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Special article - Review

MULTISPECIES FAMILY: TOWARDS A BROADER CLINICAL PERSPECTIVE IN HOSPITAL SETTINGS

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Abstract

In recent decades, family configurations have undergone significant transformations, with growing recognition of companion animals as meaningful members of the affective environment. This phenomenon has given rise to new forms of organization known as multispecies families. The objective of this article is to analyze, through a conceptual narrative review with an applied proposal, the clinical relevance of the human-animal bond in hospital settings and its potential incorporation into biopsychosocial assessment. Literature published between 2010 and 2025 was reviewed, prioritizing clinical, psychosocial and public health studies on the human-animal bond, social support, hospitalization, adherence, discharge planning and family assessment tools. The search was narrative in scope and was not designed as a systematic review or as a PRISMA-based strategy. Available evidence suggests that companion animals may influence emotional coping, continuity of care, self-care routines and decision-making during illness. We propose adapting classic tools, such as the genogram and ecomap, to systematically record the presence, role and care needs of companion animals. This proposal does not aim to establish universal normative recommendations, but rather to offer an initial, cautious and contextual clinical tool to broaden understanding of the patient's real support environment.

Key words: human-animal bond, pets, family relations, social support, clinical assessment

Resumen

Familia multiespecie: hacia una mirada clínica ampliada en contextos hospitalarios

En las últimas décadas, la configuración familiar ha experimentado transformaciones significativas, con creciente reconocimiento de los animales de compañía como integrantes significativos del entorno afectivo. Este fenómeno ha dado lugar a nuevas formas de organización denominadas familias multiespecie. El objetivo de este artículo es analizar, desde una revisión narrativa conceptual con propuesta aplicada, la relevancia clínica del vínculo humano-animal en contextos hospitalarios y su posible incorporación a la evaluación biopsicosocial. Se revisó literatura publicada entre 2010 y 2025, priorizando estudios clínicos, psicosociales y de salud pública sobre vínculo humano-animal, apoyo social, internación, adherencia, planificación del alta y herramientas de evaluación familiar. La búsqueda tuvo carácter narrativo y no fue diseñada como revisión sistemática ni como estrategia PRISMA. La evidencia disponible sugiere que los animales de compañía pueden influir en el

afrontamiento emocional, la continuidad de cuidados, las rutinas de autocuidado y la toma de decisiones durante la enfermedad. Se propone adaptar instrumentos clásicos, como el familiograma y el ecomapa, para registrar de manera estructurada la presencia, el rol y las necesidades de cuidado de los animales de compañía. Esta propuesta no pretende establecer recomendaciones normativas universales, sino ofrecer una herramienta clínica inicial, prudente y contextual para ampliar la comprensión del entorno real del paciente.

Palabras clave: vínculo humano-animal, animales de compañía, relaciones familiares, apoyo social, evaluación clínica

KEY POINTS
Current knowledge

- The human-animal bond may be part of the patient's affective and social environment. Available literature describes associations with emotional support, social networks, self-care and the experience of illness, although evidence is heterogeneous and there are no universal clinical recommendations.

Contribution of the article to current knowledge

- This article proposes incorporating brief questions and adapting the genogram and ecomap to record multispecies bonds in hospital biopsychosocial assessment, with a cautious, contextual and interdisciplinary clinical application.

The recognition of companion animals as significant members of the affective core has been documented in contemporary literature and in population-based studies. In Argentina, population reports and local surveys show a high prevalence of cohabitation with companion animals. These data are useful to contextualize the social magnitude of the phenomenon, although they are insufficient by themselves to support clinical inferences[1-4]. For this reason, in this article non-scientific sources are used only as an introductory contextual framework; clinical, methodological and concluding statements are supported primarily by peer-reviewed academic literature.

These changes in the relationships between people and their companion animals reflect a broader phenomenon and accompany contemporary transformations of the family as a basic unit of care[5]. In this context, the presence of companion animals in households raises the need to broaden the understanding of family configurations, particularly when non-human members occupy a relevant place in the emotional and relational organization of the cohabiting group[6].

These forms of affective organization are conceptualized in this manuscript as multispecies families. The term is used consistently to describe family configurations in which companion animals participate in emotional, everyday and caregiving dynamics. Although this transformation has permeated domestic, legal and community spheres, clinical practice, especially in care and hospital admission settings, rarely records in a systematic way the presence of animals as significant figures or as factors that may influence therapeutic adherence, decision-making, the patient's emotional experience or their real support network[7-12].

Integrating the multispecies perspective into clinical practice may broaden the patient's biopsychosocial assessment, provided that it is carried out prudently, without replacing medical evaluation or minimizing zoonotic or institutional risks. This article proposes to describe the potential usefulness of incorporating brief questions and recording tools aimed at understanding the influence of companion animals on family dynamics and health-disease processes.

