

Discussing patient sexuality: communication challenges and solutions



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A part of life.

LAVAZZA
CAFFÈ ESPRESSO

Communication with ease and confidence: start with you

- What do the terms ‘sexuality and ‘intimacy’ mean to me?
- How do I define the terms ‘sexuality’ and ‘intimacy’ in my personal world?
- How comfortable do I feel discussing issues of intimacy and sexuality in my personal world?
- How might these factors influence the way I define and communicate about patient sexuality?







Recognising and dealing with your reactions

- What are my greatest challenges re communicating about patient sexuality ? Why might this be so?
- What can I put in place to recognise my barriers and assumptions ?
- Stepping aside from our internal “nice girl boy”, “OMG”, “you what!”, “last time this didn’t go so well” defaults to really hear where your patient is at ...

Opening the conversation

- How has all of this affected how you feel as a man or woman?
- How has this treatment altered the more intimate parts of your life?
- Many people who have been through similar experiences to you have said their desire for intimacy and sex has decreased. How is this for you ?
-

Communication with ease and confidence: asking questions

- What specifically do you want?
- What will you know, see, feel, hear when you have it?
- How will you know when you have it?
- What will this outcome allow you to do?
- What are the obstacles that are preventing you from achieving sexual and intimate confidence ?

Putting sex on the agenda!

- Make sexuality and intimacy a priority
- Set a time for sex when not exhausted and there is privacy
- Utilise best time of day re energy
- Change fantasies and use arousal memories
- Set the goal as pleasure rather than performance

Communication in Service Delivery and Training.

A/PROF Susan Carr
University of Melbourne.
Royal Women's Hospital
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Rationale for new approaches to Psychosexual service delivery.

- ▶ Prevalence of sexual problems in people with cancer is around 50%
- ▶ Traditionally face to face clinics.
- ▶ There is limited provision of specialist psychosexual services globally in relation to potential need.
- ▶ Accessibility of these services.

