of avian pox will resolve on their own with minimal scarring but this can take weeks or months.

There is no specific antiviral treatment currently available. Application of flowers of sulphur directly to the lesion or giving it orally has been described. The removal of the lesions and washing with bicarbonate of soda may be helpful. Applying silver nitrate, iodine or 1-2% saline solution directly to the lesion have been shown to reduce the level of infection. However, all these are topical treatments and run the risk of spreading the disease further.

Broad spectrum antibiotics are routinely given to all birds with avian pox in order to reduce the risk of secondary bacterial infection.

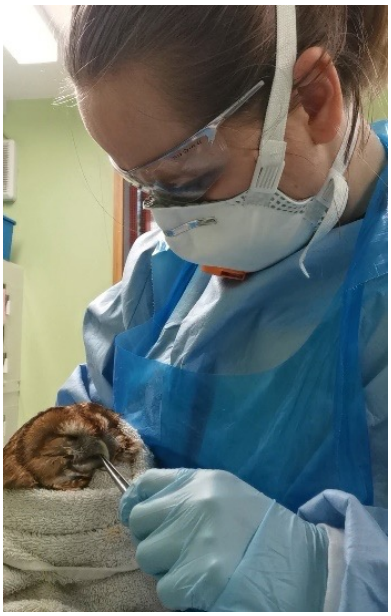
Any attempts at treatment should only be undertaken after the significant biosecurity risk to other hospitalised birds has been fully assessed. It is important to consider the virus's environmental persistence, fomite transmission risk and insect vectors. In most wildlife rehabilitation scenarios, euthanasia should also be considered at an early stage.

Birds that have recovered from avian pox infections are usually immune to reinfection with that virus strain. The immunity is largely cell-mediated although there may be some antibody component.

Neurodivergence and wildlife rehabilitation: Well of knowledge and challenges

Written by Sharna Richardson

Wildlife. It's something all of us rehabilitators have in common - a passion for wild animals and a drive to help when they are in need, to get them healthy and back to the wild where they belong.



For me, this passion turned into an all-consuming obsession, keeping my mind and self busy the past 8 years. I am autistic, and while I've always had a Special Interest in animals, the moment I started volunteering at a local centre triggered a hyperfocus that has lasted almost a decade.

I've found that being Autistic has shaped my experience with Wildlife Rehabilitation in a way that is perhaps slightly different than someone who is neurotypical. To start with, I find new situations as a whole pretty overwhelming - new noises, textures, rules *(written and unwritten)* - I need to know what to expect so I know how to react, every single outcome of every single situation, branching like a tree of possibility. It's difficult to visualise this tree when I don't have all the information, and new situations mean there's so much to learn.

Although, as stressful as the need-to-know-every-detail feeling can be, I believe this is a way my autism has benefitted me. An uncomfortable, urgent need to understand the whys and hows of everything means I am always thorough in my learning - however frustrating this may be to those teaching me!

Alongside the anxiety-driven need to learn, is a curious, insatiable desire for knowledge - it's very similar, but it's fuelled by an excitable passion I'm sure other Autistic people with Special Interests are familiar with. I want to learn everything about everything, and to share this knowledge with anyone who'll listen ...and those who won't!

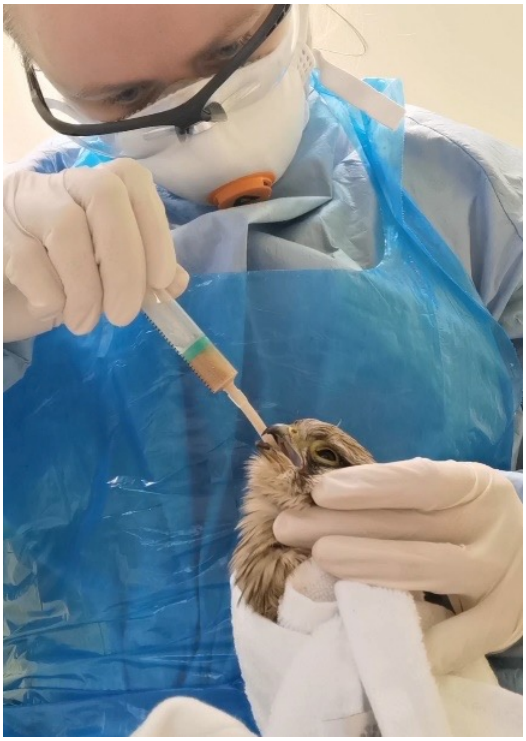
Infodumping *(when an autistic person gets a chance to "talk facts" about their passion)* and social media are a fantastic combination, I've found. I thoroughly enjoy crafting posts on different platforms for the rehabilitation centre I work for, sharing trivia and stories about wildlife, patients, and what we do. I could talk for hours and not run out of things to say about Wildlife and Wildlife rehab. I love having the opportunity to present our field as the skilled profession that it is to the general public. It's rewarding for me, helps the general public learn about us, and expands their wildlife knowledge, too!

