DST Supporting Sexual Health & Intimacy in LTC, Assisted Living, Group Homes & Supported Housing

VCH Community of Practice Meeting
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Objectives

• Understand the importance of addressing sexual health & intimacy in health care

• Learn about the tools available to guide you

• Explore the practical and emotional issues related to a case example
“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?” Jenny Young 2004
Importance of Sexual Health & Intimacy

• Need for love, touch and companionship. (Ramzi & Hosam, 2003)

• A major aspect of health that affects people at all ages and stages of their lives (Canadian Guidelines for sexual health education 2019).
Objectives of the Initiative

• Move from ignoring/avoiding to supporting

• Move from focusing on preventing all possible harm to reducing to a reasonable level

• Upholding individuals’ freedom

• Provide guidance for complex issues/situations
Staff Survey Results:
Responsive behaviour and Search for intimacy

- 85% had questions or concerns related to resident’s sexuality, intimacy and related issues
- 8% have the skills
- 62% Staff moral distress regarding sexual behaviours
DST Expected Outcome

• People living in long term care homes… will be supported with regards to sexual health, sexual expression and intimacy needs, including sexual orientation, gender identity and gender expression.

• Their autonomy and dignity will be considered in care planning

• Care will be taken to balance the well-being of individuals while recognizing and reducing risks for others

• Ultimately provide education and support for staff in decision making
Education and Support

E-Learning Modules:

• Pilot Launch: January – March 2022; Stay Tuned

• Learning HUB: **Six 10-15 minute Modules** based on the DST & Pocket Guide content [https://learninghub.phsa.ca/Courses/25808](https://learninghub.phsa.ca/Courses/25808) (Thank you Learning & Development team)

Next Steps: Case-based, in person, on site education

Contact:

• Ethics Services:
  VCH: ethics@vch.ca or
  PHC: [https://www.providencehealthcare.org/ethics](https://www.providencehealthcare.org/ethics)

• Your educator from the LTC Professional Practice Team
Barry is an 86-year-old man with mild dementia. He is divorced, easy going & social. He has one son David, 60 years old who manages Barry’s finances. David visits a few times per week.

Linda, 84 has moderate dementia and suffers from anxiety that is not relieved by medications or staff support. Linda is able to walk on her own but needs cueing to initiate and perform ADL’s and she is assisted to shower.

Jack is husband of Linda for 54 years. He lives in their home and visits 1-2 times per week for about 2 hours. Social Work is helping him with his grief. Jack is Linda’s Representative for health care decisions.

Barry and Linda have begun to spend a lot of time together. Linda’s anxiety is much improved since meeting Barry. She is now eating better and smiling more easily. One day staff find Linda in Barry’s room sitting on a chair with Barry in a chair nearby holding her hand.

Staff are distressed. They are on the lookout for husband Jack’s arrival and try to separate Barry & Linda before husband Jack comes onto the ward.
Breakout Group Discussion Questions

1. What are the benefits & risks for each of Barry and Linda in having this relationship?

2. According to sexual consent criteria, do you think Linda and Barry are capable of making sexual decisions?

3. What are your ideas about how the risks can be reduced to a tolerable level?
Sexual Consent Criteria

1. Have basic knowledge such as knowledge of sexual anatomy & function, and knowledge of the nature of sexual activity

2. Understand the possible consequences, including risks, of the sexual activity to themselves and their partners

3. Have the ability to understand appropriate and inappropriate locations and times for sexual activity

4. Possess the ability to express a personal choice and to resist coercion.

5. Possess the ability to recognize distress or refusal in a partner and stop the activity
Summary

Benefits/Risks:
- Benefits: Reduced loneliness & anxiety and improved companionship
- Risks: Emotional impact for Jack & if not supported for Barry & Linda
- Need to ensure any activities are in Linda’s best interest and do reduce her anxiety and improve her QOL
- Physical safety risk if sexual activity supported

Capability: Jack yes - Linda no (Sexual Consent Capability)

Ideas for how to reduce risk:
- Team meet to develop a plan: Start Appendix C documentation form in DST
- Identify who is best to speak with Barry & Jack (SW, PCC, Manager)
- Speak with Barry to see what he is hoping for in his relationship with Linda
- Educate Barry on Linda’s dementia, need for protection- is he on board?
- Speak with Jack about the situation: provide education, support, options
- Ensure Linda’s care plan supports her physical and emotional safety
Outcome

