

# Proposed Universal Human-Animal Bond Scale

## Devotion, Value, Concern & Responsibility

This HAB Scale is an assessment tool for veterinarians and all animal caregivers who must deal with dilemmas involving intrinsic bioethical considerations, decision making, analysis and dialogue regarding all creatures great and small at all levels of attachment, devotion, personal or financial value and responsibility. Everyone is invited to place their own scores in the boxes based upon their personal experiences and viewpoints to develop their own Universal HAB Scale.

Scores range from 0-10. Example; 0 means no attachment; 10 indicates the most highly bonded relationship. Add scores from left to right for Total in right column. The most highly bonded HAB relationships: 10+10+10+10+10= **50**. Fill in your own scores in each box.

Attachmt*	Relationship or Connection with Animals	Devotion	Value	Concern	Responsib*	= Total
10+ <b>Your Score</b> _____	A love relationship with 2-way interaction between a person and a specific companion animal that is regarded as a best friend or a member of the family. Emotional attachment is readily displayed by the person or family for their animal(s) and visa versa.	10+ _____	10+ _____	10+ _____	10+ _____	= <b>50</b> <b>Your Total</b> _____
9 _____	A strong interactive relationship but yields to other responsibilities, obligations, priorities, habits, etc.	8-9 _____	9 _____	9 _____	10 _____	45-46 _____
8 _____	Successive reliance relationships: service animals, K-9 partners, search and rescue teams, etc.	8-9 _____	10 _____	5-9 _____	10 _____	41-46 _____
7 _____	Ownership for purpose: military, protection, work, livelihood, transport, draft, etc.	2-9 _____	3-9 _____	3-9 _____	10 _____	24-43 _____
6 _____	Animals used in: futurities, racing, hunting, rodeo, endurance rides, sports, shows, circus, etc.	0-9 _____	3-9 _____	1-6 _____	10 _____	19-39 _____
5 _____	Animals raised in a family environment but considered disposable if too big, misbehave, family is moving, etc.	2-9 _____	1-4 _____	1-5 _____	10 _____	21-35 _____
4 _____	Casual interactions with therapy, aquarium, zoo, exhibit animals, animals encountered in yards, on property, on nature hikes, boating, diving, etc.,	0-3 _____	4-5 _____	5-9 _____	10 _____	23-31 _____
3 _____	Food and farmed animals, game reserve animals Species exploited for sports, sport-fighting and other abusive acts that cause harm to the animals	0-3 _____	2-9 _____	0-6 _____	10 _____	15-31 _____
2 _____	Laboratory animals of all species Animals kept for production of medical products, testing, research & development purposes, etc.	0-3 _____	1-9 _____	0-6 _____	10 _____	13-30 _____
1 _____	Reserve & free ranging wild animals, birds, insects, aquatic animals, etc. Unwanted animals: horses, burros, dogs, cats, feral animals, hoarded animals, etc.	0-2 _____	0-6 _____	0-9 _____	10 _____	11-28 _____
0 <b>Your Score</b> _____	Pathogens, pests, parasites, vectors of disease; animal or plant species that are destructive to ecosystems; Prey species that harm people & their animals	0 _____	0 _____	0-6 _____	10 _____	6-16 <b>Your Total</b> _____

\***Attachment** refers to the degree of bonding which a person has with their animal(s). **Devotion** refers to the amount of time, effort and continuous ongoing interaction with the animal(s). **Value** refers to emotional, financial, intrinsic, research, development or ecologic importance. **Concern** refers to the worry people have regarding the welfare of animal(s) such as preventing suffering or rescue or disaster response work. \***Responsibility** refers to direct liability of owners and the indirect stewardship that society owes all animals to maintain ecosystems, public health, conservation, global sustainability, etc. This proposed HAB Scale is generalized and is meant to be flexible for particular individualized scenarios. The scores provided at the top of each box are only proposed from the author's perspective. The universal diversity of HAB relationships is vast, so totals here are reported in ranges. Anyone may adapt or create their own HAB scale for a particular animal or group of animals. This proposed Universal HAB Scale was created by Alice Villalobos DVM, DPNAP, of Hermosa Beach, CA, [www.pawspice.com](http://www.pawspice.com) in June 2011 while preparing an ethics course to help veterinary

students and all animal caretakers understand the vast diversity of the global HAB. Versions of this work in progress are posted on the Society for Veterinary Medical Ethics (SVME) and the American Association of Human-Animal Bond Veterinarians (AAH-ABV) websites: [www.svme.org](http://www.svme.org), [www.aah-abv.org](http://www.aah-abv.org). Versions of this work are also pending publication in CB and VPN.

