

Chapter Two: Sexuality in Long Term Care

“We are discussing no small matter but how we ought to live.”

– Socrates via Plato in ‘The Republic’

In the last issue, we left our discussion of Mrs. P hanging on issues of consent and capacity. Let’s start with a very quick review. Mrs. P has formed a deep personal (sexual) relationship with Mr. Q, another resident. Mr. P, Mrs. P’s spouse and substitute decision-maker (who lives in the community) is distressed and wants staff at the long term care home to stop the relationship.

If we look straightforwardly at the issue of consent, Mrs. P clearly seems to be consenting to her relationship. In fact, she seems distraught if she is separated from Mr. Q. If Mrs. P were in full command of her faculties there would be nothing more to say. However, Mrs. P is less than fully capable.

Capacity, as we know, is not an all-or-nothing concept, nor is it necessarily stable across time. A person might be capable of consenting to this, but not that; now, but not then. Is Mrs. P capable of consenting to ‘this’ now? Precisely what ‘this’ is may well be open to debate.

Mr. P may well view ‘this’ as an adulterous sexual relationship, something to which the woman he knows and loves would never have consented. He views his wife’s actions as immoral and, as such, contrary to what he knew to be her values. On the other hand, Mrs. P may view ‘this’ as physical closeness, comfort and pleasure, without any conception at all of ‘adultery’ or the conventional moral connotations of sex.

The staff wish to honour and respect Mrs. P as she is; to provide the best possible quality of life. If staff follow these values they will not prevent the relationship, although they might redirect where and how the relationship is conducted. They might also support Mr. P by counselling him that the relationship is a product of the disease process and not a repudiation of a lifetime of marriage and marriage values. Ultimately, however, they will respect Mrs. P as she is now.

But look at the puzzling contrast with the

entire practice of substitute decision-making. If I create a power of attorney (now) I am seeking to protect—at some time in the future (then)—my sense of myself (now). A power of attorney or, in another form, a ‘living will’ is an attempt to project my values and sense of self now to a time when I might have a different sense of self (or none at all).

Not a matter of consent

This situation is not one of consenting or otherwise to a treatment. If instead of discussing Mrs. P’s sexuality we had been talking about a treatment decision, and if Mr. P were Mrs. P’s power of attorney, staff would honour the husband’s refusal of treatment on his wife’s behalf (barring any direct evidence that he was misrepresenting her former beliefs) if he had said, “No she would not have wanted that. It would be contrary to everything she believed in and everything she had previously said.” But this is not a treatment decision and it is not clear that Mr. P has the authority to direct the long term care home to stop her relationship.

Indeed, that could cause additional difficulties. What would be the responsibility of the long term care home if Mr. P insisted that staff do something that the long term care home viewed as being clearly contrary to Mrs. P’s interests and well-being?

Puzzles of the person

In Part 1 of this article, we referred to ‘puzzles of the person.’ Let’s look at some of those puzzles as clearly as we can.

What, exactly, is a person and what does it mean to say that a person is ‘the same’ throughout his or her lifetime? If you were to ask about me as a person, you would expect a description of my character, the things I value and care about, the things I do, the relationships I have, my physical charac-

teristics and so on. You would expect stories that situate me in my life; the internal narrative that connects my sense of who I used to be with who I am and who I want (or expect) to be.

But what would happen if I lost some, most or all of those characteristics? What if I forgot who I thought I was? What if I forgot the people who I had held most dear? What if I lost the physical characteristics and the character that made me the person I now am? What if I started to like and pursue things in which I had never before shown an interest? What if I showed an interest in nothing? Would I still be the same person?

What should we expect of those who had loved and been close to me? Should we expect them to cling to a view of the person I once was or should we expect them to act in the best interests of the person I have now become?

At a recent workshop two sisters acting as their father’s power of attorney spoke of their puzzlement as they tried to make decisions that were good for him—and that respected him.

I do not think that we have the answers to the puzzles of the person we have described. And yet we are constantly trying to work out those puzzles in practice. How do we respect the person Mrs. P was and honour the person she is? How do we acknowledge and support the family member as he grapples with fundamental changes in the woman he loved? How do we provide the best quality of life we can, while respecting the integrity of everyone involved?

And so we finish with more questions than answers. Not surprising, since all the difficult questions concern contested values, conflicts of principles and uncertainties of application. So, what do you—the caregiver, the family member—think? **LTC**

by Robert Butcher

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