- Jack agreed to Barry & Linda spending time together
- Jack supported alone time for them but asked ‘no sexual activity’ & ‘no clothes off’ & ‘door open’ if they are in their rooms together
- Jack was supported with education & to visit one more time per week at his request

- Barry agreed to spend time publicly only (with door open) and limit intimate activities to holding hands
- Linda was asked each time if she wants to visit Jack in his room
- In care plan for staff to check in with Barry q 2 weeks for support
- Barry & Linda supported to have meals together

- Husband Jack eventually joined these mealtimes once a week- and occasionally Barry’s son David joined as well
Lived Experience

• Dr. George Szasz
• Retired Sexual Medicine Physician
• Person with lived experience
• 92 years young

• https://ln5.sync.com/dl/a35ad4660/npq8skcx-bnkrdjd6-e4uguh43-sr879bwd
### Appendix C: Checklist for Care Planning related to Sexual Health and Intimacy

This checklist is suggested for use to support the care planning process.

#### Documentation for Care Planning related to Sexual Health and Intimacy in Long Term Care Homes, Assisted Living, Group Homes, and Supported Housing

Documentation of the decision making process and care planning should be robust and clear and shared with the person or SDM (if applicable) while upholding VCH/PHC Privacy Policy. Additional information should be documented in the progress notes or equivalent. Documentation should at minimum include the following:

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<th>Date and Time of Discussion(s)</th>
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<tr>
<th>Who was involved or present, including person(s) in care involved and, if applicable, Substitute Decision Maker (SDM)</th>
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<th>Brief description of choice e.g. Two persons in care request to have private time together for sexual activity</th>
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| If choice poses a risk:                                                                                     |
| a) To self (person)                                                                                         |
| b) To others                                                                                               |
| c) To both self (person) and others                                                                         |

| Is the person:                                                                                              |
| a) Capable of making the choice to engage in sexual/intimate activity?                                       |
| b) Not Capable of making the choice to engage in sexual/intimate activity?                                   |
| c) If applicable state date of formal capability assessment and by whom.                                     |
| d) If applicable list issues related to the persons’ ability to consent to engage in sexual/ intimate activity to assist in the care team’s assessment & decision-making. |

| Interventions offered if person capable:                                                                    |
| Interventions implemented in the person’s best interest if person not capable:                            |

| HCP responsible for follow-up:                                                                             |
|                                                                                                              |
Resources

- Original Full Guidelines Appendix B in DST Supporting Sexual Health and Intimacy in Care Facilities (vch.ca)
- Learning HUB Modules: https://learninghub.phsa.ca/Courses/25808
- Ethics Services VCH: VCH Internal website: https://one.vch.ca/learning-practice/policy-protocol/ethics
  External Website: http://www.vch.ca/your-care/ethics-services
- Ethics Services PHC: https://www.providencehealthcare.org/ethics
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Thank you & Questions?
References


  [http://fhpulse/clinical_programs/residential_care_assisted_living_and_specialized_populations/resources/a_to_z_listing/Pages/Default.aspx](http://fhpulse/clinical_programs/residential_care_assisted_living_and_specialized_populations/resources/a_to_z_listing/Pages/Default.aspx)

• Sexual Satisfaction and the Importance of Sexual Health to Quality of Life Throughout the Life Course of U.S. Adults (2016) Flynn, K.E. et al., Journal of Sexual Medicine, Vol 13, Issue11, pp 1642–1650.


• GenSilent; Film LGBTQ Elders (2011) USA Stu Maddux Production Trailer: [https://www.youtube.com/watch?v=XjTI-exQf6g](https://www.youtube.com/watch?v=XjTI-exQf6g)
Please contact any of the VCH Ethics if you have an urgent clinical, organizational or policy issue or would like to request an ethics education session (e.g. in-service for your team). All efforts will be made to respond to your query within one business day.

**Vancouver Community of Care & Regional Programs:**
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For more information, please visit:

VCH Internal website: [https://one.vch.ca/learning-resources/policy-greets/ethics](https://one.vch.ca/learning-resources/policy-greets/ethics)

External Website: [https://www.vch.ca/your-care/ethics-services](https://www.vch.ca/your-care/ethics-services)