## Summary

This proposed Universal HAB Scale attempts to visualize the global issues facing all levels of the HAB on a single page. As veterinarians deal with vast HAB issues, their normative ethics, which is the attempt to discover correct moral standards, should remain steadfast. This search must prevail despite diverse HAB challenges, the inconsistency of animal ownership and the adverse situations that animals and wildlife encounter in their changing environments. The V-team strives to do the right thing based upon correct principles of good and bad, right and wrong, justice and injustice. A commitment to One Health obligates dialogue and the search for correct norms for veterinary professional behavior and attitudes that uphold the recently revised Veterinarians Oath honoring the HAB and humanity.

## The Companion Animal Bond under Medical and Emotional Stress

Highly bonded clients (scores with 45-50) provide veterinary care for their healthy, sick, injured, and end of life companion animals. Veterinarians face bioethical considerations and decision making dilemmas in partnership with their clients. Scenarios may be heart wrenching especially for highly bonded families who have been adversely affected by the economic recession, job loss, family tragedy, environmental disasters, etc. Veterinarians are obliged to help their recession battered and distressed clients by offering reasonable, affordable treatment options including boarding during disasters to care for their animals. For economically challenged people, the HAB must compete with their other responsibilities and priorities. Caring for a companion animal should not cause the family financial distress to the point of missing mortgage payments or declaring foreclosure or bankruptcy.

Veterinarians are some of the most generous practitioners in the world. They meet some of the medical needs for animals of the needy by caring for specific pets on a pro bono or low cost basis. Special veterinary facilities funded by local government subsidies, donations and volunteerism provide for some of the demand. 3 million foreclosures are expected in the next 3 years forcing thousands of companion animals into the shelter system per month and contributing to the huge unwanted horse and burro problem. This sad situation spurs the efforts of animal rescuers and pet finding organizations which play a noble role in society's responsibility for the canine, feline and equine HAB. New organizations such as [www.PaymentBanc.com](http://www.PaymentBanc.com) can help finance veterinary services with innovative techniques.

### Quality of Life, End of Life Care, Decision Making, for HAB Scores Over 35:

Most caregivers want their companion animals to have a good quality of life with no pain. When animals become sick, injured or geriatric, the V-team can provide the family with the "HHHHM" Quality of Life Scale. The acronym's 5 H's and 2 M's indicate: no **H**urt, **H**unger, **H**ydration or **H**ygiene issues; **H**appiness, **M**obility and **M**ore good days than bad days. This tool assists family members to evaluate QoL for their animals at all stages of life especially during end of life care. The QoL Scale may be downloaded at [www.pawspice.com](http://www.pawspice.com).

Small animal veterinary medicine parallels the pediatrician model, but only takes a decade for the client's "baby" to become geriatric. Geriatric animals are likely to have multiple co morbidities that compete for treatment and survival against a newly diagnosed problem such as organ failure or cancer. Society is begging veterinarians to provide more end of life care services and to embrace the concept of palliative care and hospice or Pawspice for their companion animals.

Society resonates with the philosophic concept of “Pawspice” which simultaneously offers palliative care along with kinder gentler forms of standard care when indicated or requested. Both Palliative care and Pawspice transition into hospice when the patient declines and is expected to die within weeks, days or hours. It is confounding to learn that there is reluctance by some in the profession to offer these needed and wanted end of life care services. In fact, when these services are offered with compassion earlier, at the time of, or shortly after the diagnosis of life limiting disease, the client and the patient will receive more comprehensive care and support. (VCNA, Vol. 41, No. 3, May 2011)

If, How or when to provide the gift of euthanasia for a beloved companion animal puts unique stress and decision making dilemma on the emotions of all caring persons. It is imperative that attending veterinarians gain skills to offer empathy, guidance and moral support to those who are unable to make a decision about euthanasia. At the same time, the veterinarian must remind the client that the Veterinarians Oath obligates practitioners to prevent and protect animals from needless and pointless suffering. The V-team and the family can work through this process together using the Framework for Decision Making by Michael McDonald which can be downloaded at [www.ethics.ubc.ca/](http://www.ethics.ubc.ca/).

