



Intimacy in Life-limiting Illness



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Disclosure

Wellspring Cancer Support Consultant, receive fee for service payments

Learning objectives

- Identify importance of screening for concerns in intimacy within the context of a progressive illness
- Increase comfort with the **IDEA** of assessing concerns around intimacy with those clients utilizing a palliative approach to care

What we will cover

- What are we talking about?
- Why talk about it in Palliative Care?
- What gets in the way of sexuality/intimacy for patients?
- What gets in the way of talking about it for us and them?

Nick Wallis - age 22

“Strangely, talking to people - especially parents and carers - about death and dying may be easier than talking to them about sex.” (Wallis, 2007)

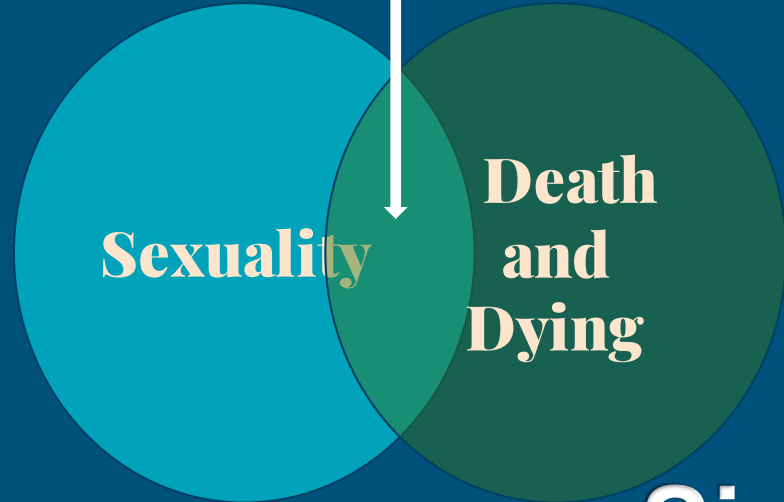


Taboo

Non-monogamous

Older Adult

2SLGBTQ+



Single

Sexuality

The working definition of sexuality is:

“...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.” (WHO, 2006a)

Sexual Health

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (*WHO, 2006a*)

Sexuality is...

“whatever it means to the patient” (Cagle and Bolte, 2009)

Intimacy = Connection

Sexual and Intimate expressions (Morrisey Stahl et al, 2018)

Why is this important in Palliative Care?

“You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die.” (Saunders, 1976 as cited in Taylor 2014)

“Sexuality and intimacy are one of the most important elements of human life, and physical intimacy and the desire for sexual expression is not reserved for healthy people” (Janecki et al., 2021)

Patients don't want to talk about THAT do they?

YES

Symptoms

Privacy

Communication

Emotions/Thoughts

Equipment

Lack of Information

Patients don't want to talk about that do they?
Kind of...

Embarrassment

Privacy

Fear

Do we talk about it? Mostly, no

Embarrassment/
worried

Time

Priorities

Lack of Training

Religious/Moral
Beliefs

Assumptions

Why Palliative Care Providers are well equipped?

You may not feel that you are an expert in sexual health or issues but if you have been working in palliative care you are likely good at “talking about” “exploring” “acknowledging” emotions, losses, wishes and that is a great place to start!

Reflective Questions

Recommendations and Resources

- Try googling “PLISSIT”
- Leung et al recommend the use of open-ended questions, a sense of curiosity and attention to detail.
- Try Table 1 in the Morrissey Stahl et al. paper listed in the references which outlines suggestion at a number of different level. The Reflective Questions asked today are from that same article (although slightly adapted for today) and they are found in Table 2 on p 25.
- Look in the Hordern and Street paper in Box 3 for ways to word questions
- Google Stepped Skills from De Vocht et al.
- Take a look at the Benoot et al. article table 3 p 1592 which has an outline “List of good practices of palliative care nurses addressing sexuality”

Recommendations and Resources

- Make questions related to sexuality/intimacy part of your assessment
- Know who to refer to
- Show an openness and willingness to talk about issues and a curiosity toward the topic in relation to your patient
- Keep your language open (watch assumptions/ pronouns etc)
- Stay with the topic long enough to know what the problem is (need to express loss vs problem solve for a solution)
- Avoid slang or relying on humour
- Be validating and supportive

Recommendations

- Learn more– Try listening to Dr. Anne Katz – a great resource
<https://www.drannekatz.com/category/podcast/>
- Take a look at Wellspring's website. It is available nationwide and is free to patients and their families and available as we all seem to now, on-line
<https://wellspring.ca/>

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