Barriers to accessing clinic psychosexual services for cancer patients

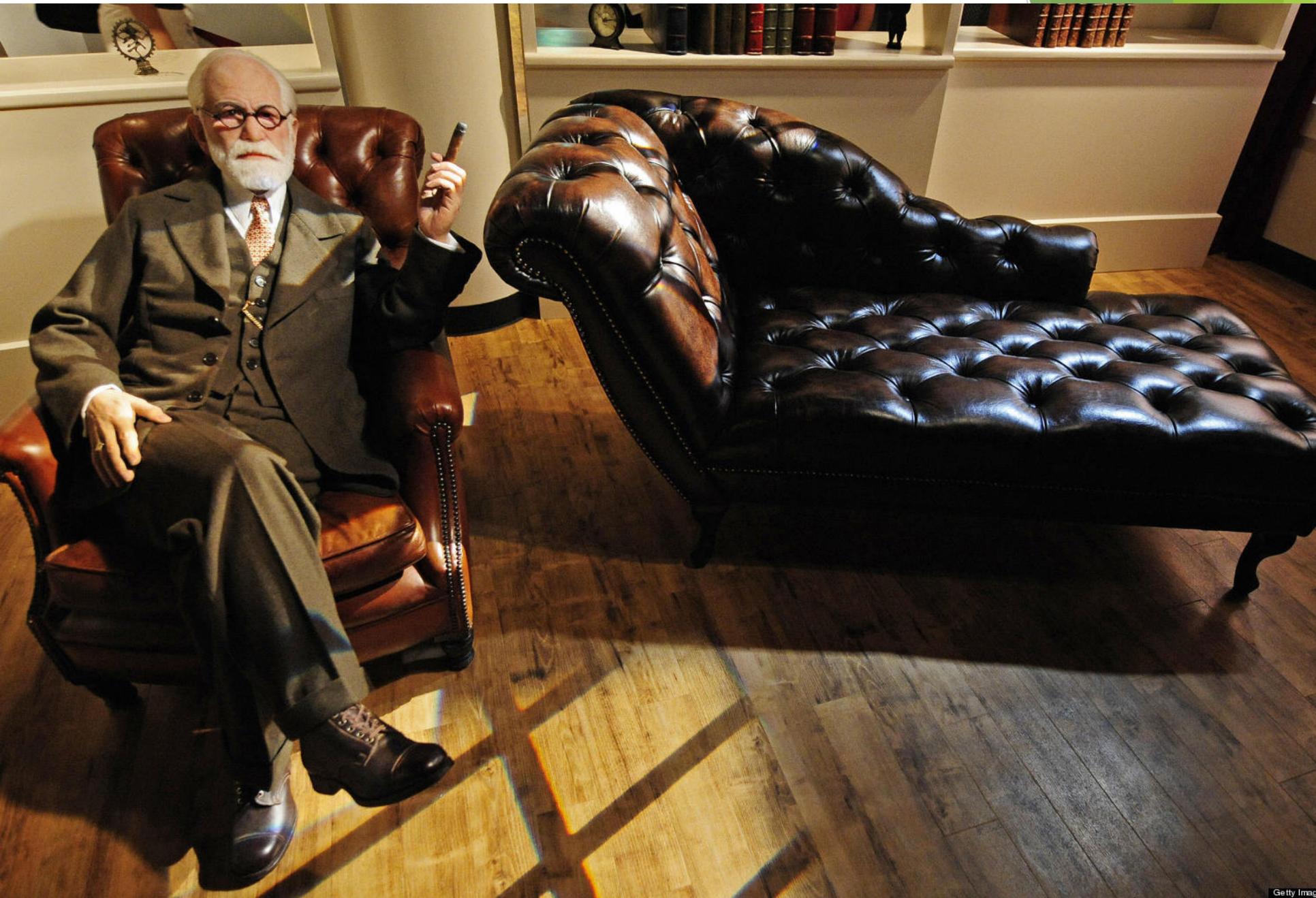
- ▶ Lack of awareness of services , by both patient and clinicians.
- ▶ Too far, or difficult to travel to face to face consultations.
- ▶ Too ill to come to clinics. Too embarrassed
- ▶ Financial : paying for private service, or travelling costs to public clinic.
- ▶ Lack of service provision, and trained staff.

UGANDAN AMBULANCE.



Evidence for Psychosexual Evidence for Psychosexual

- ▶ 46 women in Iran, married between 1 and 5 years.
Randomised to face to face sexual counselling v telephone based sessions.
▶ Telephone counselling increased sexual satisfaction significantly more than face to face.
(Zargar Shoushtari S, 2014 J.Sex Marital Ther).
- ▶ Competent person-to-person telephone psychosexual counselling requires broad knowledge of sexual medicine.
(Fust-meyer



Telephone psychosexual service: RWH & CCV

- ▶ Users about 50% male, 50% female.
- ▶ High patient and doctor satisfaction rates.
- ▶ Mainly BREAST (31%) and PROSTATE (10%) 5% GYNAE CANCER.
- ▶ Others included SARCOMAS , LEUKAEMIA, COLORECTAL and SKIN.
- ▶ PATIENTS AND PARTNERS.

Time from diagnosis ranged from 3 weeks to 20 years.
33% within 12 months. 32% over 2 years ago.

Topics covered .

- ▶ Wide range of emotional, sexual and relationship issues.
- ▶ Sexuality
- ▶ Body image
- ▶ Relationships
- ▶ Intimacy
- ▶ Low libido
- ▶ Vaginal dryness
- ▶ Men..... Erectile dysfunctions/ relationship issues.



Internet based training.

- ▶ **THE PSYCHOSEXUAL CARE OF WOMEN AFFECTED BY GYNAECOLOGICAL CANCER**
- ▶ <http://cancerlearning.gov.au/pssc>