

OPEN LETTER TO THE EDITORS

Re: *"The stranded humpback whale: A legal classification from a veterinary perspective"*
VetLine.de (September 10, 2026)

October 12, 2026

Dear Editors,

Stranded No More writes in response to the article by Fritz Karbe, Katrin Baumgartner, Florian Brandes, Kerstin Ternes, Daniela Rickert and Dietrich Rössel on the humpback whale stranded in the Baltic Sea. The piece presents itself as a calm, rational correction to an overheated public debate, but read carefully it offers something far more troubling: a framework that turns clinical uncertainty into a death sentence, treats compassion as a professional failing, and asks the public to step aside while a small circle of selected specialists decides which animals are worth the effort of saving. That such a framework was published in a professional journal under the banner of animal welfare is reason enough to reply. That it was published while the German stranding protocol is being drafted makes a reply fairly urgent as well.

The authors appear to have lost sight of what veterinary medicine is for. The imperative of a veterinarian is to diagnose and to treat, to relieve pain, manage disease and support recovery. Nothing in veterinary training makes its graduates the rulers of life and death, and nothing in it makes them ethicists. A prognosis is a clinical estimate made with incomplete information, while the question of whether a life is worth continuing is a moral one, but the article blurs the two at every turn. It offers a flowchart in which a single "definitely no" obliges the killing of the animal, then defends this as standard practice in every wildlife rescue center, as though the frequency of a habit were proof of its wisdom. The authors rightly warn colleagues against lending their names as experts in matters beyond their experience. That warning applies with equal force to veterinarians who appoint themselves the moral arbiters of whether a wild animal deserves a chance.

The central principle of the article, that the protection of well-being takes precedence over the protection of life, is a dangerously slippery slope, all the more so because no one can ask the animal what he or she wants. Every judgment about their future quality of life is a human projection, and the history of such projections should inspire humility. Paul Alexander contracted polio as a child in 1952 and spent most of the following seven decades in an iron lung. Any assessment of his welfare at the time would have described a paralysed child with no prospect of independent survival and a lifetime of dependence ahead of him, and by the logic of this article his welfare would have outranked his life. He went on to earn a law degree, practise as a lawyer, write a memoir, and live to the age of 78 as a remarkably optimistic man who inspired people around the world. Nobody who knows his story would claim that a judgment made at the outset of his illness could have captured what his life would become. The same humility is owed to animals, and above all

to young individuals, whose capacity for recovery and adaptation is precisely what is hardest to predict.

There is a better frame, and it is the one medicine has always used: reducing suffering while preserving life. Analgesia, sedation, fluid and thermal support, treatment of injuries and infections, careful transport, rehabilitation and release all sit between the false choice of torment or death that the article presents. Euthanasia can only ever be a rare exception, and the reason it should be rare is very simple: With a proper and timely intervention, the circumstances that are said to make it necessary would almost never arise.

The case of "Buckli/HopeTimmy" proves the point, and it is remarkable how much of it the authors leave out. Buckli/HopeTimmy was seen in the Baltic Sea some fourteen months before the final stranding. That is fourteen months in which the animal could have been monitored, assessed, sampled and helped, and the article does not mention it once. Instead, it treats the final stranding as the beginning of the story and the animal's condition at that moment as a fixed fact of nature, rather than the predictable result of more than a year in which no adequate intervention took place. A whale that has been left to deteriorate for over a year will look like a hopeless case, and the article then uses that appearance to argue that hopeless cases should be killed. This is circular reasoning, and the animal pays for it with its life.

