Sexual Health Assessment in Palliative Care: An Audit of Practice

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Background

Sexual health relates to a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infertility. Maintaining healthy, intimate relationships throughout life can help to lessen distress and improve psychological adjustment. However, two-thirds of cancer patients surveyed in 2008 stated that the diagnosis had affected their sexual relationship and nearly three-quarters perceived themselves to be less attractive. There may be many reasons for impaired sexual health in patients with cancer including pain, lack of desire, poor body image and psychological distress due to anxiety, fear or guilt.

The National Institute for Clinical Excellence (NICE) guidance for ‘Supportive and Palliative Care for Adults with Cancer’ in 2004 outlined the importance of recognising and assessing the sexual health needs of patients. Despite the current literature suggesting it is an area that is rarely assessed routinely and that health care professionals are inhibited by a number of barriers including:

- Lack of time
- A belief that patients are too ill to be interested in sexual issues
- A belief that discharged patients would not be sexually attractive
- A lack of confidence in being able to deal with the issues expressed by the patient
- Opening Pandora’s box
- A lack of privacy at the consultation
- A fear of transgressing medical-legal boundaries.

With these issues in mind a review of specialist palliative care professionals’ practice of sexual health assessment within the Merseyside and Cheshire Cancer Network was undertaken.

Aims

1. To determine if existing guidelines & standards, previously developed by the audit group and detailed below were being met.
   - All patients should have a sexual health assessment as part of their general assessment.
   - The sexual health assessment should be documented in the medical records.
2. To establish the perceived barriers to sexual health assessment.
3. To determine the areas in which future training could be focussed.

Methods

An online survey designed to audit sexual health assessment in palliative care against existing regional guidelines was developed using the ‘SurveyMonkey’ software. This was electronically distributed to specialist palliative care professionals working in specialist palliative care within Merseyside and Cheshire Cancer Network services. Data was collected from June to August 2009.

Results

76 specialist palliative care professionals responded to the survey, primarily from nursing & medical backgrounds. Hosipital, hospice and community palliative care settings were represented. Participants gave 137 responses as to their understanding of the term ‘sexual health’. These covered a wide range of issues including:

- Relationships
- Act of intercourse
- Body image
- Expressivity of sexuality
- Absence of sexually transmitted disease
- Holistic combination of above factors

77% of participants stated they did assess patients sexual health needs. Of these, only 6% always assessed and 37% assessed only when the subject was raised by the patient. It was more common for professionals to assess sexual health needs at subsequent rather than initial assessments.

Conclusions

It was concluded that the current standard for all patients to receive an assessment of their sexual health needs was not being met and there was a perceived need for training, particularly in the area of developing communication skills to initiate these conversations.

In order to further influence practice, new guidelines and standards were developed for use by all health care professionals working within the cancer network.

Figure 3: Do you ever assess the sexual health needs of your patients as part of your general assessment?

Figure 4: How often do you assess sexual health?

Participants identified a number of potential reasons why they did not assess sexual health. These included:

- Feeling of inappropriateness
- Terminal stage of disease
- Other symptoms / issues more pressing
- Environment
- Fear of embarrassment
- Own
- Patient / relative
- Lack of confidence or training

Specific factors potentially affecting sexual health assessment were also examined.

Figure 5: Do any of the following factors influence your decision to assess the sexual health of your patients?

Figure 6: Revised regional guidelines & standards


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