Talking to people outside of social media is something I've always struggled with, being neurodiverse. It's an effort to consciously remember *'social rules'*; making eye contact, working out when it's my turn to speak, knowing what is appropriate to say and what may be taken the wrong way. People can be *so hard* to understand - and for a member of the public, seeing a wild animal in distress is understandably a highly emotive experience, causing them to react in ways that make it difficult for me to find the correct way to respond.

Autistic burnout is a problem I have faced many times - I think when you throw yourself into something full force and wholeheartedly, make it your life's purpose, when that crash comes it hits badly.

There have been times where I've been really depressed, felt like I am not as good as my colleagues and that I am not qualified to be doing this job. It hurts reading negative comments from people who disagree with what we are doing, too - it's hard to get excited about returning a seal to the wild when there are local fisherman sending you hateful messages, and spreading negativity and lies about your hard work to the local community. It's difficult for me to comprehend how people will listen to one side of an argument and not go searching for truth

I have been extraordinarily lucky to find myself on a team of wildlife professionals that have accepted and helped me from day one. They allowed me to grow from a volunteer, to employed on a casual contract, to a full time member of staff. I know I would have found this career/life *much* more difficult to navigate and grow into, if it wasn't for their patience, support, and confidence in me and my abilities. I find networking and talking with other rehabilitators difficult, doubting my ability to communicate, but I am hopeful for the future - I spend a lot of time reading and listening to other's experiences, but not sharing my own. Better communication with others in this line of work is a goal I am working towards.



I feel I was slower to learn skills due to my lack of confidence from so many years of being seen as less able - because of my autism - and the way it caused people to assume my intelligence and skill levels from my lack of ability to blend in socially. I had *(still have)* anxiety over doing things incorrectly, of accidentally causing suffering, needing to make sure I understand everything before attempting things. I am still learning, I am still growing - just as we all are.

I have always seen my need to ask questions and gain clarification as a negative, but a colleague told me it meant I understood that I didn't know everything, wasn't afraid to learn, and that wanting to do things right was a positive. Protocols change as we learn better ways to care for wildlife, and having that thirst for knowledge helps me to adapt to changes in care routines easier than I expected.

Overall, despite the difficulties I've faced, I see being autistic as a positive part of myself, and beneficial to my experience as a wildlife rehabilitator.

Through networking and meeting much of the wildlife rescue community, whether face to face or online, it soon became apparent to me that there are many of us who fall under the neurodivergent umbrella. Sharna Richardson, Wildlife assistant at RSPCA Mallydams, kindly offered to share her experience of what being an autistic wildlife rehabilitator is like.

A huge thank you to her for finding the time to put this into words, as it leaves the door open for other ND rehabilitators to feel seen and heard.

Why Bad Rehabbers Are Still Seen as Good Rehabbers

Written by Dr Richard Edwards

One of the many frustrations of working in wildlife rehabilitation is the relentless exposure on social media and the internet to rehab centres doing rehab badly and causing significant unnecessary suffering to wildlife casualties. Bizarrely, they still attract significant support and following by members of the public who believe they are doing great work. How can this be?

Over the last 30 years, there have been huge advances in how we view and treat wildlife casualties but because of the fragmented nature of the wildlife rehabilitation sector, plus the lack of any form of licencing or accreditation (to set basic standards) and, more recently the development of social media, poor outdated practices persist and are promoted as still being appropriate.

In UK society today, there is a broad range of attitudes and beliefs in regard to wildlife casualties. No one wants to see a wild animal hurt or injured and everyone wants to try to do everything possible to help wildlife casualties. Most people are able to appreciate that not everything can be fixed or saved, but some are unable to accept this reality. For wildlife casualties to end up in human hands, something catastrophic has occurred in that casualty's life – wild animals never willingly allow themselves to be caught and handled by humans.

