

Communication about Sexuality in Advanced Illness Aligns With a Palliative Care Approach to Patient-Centered Care.

Margaret Leung, Shari Goldfarb, Don Dizon

Curr Oncol Rep. 2016 Feb;18(2):11. doi: 10.1007/s11912-015-0497-2.

Reviewed by: Warren Shenkenfelder

For review at: Tertiary Palliative Care Unit, Unit 43, Grey Nuns Hospital.

Abstract: “Treatment-related sexual complications are common in cancer patients although rarely discussed in the palliative care setting. Sexuality is an important survivorship issue and remains relevant even in the terminal setting. There are multiple barriers in dialoguing about intimacy and sexual functioning from the patient and provider perspectives. Palliative care providers, while not expected to be sexual health experts, can provide comprehensive patient-centered care by including sexual health as part of their evaluation. They can explore how sexual dysfunction can impair functioning and utilize an interdisciplinary approach to manage symptoms. Palliative care providers can help patients identify their goals of care and explore what anticipated sexual changes and treatment-related side effects are tolerable and intolerable to the patient's quality of life. Principles on addressing sexuality in the palliative setting and practical ways of incorporating sexual history into the palliative care assessment are provided.”

Conclusion: “Sexuality is a critical component of quality of life. Patient’s want their healthcare providers to initiate a conversation about their sexual health even though they have a serious illness. [...] Palliative care’s emphasis on psychosocial aspects of illness highlights the importance of understanding the impact and distress of a serious illness, even in the terminal setting, on sexual health. The field has challenged medicine to re-evaluate ideas about quality of life and how we care for our patients. Sexuality, therefore, is a fundamental, integral aspect of palliative care.”

Main Points:

- Cancer and complications of treatment affect sexual function (decreased libido, erectile dysfunction, vaginal dryness, disfigurement)
- Literature shows patient desire to address these topics, but these needs are being unmet
- Palliative care patient have more sexual dysfunction than cancer patients not palliative care
- Studies show inpatient palliative patients score low on sexual satisfaction scoring
- Discussion about sexuality can be life affirming, give patients sense of normalcy
- Many barriers: single beds, lack of privacy, staff intrusions. Patient prioritizes medical aspects, treatment and prognosis over quality of life. Doctor makes assumption about sexuality based on patient’s age, medical condition.
- Easily incorporated into Review of Systems and exploring effects of illness on relationships

Strength:

- Detailed review of the few papers on this subject
- Provides practical advice on seamlessly screening for these issues
- Provides examples of screening tools

Weakness:

- At times makes comparisons between patient’s early in palliative care and late in palliative care
- Draws conclusions based on little data, more research is necessary

Relevance to Palliative Care:

- Palliative care emphasized a biopsychosocial approach, yet sexuality, a fundamental element of human nature is routinely ignored.