

# INHUMANITY

## *By prescription*

BY DR. R. M. KELLOSALMI

**E**very once in a while an issue comes along that allows us an idealistic choice, without compromising treatment goals. Such a choice exists for estrogen-replacement therapy (ERT).

In medical school we learned that conjugated equine estrogens were derived from the urine of pregnant mares. Most of us probably buried that little fact away with all the other trivia thrown at us.

And in our practices, we physicians prescribe — routinely and confidently — equine-based ERT for postmenopausal patients.

Perhaps a year ago, news stories started to dribble out about the pregnant mare urine (PMU) industry, citing unnecessary animal cruelty.

The articles would nuzzle in the back of my mind even as I continued to prescribe equine-based ERT. I soon began to review the available information on PMU production.

The industry is largely Canadian-based, with about 500 factory farms in Manitoba, Saskatchewan, Alberta and a few in North Dakota, using a present total of horses exceeding 75,000.

More than 1,000 farmers are waiting to join up, as there are plans to increase the total to perhaps as high as 200,000 mares.

### **Cruelty claim**

One major cruelty claim has been that pregnant mares are confined to hard, cement-floored stalls too narrow to properly lie down in, not just for a few days, or even weeks, but for 6-7 continuous months each year, while harnessed to a urine collection system. In practice, the presence or absence of exercise has been at the whim of the operation.

The fate of the 75,000 or so foals produced by the industry each year has been another fundamental concern. Most of these "unwanted by-products" end up being fattened, trucked up to hundreds of kilometres — and slaughtered.

Further information on the fate of these animals is not pleasant. A Canadian Farm Animal Care Trust (CanFACT) report on the Bouvry Slaughterhouse in Fort McLeod, Alta., where apparently a majority of the foals are slaughtered, states that horses coming up the chute to the "dark and frightening killing box" were "obviously extremely nervous, in fact, they trembled."

Another report of the same



slaughterhouse by the U.S. Humane Society includes the following disturbing sequence: "employees ... were very careless ... we watched as a young draft horse was killed. He was too large to fit into the chute where the smaller horses were shot and had to be led from the holding pens directly onto the kill floor, where he passed by several of his companions already hanging by a rear leg, blood draining from their cut throats. The kill floor employees laughed and told us to cover our ears. The subsequent shot was ear splitting ... we watched as the animal staggered back to his feet. It was several long seconds before the second shot found its mark and the horse fell to the ground once again."

The mares left behind on the factory farms are re-impregnated and once again attached to the "pee-line."

A number of publications have now documented similar scenarios. Still further verification came from an unexpected source, when a representative from the manufacturer of conjugated equine estrogen left a magazine article about the PMU issue at our medical centre.

I can only presume that the article selected would have been seen as less damning to the industry than many. Nevertheless, it too contained the well-publicized descriptions of restrictive stalls and prolonged confinements, while admitting to the slaughter of at least 45,000 foals per year.

Is PMU production really necessary or are there other acceptable, practical choices?

Conjugated equine estrogen

contains 10 known active hormones — and a host of unknown constituents. Most of the known hormones in conjugated equine estrogen are not natural to the human female. Indeed, no major clinical benefits have been proven for many of them. The effects of the multiple unknown ingredients in this "biological cocktail" are precisely that — unknown.

In comparison, the chemistry of the other ERT products are more definable than that of conjugated equine estrogen.

They are simpler and purer products (much like digoxin compared to the cruder digitalis).

All of the present ERTs have approval for the treatment of menopausal symptoms. Some are indicated also for the treatment of osteoporosis or pallia-

tion for breast cancer or prostatic cancer. Two of these, like equine estrogen, are also classed as "conjugated."

Both of these plant derived conjugated estrogens have exactly the same list of officially approved indications as conjugated equine estrogen. They also happen to be less costly.

### **Ethical grounds**

Many issues have been used to justify the ongoing production of conjugated equine estrogen. With the other products now available, the need for production can be questioned on ethical grounds. Concerns have also been raised both over the unknown ingredients in conjugated equine estrogen and over an apparent lack of product consistency.

There is the issue of the 500 farmers financial interests. For this group, the quest for profit obviously outweighs the concerns about possible ethical ramifications.

Another argument defends the industry by saying that those horses would be bred for meat even in the absence of the PMU business. That contention is severely marred by the relatively high costs of producing horseflesh; the PMU slaughter industry exists as a side-line, subsidized by the very profitable PMU industry.

As expected, the manufacturer disclaims responsibility for the slaughter industry, maintaining that it is the farmer's job to deal with the "unwanted by-products."

During the last several months, I have discussed the issue of conjugated equine estrogen with postmenopausal patients asking about ERT. Fully 100% of those patients have chosen another option. Unfortunately, for physicians it is easy and comfortable to prescribe drugs that have been around for a long time. It is also easy to not think about our contribution to the cruel chain of events that our prescriptions may allow, and thus the PMU industry is supported by our ho-hum acquiescence.

But the doomsday clock is again well on its way for tens of thousands of innocent lives — lives that, once again, will end in terror needlessly. With a few strokes of the prescribing pen, we are able to decide the fate of future innocents.

It comes down to a simple choice. It is also a choice that speaks worlds — about us.

**Dr. Kellosalmi is a family doctor in Peachland, B.C.**