

# Chronic illness and sexuality

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Chronic Illness and Sexuality 1. If the patient doesn't bring up any concerns about their sexuality, why should the doctor bother to ask? a. It is the role of the health care professional to create and maintain a trustworthy environment in which the patient feels comfortable enough to bring up these concerns (Odey, 2009). Doctors and nurses also must realize that sexual health is a large part of every person's holistic health and must be addressed at some point during the visit, whether the patient brings it up on their own, or if the doctor must do this themselves (Odey, 2009). In addition, if a patient is seeing a specialized doctor for their condition, the doctor may assume that their regular practitioner is covering that area of their health, however this cannot be overlooked. It is imperative that sexual health be discussed in a health care setting, especially with a chronically ill patient, as it is just as important as any other area of health. 2. If the patient is sick with a chronic illness, sexuality should be the least of their worries with so many other issues regarding their health. a. Being sexually active and feeling satisfied with a partner are extremely important parts of life (McInnes, 2003). The patient may need these feelings of affection in order to not feel depressed and lonely within their disease, as it will most likely consume most of their lives (McInnes, 2003). It is usually important for a chronically ill patient to have a sexual outlet to relieve stress and be able to express him or herself with a loved one. Their quality of life is lessened already, so they ought to be able to express themselves sexually if that is what they desire, and they should feel free to approach a health care professional about how to make it happen (McInnes, 2003). 3. Sex would probably be a hassle for someone with a disability or chronic illness and it may cause further embarrassment. a. Sexual intimacy creates a feeling of purpose and desire

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when one's former daily activities have been stripped from them, as they are no longer able to perform them (McInnes, 2003). Therefore, sexual activity and expression of one's sexual desires is a way to hold on to normalcy in life when mostly all other things in a patient's life has been completely turned upside-down. In this light, sex would not be seen as a hassle for an ill or disabled patient, but a release from their newfound troubles since being diagnosed that medication just couldn't fix.

4. Medicines that are necessary to treat or cope with the patient's chronic illness have side effects that hinder their sexual arousal or desire. This is a necessary evil and nothing can be done to prevent the sexual dysfunction, as treatment of the disease is most important.

a. The doctor must first initiate a conversation about whether or not the patient is experiencing any type of sexual difficulty on their medication as all patients experience different side effects. If the patient has complaints about their sexual dysfunction, the doctor should then conduct a bit of pharmaceutical research to see if there are any other medications out there that do not have sexual side effects. For example, if an older man was experiencing erectile dysfunction because of his dosage of methotrexate for arthritis, the doctor could instead prescribe an anti-inflammatory agent that produces the same arthritis relief, but eliminates the erectile dysfunction (McInnes, 2003).

5. Chronic illness is often associated with older people and they aren't sexually active anyway, so it's not worth mentioning.

a. There is a negative stigma regarding sexuality and elderly people. Chronic illness and comorbidity rates increase as aging occurs (Christ & Diwan, 2009). Meanwhile, the baby boomer generation is reaching the age where most chronic conditions come into life, which means a very large increase in the prevalence of chronic illness (Christ & Diwan, <https://assignbuster.com/chronic-illness-and-sexuality/>)

2009). Many people assume that older people are sexually inactive and completely lose their sex drive but this is not true. Although achieving arousal and orgasm may be more challenging, it is completely unproven that older people lose their sexual desire (Mann, 2010). Therefore, since older generations are most often patients seen with chronic illnesses, it is very important to start a conversation regarding sexual health and satisfaction with older clients.

6. People who are disabled cannot have sex with out one partner being uncomfortable or ashamed of their disability or illness.

a. It is perfectly normal for disabled or diseased people to still want to have sex, however the actual act of sexual intercourse may be challenging depending on the disability. There are many alternatives and solutions to these problems. The patient should discuss these things with their doctor to ensure that they get a healthy and pleasurable experience. It is recommended that the patient plans sexual activity for whatever time of day that they feel most energized after resting and restrict the amount of substances such as alcohol and tobacco that they use prior to sexual activity (FamilyDoctor, 2003). Intimate touching and oral sex are also alternatives for pleasure when vaginal intercourse is not an option (FamilyDoctor, 2003).

References

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