

# GUIDELINES FOR SUPPORTING SEXUAL HEALTH AND INTIMACY IN CARE FACILITIES

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# Uniqueness of the Guidelines

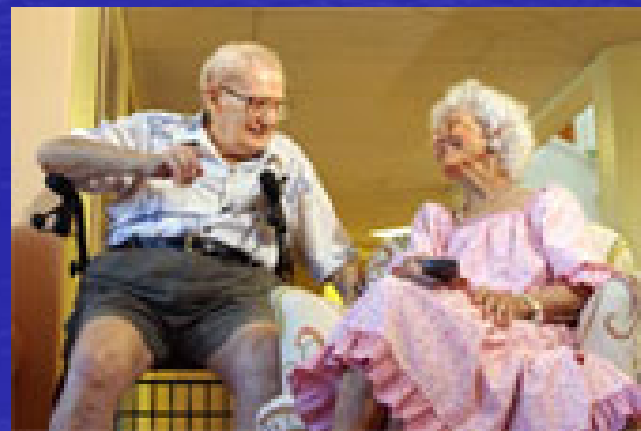
- Incorporate ethical, legal and clinical perspectives
- Take a supportive rather than restrictive approach
- Focus on improvement of quality of life and autonomy in addition to preventing foreseeable harm
- Address sexual consent capability
- Support sexual activity for individuals who are incapable of giving consent
- Speak to areas that have been difficult
- Include client and staff perspectives





“Where did we get the idea that when people cross the threshold into an institution they must forfeit all of their rights and become less than unique individuals?”

Young, J.



# Why challenging? Common issues

- Public masturbation
- Lack of privacy
- Multiple partners/non-marital sexual activity
- STIs
- Sexually explicit materials
- Questionable cognitive capacity and sexual activity
- Staff values
- Assisting with sexual activity
- Family involvement with decisions
- Lack of support for any intimacy
- Lack of direction about what to do





# Objectives of the Guidelines

- Move from ignoring/avoiding to supporting sexual activity and intimacy in care facilities
- Move from focusing on preventing all possible risk of harm to reducing foreseeable harm to a reasonable level and upholding clients' freedom
- Provide strategies for dealing with complex issues

# Guideline #1 Freedom/Autonomy





# Guideline #2

## Sexual consent capability & decision-making



If a resident is sexually active and there is concern about cognitive impairment, we need to have a way to determine if we should intervene in the activity – and who should do so.

# Criteria for sexual consent capability

- A basic sexual knowledge, such as difference between male and female anatomy
- Ability to understand the possible consequences, including the risks of sexual activity to themselves and their partners
- Ability to express a personal choice and resist coercion, and
- Ability to recognize distress or refusal in a partner and to stop the activity



# Who decides?

- No BC law speaks to who decides about someone's sexual activity if they are not capable
- Court appointed substitute decision-maker specifically for decision about sexual activity

- Facility



- Role of family



# Guideline #3

## Intervening to reduce risk of harm

When to intervene:

- Harm to self
- Harm to others





# Ethical rules for intervening

1. Effective
2. Not create harms greater than those the intervention intends to prevent
3. The least intrusive that is effective
4. Not discriminatory
5. Thought justifiable, if at all possible, to those on whom it is imposed

# Guideline #4

## Providing information and assistance

### Assistance with sexual activity

- Helping with prep/clean up
- Obtaining explicit materials/aids
- Assistance in obtaining escort



# Guideline #5

## Informing clients and families about sexual policies

- Required to develop and implement written policies to guide staff actions in all matters relating to the care of persons in care
- Family: even if they are not the decision-makers, important to include them in process so long as client's confidentiality is safeguarded

# Guideline #6

## Privacy Rights

- Privacy includes
  - Privacy of personal space
  - Privacy of information
  - Privacy of one's body
- Charter supports privacy rights – it is discriminatory not to provide a private and dignified setting for sexual activity
- Criminal Code sections require that sexual activity occurs in private





# Guideline #7

## Procedure for addressing concerns



### PROCEDURAL JUSTICE:

- Ensure all relevant parties have a fair say
- Process used to make decisions be open & accountable

# Guideline #8

## Education/training of staff for supportive sexual health care

- Promote a positive attitude towards healthy sexuality, sexual activity and providing supportive sexual health care
- Provide ongoing education and support to staff to understand and implement the sexuality/sexual health policies of the facility



# Film clip

- The Hebrew Home for the Aged at Riverdale, NY
  - (copied with permission)
- “Freedom of Sexual Expression: Dementia and Resident Rights in Long-Term Care Facilities”





# Future plans/education

- Pilot study
- Educational rollout
- Review by professional bodies
- Develop nationally



# Thank you

Public Health Agency of Canada

BC Ministry of Health

Steering Committee

HCP who will help bring this  
forward

Most especially our clients



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