



**SUBJECT:**

**Resident Intimacy**

**ISSUED:** 5/14/09


**NO.** 1 of 2

**APPROVED:** Signed by H. Cary

**POLICY:** To provide guidance regarding the facility's obligations to respect individual autonomy by allowing and supporting resident intimacy while simultaneously protecting individuals from exploitation and abuse.

**PROCEDURES:**

1. Residents at long term care facilities have the same rights as other citizens of the Commonwealth of Virginia to autonomy and self-determination, to the degree that they are capable of exercising these capacities. Furthermore, Westminster Canterbury recognizes that sexuality and the need for intimacy is a normal part of healthy human development. Therefore, staff should recognize residents' rights to maintain privacy and to engage in intimate relationships that do not harm others.
2. Although residence at a long term care facility is not, by itself, an indication that an individual has diminished capacity to make all of his/her own decisions, it does create a reasonable assumption that the resident may need assistance in particular areas of his/her life or that particular residents may have lost the capacity to consent to specific types of activities. Therefore, the facility has an ethical obligation to create a safe environment for its residents in all areas of life including intimacy. Engaging in sexual activity without a partner's consent is both unethical and illegal. Residents who overtly resist sexual advances, and those who submit to sexual advances only because of a psychological or cognitive disability, shall be considered to have withheld consent and must be protected from sexual abuse or exploitation. On this basis, Westminster Canterbury may intervene when a situation involving a resident who has been determined to have diminished capacity to make self-directing choices is suspected to be the subject of a non-consensual intimate relationship.
3. Elderly individuals, including those with diminished capacity secondary to dementia, still have legitimate needs for intimacy and in many cases maintain an interest in sexual expression. We must respect this aspect of our residents' lives and support them by providing appropriate educational, programmatic and healthcare referral opportunities when they request assistance.
4. Any particular resident's right to engage in sexual activity either alone or with others should be recognized as a private matter. Members of the staff have an obligation to refrain from interfering with resident decisions on the basis of the staff person's personal moral or religious values.
5. The facility has an obligation to maintain a safe, pleasant and healthy public environment. Therefore, even when all parties involved have capacity, the facility may restrict activity in public areas that it considers to be offensive.

<b>Westminster Canterbury</b> Lynchburg  Life Refreshed.	501 V.E.S. Road Lynchburg, Virginia 24503	<b>SUBJECT:</b>  <b>Resident Intimacy</b>
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6. The private activities of residents with capacity to make their own decisions should remain private. Staff must recognize that confidentiality applies to all information generated in the professional setting. Discussion of intimacy with family members or other third parties is only appropriate when consent for release of information has been secured from the resident or an incapacitated resident's surrogate decision maker, or when an appropriate subpoena for information has been issued by the court. No family permission is required, nor should it be sought, for intimate activity involving individuals who maintain the capacity to consent.
  
7. Westminster Canterbury and its staff will uphold all relevant laws and regulations regarding resident rights, privacy and safety and protection from sexual predation (e.g. sex offender registry requirements).

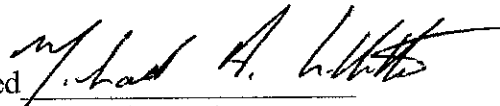
Date: February 13, 2009  
To: Rev. Karen Kelly, Ethics Committee  
From: Michael Gillette, Consulting Ethicist  
Re: Intimacy Policy Draft

The Westminster Canterbury Health Services Administration recently requested assistance from the Ethics Committee with regard to establishing a policy on resident intimacy. After several meetings and extensive discussion, the Ethics Committee has generated the attached draft. As in all cases of policy, the Ethics Committee does not have the authority to set policy, and we understand that issues other than ethics may be relevant to the policy's final form. We would like to submit this draft as a recommendation that we believe meets all relevant ethical issues.

While developing the attached draft, it became clear that a policy on intimacy touches on, and depends upon, other areas of facility function. While we have not made specific mention of certain procedural issues that apply not only to this policy but to others as well, we suggest that Westminster Canterbury review these concerns to verify that existing protocols are sufficient. These areas include:

- A) We suggest that the Residents' Rights Handbook might need to be revised to include a mechanism for ensuring the right to privacy. For instance, it might make sense for residents to receive 'Do No Disturb' signs for their rooms. Since residents might need these signs for a variety of circumstances, and we do not want to link their use specifically to issues of intimacy, we believe that the proper place to consider the use of signs is in the Residents' Rights Handbook rather than this policy.
- B) We suggest that existing protocols regarding reports of abuse, neglect and exploitation should apply to intimacy issues. If questions about when such reports should be made exist, staff should receive clarification from the Westminster Canterbury Administration.
- C) We suggest that Westminster Canterbury should continue its efforts to determine the best way to determine diminished capacity in residents, and that once relevant protocols are developed, they should apply to intimacy issues as well as other areas of decision making.
- D) We suggest that Westminster Canterbury might want to consider developing educational materials for residents concerning the topics of STDs and other health risks associated with sexuality.
- E) We suggest that once this policy is adopted, it will be necessary to train staff on its contents. The Ethics Committee is available to assist in that effort if needed.

This report represents the consensus opinion of the Ethics Committee. If further clarification is necessary, please re-consult the Committee.

Signed   
Michael A. Gillette, Ph.D.

Date 2/13/09