All wildlife casualties coming into rehab centres suffer significant levels of stress from their capture, handling and ongoing captivity. Wild animals will instinctively suppress signs of pain, even the extreme pain generated by wounds and broken bones. They are more likely to lie quiet, still and calm than to scream and thrash around. To the inexperienced this may be taken as indicating that they are not suffering or in pain.

For some people, the thought of euthanasia is unacceptable, even in extreme cases. They would prefer to "let nature take its course" and for a wildlife casualty to "die naturally". Such persons may feel comforted by the fact that they have provided food, warmth and "safety" until the casualty has died. The concept of "unnecessary suffering" is not appreciated or properly considered. If the casualty is apparently calm and quiet, it surely cannot be suffering or severely stressed. The well-meaning rehabbers, unconsciously or naively, subject the casualty to prolonged unnecessary silent suffering until they finally die. Members of the public reading of their gallant efforts on social media to care for these casualties are misled into believing that no suffering has been caused and the casualty was considered lucky to have been helped to die peacefully. Often, this could not be further from the truth.

For vets and more well-informed wildlife rehabbers, euthanasia is a necessary part of the rehab process to prevent unnecessary suffering. Where a casualty's condition is so severe as to make it extremely unlikely to allow its return to the wild, subjecting it to potentially long periods of stressful captivity (with or without appropriate veterinary treatment to relieve pain) so that it can die naturally, is unacceptable and euthanasia is considered to be the only humane option. Explaining this to both unenlightened rehabbers and members of the public can be a challenge. Frequently, the people who kill the casualty are seen as the bad guys because "they didn't give them a chance" while the rehabbers who keep the casualty alive, despite the silent unnecessary suffering, are seen as the champions of wildlife because "they gave them a chance".

Just because we can, doesn't mean that we should. Advances in veterinary medicine mean we can put wildlife casualties through all sorts of procedures these days, but these have to be balanced against the best interests of the casualty rather than what the finder or the rehabber wants to do. If a complicated procedure requires the casualty to remain in rehab for several months afterwards, and the species is known not to do well in captivity, would this be appropriate? Frequently, we see all sorts of crowd-funding appeals on social media to raise funds for heroic, advanced operations for wildlife casualties that are ethically dubious. However, because they are the sort of procedures that are performed for humans, members of the public are drawn into thinking that they must also be appropriate for a wildlife casualty. So they donate believing that the rehabber is ostensibly acting in the best interests of the casualty and fantastic for managing the process.

For the casualty that has an unfixable broken wing or leg, some take the view that amputation followed by a life in captivity (often referred to as "sanctuary") is a better option than euthanasia. There are many issues to take with this view particularly with the benefit of modern understanding surrounding the long term effects of stress. The word "sanctuary" refers to "a place where birds or animals can live and be protected from being hunted or dangerous conditions". It does not take account of chronic pain or the stress involved in permanent captivity for a wildlife casualty which is very likely to cause unnecessary suffering, albeit silent and hidden. Imagine a human having a limb amputated in a foreign country and then being held captive for the rest of their life in that country. They might survive for many years. Would they be happy? Would they feel that their life was worth living? Would they be able to "live a good life"? Again, these are concepts that members of the public, and many sanctuary owners, fail to consider, appreciate or understand. They are viewed positively because they have avoided euthanasia.

Unfortunately, sanctuary captives will invariably suffer in silence. When humans view them, they can see little wrong on the outside. Some captives will self-traumatise and develop behavioural issues, but these are the exception rather than the rule. Most just continue to try to survive. Promoting apparently content, disabled wildlife casualties on social media and websites generates a significant "cute" factor for misguided members of the general public – everyone feels sympathy for a hurt animal and wants it to get better. However, permanently disabled wildlife casualty cannot get better. It will simply continue to unnecessarily suffer until it dies. At this point the sanctuary keepers laud the misguided belief that they "did the best for them" and that "at least they had a good life with us". Somehow this is seen as having been better than euthanasia. They have entirely failed to appreciate the unnecessary suffering they have caused.

