

COMMENT

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Enhancing humanized care in French ICUs: the potential benefit of welcoming pet visitors

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Main text

Humanization of care has become a major priority in intensive care units (ICUs). In parallel with advances in life-sustaining therapies, increasing attention is now paid to patients' psychological experience during and after critical illness. Strategies aimed at improving comfort, preventing delirium, and supporting families are increasingly recognized as integral components of high-quality ICU care.

In this context, innovative approaches that improve the emotional environment of the ICU deserve attention. Among them, animal-assisted interventions (AAI) have emerged as a potential strategy to support patients and families [1]. Occupational time among identified patients also represent essential ways for humanizing ICU care.

Rationale for allowing the presence of animals in ICU

Critical illness and ICU hospitalization expose patients and families to substantial psychological stress. Fear and social isolation are common experiences, and the ICU environment itself may contribute to emotional distress.

AAI may address several of these challenges, when used as a therapy oriented to release stress and anxiety. The presence of an animal can facilitate communication between patients, relatives, and caregivers, while providing a non-medical and reassuring interaction within a highly technological environment. In addition, interactions with animals have been associated with physiological effects such as reductions in stress markers and improvements in mood in other healthcare contexts [2].

The aim of the visit is often diverse, since it can change according to the setting, the profile of patients, or the type of facility. Either a structured goal-oriented therapeutic session is proposed, or spontaneous interactions with trained dogs through occupational time (usually

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dedicated to some patients), or even time-limited interactions between patients and the pet are preferred, the implementation of pet therapy should rely on standardized practices. A recent survey conducted among caregivers in United-Kingdom highlights the need for a reinforced cooperation between professionals to set the appropriate framework [3].

Evidence supporting the benefits of AAI in critically ill patients remains limited but is progressively emerging. A recent review by Fiore et al. identified six studies exploring these interventions in intensive care settings [4]. All programs involved dogs. Four studies were randomized controlled trials conducted in heterogeneous clinical settings, including adult and pediatric surgery units, as well as cardiac surgery and transplantation units. However, these were small trials with sample sizes ranging from 10 to 80 patients. They did not describe how animals interact with patients, relatives or the staff. The outcomes were assessed using various physiological and psychological parameters, including neurophysiological and hemodynamic markers. Similar studies also suggested objective benefits in functional outcomes and behavioral signs of stress, such as mood or agitation in pediatric settings [5].

Recently, Cook et al. reported objective evidence regarding anxiety reduction among ICU patients and their relatives [6]. In this study, the emotional status was assessed using a visual analog scale for anxiety before and after sessions of canine-assisted intervention. Interactions involved trained therapy dogs during 15-minute sessions. Importantly, relatives were also evaluated and experienced a similar reduction in anxiety levels, with statistically significant results. Overall, these studies consistently describe improvements in stress-related indicators when AAI were implemented, highlight the value of structured AAI programs in ICUs with benefits for both patients and their relatives. Such evidence contribute to empower national recommendations, recently issued and endorsed in Germany [7].

Feasibility and barriers

Despite growing interest, the implementation of AAI in ICUs faces several practical and organizational barriers, underscored by national surveys as in Australia [8]. Recent reviews leave uncertainty regarding feasibility and effectiveness. Indeed, concerns about infection control, hygiene standards, and patient safety are frequently raised. For this reason, structured protocols and supervision are required to ensure safe interactions between critically ill patients and animals. A reinforced coordination and clear policies appear necessary to avoid discrepancies [9, 10].

In France, the issue is particularly complex because current regulations formally prohibit the presence of

animals inside hospitals. Interestingly, however, some ICUs already allow patients to receive visits from their pets on a case-by-case basis, illustrating a gap between regulation and clinical practice. Strict protocols appear useful to enclose suitable timing, scheduled animal supervision, and ultimately allocate to pets a place among patients' relatives. Such strategies should be transdisciplinary endorsed, involving Infection Prevention and Control teams and ICU staff. Furthermore, it should also fulfill logistic and administrative prerequisites, while integrating security staff and pretending to receive institutional support.

Some unpublished evidence, based on the experience from several teams, underpin that welcoming a patient's pet can be time consuming for the staff. This stands as a main barrier. In some hospitals, where institutional protocols are locally endorsed, an uninterrupted presence of an ICU staff member is specifically mentioned due to safety reasons. Basically, check on the catheters and intravenous lines is mandatory, especially where close contacts on the bed are to be authorized, but also to ensure cleaning after visits. The estimated timing to allow a well-organized visit is approximately 45 min. Overall, the dedicated time could easily reach more than 2 h, considering all required measures from patient's installation and protection to animal's preparation and surveillance in the strict respect of hygiene criteria. Shared responsibility involving relatives and collaborating professionals are consubstantial prerequisites to overcome common staff needs and constraints resources [11].