The broader evidence points the same way. Scientists simply do not have sufficient data to predict with any confidence whether a stranded large whale will survive, and the outcome depends heavily on the quality of the response itself. Sperm whales stranded in Tasmania survived ninety-six hours on the beach and were successfully refloated (Thalmann et al., 2008). A juvenile humpback stranded for three days at East Hampton was found at necropsy to have only localised, healable damage, with no catastrophic organ failure (NOAA NY4236). In the German case of Hartwin, a prognosis of "no chance" was issued without a single diagnostic test, after which the whale swam 1,125 km over fifty days; the same expert later conceded it was fitter than initially assumed, and the necropsy found a treatable bacterial infection that a simple blow sample might have identified. A botched, delayed or improper response lowers an animal's chances through no fault of its own, and to treat human failure as evidence of an animal's non-viability is to punish the patient because the ambulance arrived late. The article dismisses "mere hope" as insufficient justification for treatment, yet emergency medicine in every species is practised under uncertainty, and if certainty of survival were the entry requirement for care there would be very little emergency medicine left.

It is also worth reminding the authors that the approach they describe as standard practice is anything but universal. In Thailand, as in a number of other Asian countries, stranded cetaceans are not euthanized at all. Dr. Nantarika Chansue of Chulalongkorn University, a veterinarian with more than three decades of experience with aquatic animals and a keynote speaker at the 2022 Society for Marine Mammalogy conference, told an audience of international colleagues that in Thailand the response is to do everything possible and to keep treating the animal, because ending a life is regarded as playing God. Dr. Chansue

is no sentimental amateur. To overcome the lack of electricity and diagnostic equipment at remote stranding sites, she spent three years studying traditional Thai and Chinese medicine and adapted those methods for marine mammals, and her team developed the neoprene life vest now used to support stranded dolphins. Where the authors see a remote, difficult case as grounds for a flowchart that ends in killing, she saw it as a reason to find new ways to treat, and succeeded at that. The difference is not one of resources or expertise, but of will.

The article's warning against the "emotional trap" is perhaps its most revealing passage. Compassion and love for the animal in one's care are not traps. They are the prerequisite for anyone who practises medicine, whether on humans or on animals, and a doctor or veterinarian who has become emotionally detached from their patients is not more objective but less fit for the work. Compassion fatigue and burnout are real and serious problems that deserve support and attention, but they must never be allowed to harden into policy. When exhaustion with difficult cases is projected onto the animals themselves and then written up as principle, the result is not science but self-justification.

Equally troubling is the article's treatment of the public and its role. The authors want a commission of experts whose recommendations politicians should follow "even if the result may not be in line with tabloid news," and they cast veterinarians as a bulwark against social media. The public is not a mob to be managed, as it funds conservation, watches over the coasts, volunteers in rescue work, and holds a legitimate moral stake in whether a strictly protected, sentient animal is given a chance to live. The public has an absolute right to participate in decisions that affect an animal's chances of survival. Expert advice is indispensable, but a panel that operates without transparency, without ethical input from outside the profession and without public accountability is not a safeguard, and the article's own claim that a humpback whale is, legally speaking, no different from a common pipistrelle shows exactly how such a panel is likely to reason.

This is why the article matters far beyond a single whale. The thinking it promotes is not an isolated opinion. Boys et al. (2026) similarly recommend reframing euthanasia as a "proactive welfare tool rather than a last resort measure" and propose pre-approved public messaging that prioritises "welfare over hope," which in practice has too often meant death before diagnosis. As far as can be determined, the German stranding protocol is being written right now, and neither the public nor the wider scientific community knows who is writing it. It is entirely possible that the same authors, or colleagues who share their views, are among those shaping it. If so, the framework laid out in this article, with its flowchart that ends in killing, its dismissal of hope, its suspicion of compassion and its explicit wish to keep public opinion out of the decision, may soon become the official response to every stranded cetacean on German coasts. Before that happens, the drafting process must be opened, its authors named, and its principles subjected to the scrutiny that this article has so conspicuously avoided.

A stranded whale is a patient, and as a patient he or she deserves timely intervention, a diagnosis, treatment, relief from suffering and a genuine chance, and a protocol built on

anything less does not deserve the name of animal welfare, however carefully the legal paragraphs are arranged around it.

Yours sincerely,

Stranded No More

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