In this context, the concept of "zooeyia" becomes relevant, understood as the set of potential health benefits associated with the human-animal bond, as a complementary counterpart to the approach focused exclusively on zoonoses. This concept recognizes that companion animals may contribute to physical, emotional and social well-being through affective support, healthy routines, motivation for self-care and reduction of stress or loneliness[13].

If the family is a key space for care, decision-making, coping with stress and recovery, it is pertinent to update the clinical perspective in order to identify significant non-human bonds

when they are part of the patient's everyday environment. On this premise, the concept of the multispecies family and its implications for clinical assessment in hospital settings are analyzed.

Method

Type of review and scope

A conceptual narrative review with an applied proposal was performed. The manuscript is not presented as a systematic review or as a meta-analysis. Therefore, a full PRISMA strategy was not applied, a formal risk-of-bias assessment was not conducted and no attempt was made to estimate quantitative effects. The objective was to synthesize relevant interdisciplinary literature and to derive an initial clinical proposal to incorporate the human-animal bond into hospital biopsychosocial assessment.

The search was conducted between January and August 2025 in PubMed, SciELO, Scopus and Google Scholar, considering publications from 2010 to 2025. In PubMed, consolidated MeSH terms were prioritized, including Human-Animal Bond, Pets, Family Relations, Social Support and Patient Discharge. Emerging or not necessarily indexed terms were used as free text, such as multispecies family, zooeyia, multispecies genogram, multispecies ecomap, vínculo humano-animal, familia multiespecie, familiograma and ecomapa. Equivalent combinations in Spanish and English were used in SciELO, Scopus and Google Scholar.

Clinical, epidemiological, psychosocial, public health and family medicine articles addressing the human-animal bond, support networks, companion animals in illness contexts, hospitalization, adherence, hospital discharge or family assessment tools were included. Strictly veterinary studies without a link to human health, unpublished theses, newspaper articles used as clinical support and anecdotal documents without academic basis were excluded. Institutional or press sources, when retained, were used only to contextualize the social magnitude of the phenomenon and not to support clinical conclusions.

The information was organized according to conceptual relevance and clinical applicability. Findings were grouped into thematic axes related to emotional support, social networks, hospitalization, continuity of care and family assessment tools. Based on this synthesis, an adaptation proposal for the genogram and ecomap was developed in order to record the presence, affective role and care needs of companion animals during hospital care.

Results

The reviewed literature allowed the identification of five axes of clinical relevance of the human-animal bond: emotional and relational dimension, support networks and community, hospitalization and continuity of care, clinical recording tools, and hospital applications. Table 1 summarizes these axes as an interpretive synthesis with clinical orientation, not as a hierarchy of evidence or as a universal normative recommendation.

In the emotional axis, available studies describe that companion animals may act as attachment figures and affective regulators, with potential impact on loneliness, anxiety, depressive symptoms and self-care routines[14-27]. In the social axis, pet ownership appears to be linked to opportunities for community interaction and social support, aspects that are relevant for patients with isolation or chronic diseases[16,18].

In the hospital context, forced separation from the companion animal may constitute an additional source of distress and concern, especially when the patient is the animal's primary caregiver. Some studies show that pet care needs may influence medical decisions, adherence, acceptance of hospitalization or discharge planning[19-21]. These findings justify briefly and systematically asking whether there is a relevant companion animal and who will assume its care during illness or hospitalization.

The review also identified an instrumental gap: the usual medical record and classic family assessment instruments do not always record significant human-animal bonds. Therefore, it is proposed to adapt the genogram and ecomap to represent companion animals, bond intensity, care responsibilities, available network and potential health risks[22-24,28-30]. Table 2 presents a brief complementary inquiry for the medical record.

This proposal should be understood as a clinical support tool. Its application may be useful