Perspectives

Interest in pets' visits is increasing, yet important questions remain regarding feasibility, safety, and effectiveness. Two French studies initiated in 2025 aim to describe the feasibility and acceptability of companion-animal visits in ICU settings [12, 13]. These initiatives may help clarify how such programs could be safely implemented.

Future research should adopt multidimensional evaluation frameworks, assessing not only patient-centered outcomes such as anxiety, delirium, or quality of life, but also the impact on relatives, and healthcare professionals as well [14]. The collaboration with veterinarians and social scientists may provide valuable insights into these aspects [15].

Ultimately, if proven safe and effective, structured animal visits could represent a novel component of ICU humanization strategies, bringing a familiar and comforting presence into one of the most technologically intense environments in medicine (Fig. 1).

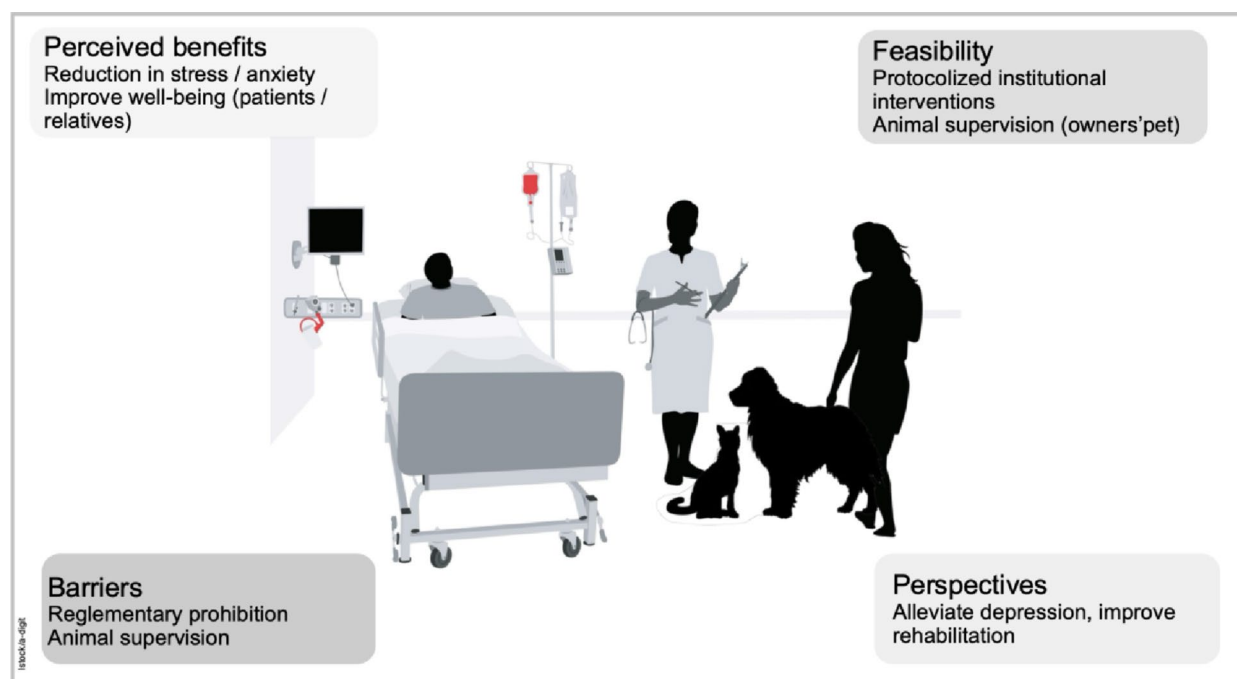


Fig. 1 Stepping towards pet visitors in ICU: challenges to overcome. Perceived benefits often focus on patients' well-being and reduction of stress and anxiety. Though entering French hospitals is not allowed due to legal restrictions, yet many ICUs report such practices. Its reality remains unknown, since no data exist about the frequency and modalities of the visits. A protocolized visit under appropriate and well anticipated supervision appears clearly reachable. The offered perspectives potentially concern every aspect of the rehabilitation phase and promote a humanized environment, giving a chance of gathering family members, and to allocate a place for pets as a part of the patients' relatives. Credits: image iStock/a-digit, for editorial use only (non-commercial purpose).

Abbreviations

ICU	Intensive Care Unit
AAI	Animal-assisted interventions
RCT	Randomized controlled trials

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Author contributions

P.H.W., E.M.P., F.B., C.D., L.F., G.T. conceived the manuscript. P.H.W., E.M.P., L.B.C. prepared the figure. P.H.W., E.M.P., F.B., A.E., C.D., A.F.R., L.B.C., L.F., G.T., wrote the main text. All authors revised and approved the final manuscript.

Data availability

No datasets were generated or analyzed during the current study.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

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Competing interests

The authors declare no competing interests.

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