

# Exploring issues around aged care and intimacy

January 12 2023, by Tania Ewing

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A snapshot of how residential aged care facilities respond to the issue of

sex and intimacy amongst its residents was recently published in the *Journal of Medical Ethics*.

The [national survey](#) of almost 3,000 Australian residential aged care facilities was led by Linda McAuliffe and Professor Deirdre Fetherstonhaugh at La Trobe's Australian Center for Evidence Based Aged Care (ACEBAC).

Professor Fetherstonhaugh said as Australia's population ages and the need for residential aged care facilities grows, it is important that the right to intimacy and sexual expression of older adults moving into residential aged care is respected.

"Intimacy contributes to our well-being and extends into older age, despite cognitive or physical impairment. However, unlike their community-dwelling peers, who continue to enjoy their right to [sexual freedom](#), [aged care residents](#) often find that their right to sexual expression is hampered," Professor Fetherstonhaugh said.

According to Professor Fetherstonhaugh some of these barriers relate to practical issues—including a lack of privacy, unavailability of shared rooms with double beds, unlockable doors, lack of a partner or difficulty establishing new or maintaining old relationships.

Other barriers include the [negative views](#) held by other [residents](#), or even the views of health professionals charged with their care, who may hold common wider societal ageist attitudes towards sexuality and aging.

"The net result is that resident sexuality is often at best overlooked and at worst actively discouraged," Professor Fetherstonhaugh said.

Professor Fetherstonhaugh said sexuality in the residential aged care setting poses a challenge to staff.

"This is particularly so when a resident has dementia and there are questions around capacity to consent to intimate behavior. In such cases, staff negotiate a delicate balance between the resident's right to sexuality and their professional duty of care," Professor Fetherstonhaugh said.

Professor Fetherstonhaugh said that compounding matters is the lack of legal guidance in the area.

"While legislation on [mental capacity](#) exists for legal, financial and [medical decisions](#), with explicit criteria for when one's decisions are to be upheld, this offers little guidance when it comes to older people's sexual decisions in residential aged care."

The study identified factors that influence senior residential aged care staff when making decisions about resident intimate relationships and sexual expression—including whether residents had a spouse living in the community, level of cognitive impairment and family disapproval.

The study also revealed that only half of the facilities had written policies on sexuality, only one in six had policies on [sexual health](#), and one third on sexual behavior.

**More information:** Linda McAuliffe et al, Intimate relationships in residential aged care: what factors influence staff decisions to intervene?, *Journal of Medical Ethics* (2022). [DOI: 10.1136/jme-2022-108557](#)

Provided by La Trobe University

Citation: Exploring issues around aged care and intimacy (2023, January 12) retrieved 22 May 2024 from <https://medicalxpress.com/news/2023-01-exploring-issues-aged-intimacy.html>

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