



Health and Social Care Promotion Materials that Focus on Intimacy and Sexuality in the Third Age

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Module: Long Term Care

Unit 1: Long-term care

Introduction

National definitions on long-term care vary within the European Union. These variations reflect differences over the length of stay, range of benefits and the often blurred dividing line between medical (healthcare) and non-medical (social) services. Some countries, for instance, prefer to concentrate on out-patient rehabilitation treatment earlier than others, which focus more on providing care in hospitals or similar establishments (European Commission 2008).

As the European Charter of the rights and responsibilities of older people in need of long-term care notes

“The European Union recognises and respects the rights of older people who are more likely to come to depend on others for care, to lead a life of dignity and independence and to participate in social and cultural life (Charter of fundamental rights of EU, art. 25.)...Members States should develop policies that promote these rights at home and in institutional care settings, and support individuals asserting them. Advanced practice nurses are associated with improvements in several measures of health status and behaviours of older adults in long-term care settings and in family satisfaction (European Commission, 2010).”

Nonetheless, in practice it can be difficult to distinguish between recognising a right and recognising when a restriction of a right is in the best interest of the individual. For example, an individual may need medication to preserve their health, but may not accept this due to diminished capacity. In such circumstances, medicines are often administered in food or drink without the patient’s knowledge, a practice known as covert or surreptitious prescribing or administration (Haw & Stubbs 2010). This is a controversial practice, as the line between acting in a person’s best interest and engaging in chemical restraint can blur very easily.

While medication and medicines will be dealt with in more detail in Unit 3 of this module, as such examples highlight, there can be substantial ethical challenges in the area of long-term care. In particular, health and social care professionals may have to attempt to balance the rights, responsibilities and wishes of a range of actors, including in areas such as sexuality and intimacy.



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Key messages

- Regardless of age, every individual has a need for love, intimacy and companionship, including those in long-term care (LTC) facilities.
- Health and social practitioners can empower older people to help them continue to enjoy intimacy and a healthy sex life.
- Balancing the rights, responsibilities and wishes of the range of actors involved in long-term care situations can present ethical challenges for health and social care practitioners

Learning outcomes

At the end of this unit students are expected to:

1. Appreciate that intimacy and sexuality are components of human life that change but do not diminish with age
2. Appreciate the challenges surrounding intimacy and sexuality in long-term care
3. Understand the need to balance the rights, responsibilities and wishes of a range of actors

Content

Responsibility and Residents' Rights

In response to the often-sensitive issue of geriatric sexual expression, some facilities have established firm policies and procedures to ensure that staff support residents' rights. Here, policies often specifically outline residents' rights to privacy, sexual expression, and intimate relationships, as well as delineating staff and facility responsibilities in upholding these rights. The rights of residents in a long-term care facility to engage in appropriate sexual activities have not always been clear cut and supported by staff. As Sisk (n.d.) notes, "Warmth, closeness, and touching with another resident can alleviate the profound loneliness that affects many elderly in long-term care". It is important to realise that residents are not necessarily seeking only sexual gratification, rather they may be "seeking comfort, companionship, and human touch to combat feelings of loss and isolation" (Sisk, n.d.).



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Case study

Ana lives in a nursing home. She is 67 years old and has regular sexual intercourse with her partner, who visits her twice a week. Because she cannot wash herself, comb her hair, change her clothes or generally care for herself, nurses help her with every day's activities. Because she has regular intercourse, nurses prepare her for it. They take care for her anogenital hygiene, wash her, change her bed sheets and position her in accordance with her partner's wishes. Ana's partner is also there to witness the whole preparation for sexual intercourse. After intercourse her partner calls the nurses, who clean Ana, dress her and change the sheets, again with Ana's partner present. Ana encourages her partner's behaviour, because he is showing extreme pleasure in watching the nurses. However, some of the nurses find this kind of behaviour inappropriate.

Discussion – Questions for the case study

1. Do you think that besides the resident's right of sexual expression, the wish of the partner (to be present at the preparation) should be acknowledged?
2. In your opinion, are the caregivers obliged to prepare the resident in front of her husband? Why/why not?
3. Do you think that with the presence of Ana's partner, at her preparation for their sexual act, the resident's dignity is being questioned? Explain your answer.

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