More recently, Avian Influenza (AI) has become a significant cause of concern in the UK. While most rehabbers appreciate the need to treat this relatively new disease with significant caution (not least because of its zoonotic risks and its ability to force closure on rehab centres under current government rules) they do this at a risk to their own reputations because of bad rehabbers. Refusal to admit certain species of birds or immediate euthanasia due to AI risks, are not understood by members of the public. Irresponsible rehabbers (who clearly do not appreciate the risks to themselves, wider society or the wildlife rehab sector) gain advantage over responsible rehabbers through promoting themselves as champions of wildlife by continuing to take in all bird species. Often they negatively comment on those who refuse. Given the choice between taking an avian casualty to a rehab centre which is likely to euthanase versus taking it to one that continues to admit all birds for treatment (despite the AI risks), it is entirely understandable that members of the public will be misled into thinking that the latter type of rehab setup is better and cares more about wildlife than the former. Again, nothing could be further from the truth.

The Covid pandemic has made the public more aware of the need for Personal Protective Equipment (PPE) and to normalise its use. This has migrated across to the wildlife rehab sector as it has become more aware of and tries to mitigate the risks of dealing with wildlife casualties. There are many zoonotic diseases which can be passed to humans as well as diseases which can be passed between wildlife casualties in rehab centres. The use of gloves, masks and aprons is considered to be basic good practice in all reputable rehab centres, as is the application of good levels of biosecurity. Again though, members of the public are unlikely to appreciate the risks faced by those who handle and care for wildlife casualties. Social media and websites are full of photos of wildlife casualties being handled with scant regard to basic protection from zoonoses. Members of the public see such pictures only as cute wildlife being looked after by caring rehabbers. They fail to realise that such pictures suggest a degree of ignorance and poor practice in regard to disease transmission risks between the casualties themselves and/or humans. If they have little regard to such basics, it should raise questions about how good they are at the rehab techniques necessary to give casualties the best chance to return to the wild. However, this would not be something a member of the public would recognise or think to ask. Consequently, bad rehabbers continue to be viewed favourably and applauded for the work they do by those who know no better.

The internet and social media can hide a multitude of sins. It is virtually impossible to assess the size, competence or experience of a rahab organisation from its website or social media presence. One person rehabs operating from their garden shed can appear exactly the same online as a large registered charity employing tens of people.

The desire to help wildlife can result in well-intentioned, “do-gooders” setting up as rehabbers with little or no knowledge and experience. Such small, inexperienced, rehab setups often lack resources. Consequently, casualties may not have access to veterinary input or support and may not receive appropriate veterinary care. The resulting preventable deaths and unnecessary suffering go unnoticed and unreported. Some casualties will make it and are held up on social media as examples of what a good job they have done, but there will never be an audit report of all those that could have, but didn’t, make it.

It is very difficult to address the sort of false images generated by bad rehabbers. Meaningful engagement with such rehabbers on social media is challenging and usually results being blocked or ignored. Such rehabbers are rarely open to discussion of their practices and beliefs outside of social media. They are largely unregulated and are able to take advantage of the lack of knowledge of members of the public to create false impressions and narratives of their work, particularly on social media. This continues to hide the unnecessary suffering they undoubtedly cause.

There is no magic solution to making bad rehabbers into good ones but the current ease by which bad rehabbers can appear good is of significant concern and a source of immense frustration to genuine good rehabbers. The lack of understanding and acceptance surrounding euthanasia being a valid treatment for preventing unnecessary suffering is a barrier to improving wildlife casualty welfare. Perhaps efforts to address this more widely may be a way forward? Compulsory licencing of all UK wildlife rehabilitators would also be a big step forward in achieving compliance with modern standards, practices and thinking.

THE NEXT GENERATION REHABILITATOR

24th Century Quotes Simon Allen

"Imprisonment is an injury regardless of how you justify it"

Captain Jean-Luc Picard, Series 3, Episode 18 "Allegiance"

We build enclosures for people and call it prison and yet we build enclosures for wild animals and call it sanctuary.

One of the most emotive subjects in wildlife rehabilitation is the keeping of wild disabled animals in permanent captivity. We often seem to confuse quantity with quality, whether it be the quantity of animals we admit into our establishments or the quantity of life they experience thereafter.

When it comes to welfare and rehabilitation, the only measure to be proud of is quality. This should be the measure of success - the quality of the governance of your establishment and the management of the numbers your facility can comfortably house, the quality of rehabilitation so animals are released with an equal chance of being as productive as their wild counterparts, or the quality of decision making such as timely euthanasia to prevent unnecessary suffering.

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