Case 2: Intimacy in Residential Care*

Joyce is an 83-year-old woman living in your facility who has moderate dementia and mild congestive heart failure. She has a very close relationship with her boyfriend George who is also in his 80s. They have always been very physically and emotionally close, often cuddling or kissing publicly. Prior to moving into the facility Joyce and George never lived together but had a dating relationship for years.

Joyce likes to be neatly dressed, have her hair done weekly and wear matching clothes and nice jewellery. She especially likes to look nicely dressed up for George's visits. As Joyce's dementia has progressed she now becomes very anxious and unhappy when George has to leave.

Joyce has two daughters, Brenda and Susan; she is very close to Susan. Brenda had not previously been close with her mother, and until recently has lived outside of town. Brenda has told you that she is not very fond of George. George has told you that he wishes he had married Joyce when he could have, so the daughters would not be so interfering.

Over the last few months staff have reported to you that on many occasions when they enter Joyce's room they find that either Joyce or George have clothing that is undone – blouse, pants zipper, etc. and are often on the bed together.

Recently when George and Joyce were in her room the sisters walked in to find Joyce and George on the bed kissing and touching each other. Susan and Brenda made it very clear that they no longer want George visiting their mother.

Some of the staff have expressed that they think that George should stop visiting as he upsets Joyce, and that he is a dirty old man, who they think is having sex with Joyce.

Key Question

How should we approach this complex situation?

(Completed) Ethics Decision-Making Framework

1. Key Question:

How should we approach this complex situation?

2A. Facts:

- J&G are in 80's
- Joyce has moderate dementia and mild congestive heart failure
- Joyce and George have been dating for years
- Joyce lives in residential care, George not
- The residence is Joyce's home
- Couple not married, never lived together
- J dementia progressing
- J becomes anxious when G leaves
- Joyce has 2 daughters
- Staff have walked in on G&J with clothing undone, etc. in J's room
- Some staff are distressed
- Daughters do not want G visiting Joyce

2B. Missing information we CAN find out:

- How is Joyce feeling about situation? Has anyone asked?
- How is George feeling about the situation? Has anyone asked?
- How does PDA impact other residents/visitors?
- What is Joyce's living situation (e.g. roommate)?
- Can RCAL support them living together?
- What's going on for daughters? Has anyone asked specifically?
- To what extent is J able to understand and make decisions about the context? What does she consent to with George?
- What made some staff shift to not supporting?
- Is there a CPG /policy?
- Were they ever living together?

2B. Missing information we CANNOT find out:

---

3. Values – it is important that….

- Joyce's is supported to live in this home the same as she would have in her previous home
- Joyce's rights as a sexual being be respected
- Joyce has a high Quality of Life according to her perspective
- We keep Joyce involved in answering the Key Question
- Joyce has a friend (so she is not lonely and has companionship)
- Neither Joyce nor George be taken advantage of sexually (consensual)
- We take into account who that person was in the past
- In our approach we try to maintain or enhance the key relationship in Joyce's life
- We acknowledge/understand the daughter's feelings

- Any decisions made be reflective of where Joyce is at now (
- We acknowledge/understand staff`s feelings
- Joyce not engage in sexual relations
- Staff respond to residents' sexual/intimacy with facts & evidence not assumptions
- Staff are respectful when encountering residents expressing their sexuality
- We recognize that physical and emotional intimacy is a basic human need
- Residents are treated with respect
- We see families as connected to residents but we put residents' concerns first
- Residents' needs for intimacy and/or expression of sexual needs are met
- We provide a clear guideline and education for staff on how to respond (i.e. a clear process that is well-justified)
- We create opportunities for residents to express personal preferences and be involved in decision making that affect them
- We are inclusive towards residents regardless of their sexual orientation/identification
- We do not cause harm to others in the facility/community
- Staff not be abrogated from their responsibility to provide person-centered care (including all aspects of physical care) based on their own values

4. Prioritized Values:

5. Brainstorm options:

A. We find ways to communicate with Joyce so she has best opportunity to understand and inform decisions
B. George puts his tie on the door
C. George not allowed to visit
D. George visits at different times than daughters (schedule)
E. George moves in
F. Have conversations about guidelines of boundaries around PDA

6. Analyze options:

		OPTIONS →						
		A	B	C	D	E	F	G
VALUES	1	✓						
	2	~						
	3	~						
	4	✗						
	5							

The Ethical Decision-Making Process

1. Identify the key question
2. Identify the facts
    a) What do we know for sure?
    b) What don't we know that we can find out?
    c) What information can't we know?
3. Identify guiding values – what matters?
4. Prioritize the values – what matters most?
5. Brainstorm the options
6. Analyze each option according to the prioritized values
7. Make a decision. Reflect and learn from it.

Find the complete ethical decision-making toolkit here:
http://fhpulse/clinical_resources/ethics_services/Pages/Default.aspx

Or contact Fraser Health Ethics Services at ethics.services@fraserhealth.ca

SOURCE:** Adapted from the education package for ***Sexual Health and Intimacy of Adults in Residential Care – Clinical Protocol (2015) authored by Verena Munnion.