**Alice Villalobos, DVM, DPNAP, June, 2011, v110818.**

**Additional references upon request.**

# AAH-ABV: Issues of Animal Ethics

People who love animals are instantly challenged when engaging issues regarding animal ethics. This is because there is no clear concept or definition of the degrees or levels of the human-companion animal bond and society's inclination to be part of the more expansive HAB. This universal HAB Scale serves the v-team and all animal lovers as a useful tool to better understand and characterize the myriad HAB.

People in their global diversity relate to their own companion animals in multiple ways under different circumstances. This fluctuation often frustrates the v-team. People who own animals for a purpose do share a bond with their animals which may dissolve with their animals' inability to fulfill a needed or wanted function. All these considerations give rise to ethical dilemmas and conflicts of interest for veterinarians and all those who care about the welfare of animals and their environment.

As healers, veterinarians face bioethical considerations and decision making dilemmas for highly bonded clients who are struggling to provide proper care for their ill or end of life companion animals. Scenarios may be heart wrenching especially for highly bonded families who have been adversely affected by the economic recession. Veterinarians are obliged to help their recession battered clients by offering reasonable, affordable treatment options for their patients. Caring for a companion animal should not cause the family financial distress to the point of missing mortgage payments or declaring foreclosure or bankruptcy.

Most caregivers want their pet to have a good quality of life with no pain. It helps to provide the family with the "HHHHHM" Quality of Life Scale which helps them to evaluate their pet for the 5 H's and 2 M's acronym: no Hurt, Hunger, Hydration or Hygiene issues; Happiness, Mobility and More good days than bad days. The QoL Scale may be downloaded at [www.pawspice.com](http://www.pawspice.com).

Although modern veterinary medicine parallels the pediatrician model, it only takes a decade for the "baby" to become a geriatric dog or cat. Geriatric animals likely have multiple co morbidities that compete against a newly diagnosed problem such as cancer for treatment and survival. There is a cry from society for veterinarians to embrace the concept of palliative care and hospice for companion animals. Society resonates with the concept of "Pawspice" which combines palliative care with kinder gentler forms of standard care and transitions into hospice care when the patient nears the edge of death. VCNA Vol. 41, Palliative and Hospice Care, Ed. Tami Shearer, May 2011

Decision making dilemmas regarding how and when to elect euthanasia for a beloved dying pet causes an emotional burden that weighs on the heart of every caring person. When a client is unable to decide what to do, it is imperative that the veterinarian offer guidance and moral support. It is very helpful for all those involved to use the Framework for Decision Making by Michael McDonald which can be downloaded at [www.ethics.ubc.ca/](http://www.ethics.ubc.ca/) or <http://www.ethics.ubc.ca/upload/A%20Framework%20for%20Ethical%20Decision-Making.pdf>

The v-team faces ethical distress with the nonchalant attitude of those who view their animals as disposable property. It is difficult for the v-team to deal with clients who do not seem to prioritize their animals over meaningless inanimate amenities, unnecessary habits or self destructive addictions.

Encroachment, extinction, ecology, conservation, global animal welfare, public health, disaster response and disease control are all societal responsibilities that often involve the expertise of veterinarians. The Universal HAB Scale indicates that man is 100% responsible for husbandry of the entire animal kingdom. It reminds society of man's ancient contract with animals by returning to the role of the responsible "good shepherd."

A veterinarian's normative ethics should remain steadfast despite the inconsistency of animal ownership or the adverse situation that animals encounter in the environment. This is because the search for right and wrong for justice and truth prevails with the character it takes to uphold the revised Veterinarians Oath.

**Submitted to AAH-ABV by Alice Villalobos, DVM, DPNAP on July 1, 2011. References upon request.**