Table 1 | Clinical axes of relevance of the human-animal bond

Thematic axis	Studies	Main findings	Clinical contributions/implementation (hospital practice)
1. Emotional and relational dimension	McConnell et al. 2011 (17); Wells 2019 (27);	Companion animals may act as attachment figures and emotional regulators. Associations have been described with reductions in loneliness, anxiety and depressive symptoms, as well as physiological responses linked to human-animal interaction.	Screening/anamnesis: include brief questions during clinical admission, for example: do you live with companion animals?, do you consider them part of your family? Genogram: record presence, name, species and affective role. Interventions: consider, when institutionally feasible, support resources for animal care during hospitalization.
2. Support networks and community	Zhao et al. 2025 (16) ; Wood et al. 2015 (18)	Pet ownership may favor community bonds, social interaction and access to support networks, especially among people with social isolation.	Discharge planning: map networks that include the companion animal and define who can help with its care. Ecomap: identify community, family or institutional support linked to the patient and their animal.
3. Hospitalization and continuity of care	Polick et al. 2021 (19); Montgomery et al. 2024 (20); Omonaiye et al. 2024 (21)	Forced separation during hospitalization may be associated with distress, concern about animal care and potential impact on medical decisions, adherence and hospital discharge.	Medical record: record type of animal, affective role and responsible person during hospitalization. Specific measures: general condition of the animal, responsible contact and care needs. Protocols: consider institutional regulations for biosafety, hygiene, circulation and consent when controlled entry programs exist.
4. Clinical tools: multispecies genogram and ecomap	Rodríguez Ceberio & Díaz Videla 2020 (22,23); Rodríguez Ceberio et al. 2020 (24);	The usual medical record and classic family instruments do not always record significant human-animal bonds.	Instrumentation: adapt the genogram and ecomap to incorporate companion animals, bond intensity, care responsibilities and support network. Training: guide teams on what to ask, how to document and how to consider basic zoonotic aspects.
5. Hospital applications and impact areas	Suárez Cuba 2015 (28) Hodgson et al. 2015 (26); Hodgson et al. 2017 (37); Roffo Institute (33); Hodgson et al. 2018 (36)	Asking about companion animals may improve physician-patient communication and provide information about habits, support networks, housing, physical activity and zoonotic risks. There are institutional experiences with controlled-entry protocols.	Clinical practice: systematize questions about companion animals as part of the social and family history. Patient education: leverage potential benefits of zooeyia and prevent zoonotic risks. Institutional policy: develop protocols with prior authorization, enabled areas, informed consent and health control when permitted by the institution.

MR: medical record

Note: The table corresponds to an interpretive synthesis with clinical orientation. It does not represent a formal hierarchy of evidence or a universal normative recommendation

Table 2 | Complementary inquiry for the medical record (screening/anamnesis)

Suggested field	Medical record entry
Cohabitation with companion animal	Yes / No
Species and name	
Affective or functional role	Companionship / emotional support / assistance, therapeutic, medical alert
Responsible person during hospitalization	or guide dog / other*
	Name and contact:
Needs for discharge planning	Animal care, support network, community or institutional resources
Observations**	

MR: medical record
**Other: specify relevant bond, function or need, **Observations: regarding the patient, the companion animal and/or the human-animal bond.*
Note: Brief and contextual proposal to incorporate the human-animal bond into the anamnesis. It should be applied according to clinical judgment, institutional regulations and risk assessment.

in internal medicine, family medicine, pediatrics, mental health, palliative care, rehabilitation and hospital social work, always articulated with safety criteria, zoonosis prevention, institutional regulations and individual patient assessment[31-37].

Discussion

The findings of this narrative review suggest that the multispecies family is a useful conceptual framework for broadening biopsychosocial assessment, especially when the companion animal fulfills functions of emotional support, routine, companionship or motivation for self-care. However, the available evidence is heterogeneous and comes from diverse designs; therefore, it does not allow causality or universal recommendations to be established. The main contribution of this article is to translate this literature into a cautious and applicable clinical proposal.

The adaptation of the multispecies genogram and ecomap allows information that is usually left out of the anamnesis to be made visible: presence of companion animals, affective role, care responsibilities, available support network, impact of hospitalization and possible health risks. This information may guide clinical communication, discharge planning and interdisciplinary coordination, without replacing institutional protocols or biosafety criteria.

From a clinical perspective, asking about companion animals may strengthen physician-patient communication and open a pathway to explore habits, physical activity, social support, housing, isolation and everyday responsibilities. In patients who live alone, older adults, patients with chronic diseases or prolonged hospitalizations, this information may be relevant to anticipate adherence barriers and support needs during discharge.

As a limitation, because this is a narrative review, the literature selection was not exhaustive nor designed to evaluate methodological quality using formal tools. Likewise, emerging concepts such as multispecies family, zooeyia, multispecies genogram and multispecies ecomap are not always indexed as MeSH descriptors, which limits the reproducibility of strictly bibliographic searches. Therefore, the proposals set out here should be considered hypotheses for clinical implementation and not clinical practice guidelines.

Conclusion

The multispecies family offers a relevant conceptual framework for recognizing affective bonds that may influence the experience of illness, hospitalization and recovery. The incorporation of brief questions about companion animals into the medical record may help to better understand the patient's real environment and

anticipate care needs during hospitalization or discharge.

The multispecies genogram and ecomap are proposed as complementary tools to record these bonds in a structured manner. Their use should be gradual, contextual and articulated with interdisciplinary teams, institutional regulations, safety criteria and prevention of zoonotic risks. Available evidence supports the clinical relevance of exploring this dimension, although applied studies are still required to evaluate its impact on healthcare outcomes.

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