
THE FERTILE OCTOGENARIAN
REVISITED:
THE RIGHT TO PHYSICAL
INTIMACY IN THE NURSING HOME
CASE STUDY OF DICK & JANE

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In today's society, seniors are often seen as asexual. That stereotype was recently debunked by the University of Chicago's National Social Life, Health and Aging Project as reported in the August 23, 2007 issue of the New England Journal of Medicine. This study revealed that more and more seniors are having sexual intercourse, oral sex, and masturbating. The report validates that sex is a natural part of life that for many does not vanish just because they reach a magic age. Many men and women remain sexually active well into their 70s and 80s. Thus, it should not surprise anyone that institutionalized seniors have a desire for sex and intimacy. That being the case, is there anything wrong with them acting upon that desire?

CASE STUDY: DICK & JANE

Dick and Jane are residents of Wright Care Center. They have always enjoyed each other's company, but they recently decided to take their relationship a step further. Dick's roommate plays bingo on Wednesday evenings. So Dick and Jane made a date to spend some time together this past Wednesday. As the roommate leaves the room, the CNA notices Jane enter the room and shut the door behind her. Concerned because there is an open door policy in the facility, the CNA knocks on the door and then immediately enters the room only to find Dick and Jane snuggled up on Dick's bed in a compromising position.

How should the CNA respond?

1. Both Dick and Jane have a right to give and receive physical intimacy – even in a nursing home. That being the case, the CNA should apologize for not waiting until access to Dick's room was granted by Dick. As Dick and Jane were in the privacy of Dick's room, there was an expectation of privacy that should have been respected.
2. To assess the situation, the CNA should confirm whether or not competency issues exist that would preclude either Dick or Jane from being a willing participant. Even if both residents are competent, check to make sure each are there at his own volition.
3. Assuming competency is not an issue, the CNA should alert the other staff to the existence of the relationship. However, discretion should be used and the details should remain confidential.
4. If competency is an issue, the family should be notified as well as the care planning staff, which will likely assess the need for behavior modification medication.

Irrespective of the response, nursing home staff needs to be prepared to handle issues that arise as it relates to resident's desires to engage in sexual activity. This may mean that the facility makes available pornographic magazines or adult viewing cable channels. Some residents may need to be prescribed performance enhancing drugs or given prophylactics to prevent the spread of sexually transmitted diseases. As many residents likely engage in sexual behaviors, it would behoove nursing facilities to ensure that safe sexual practices are reiterated.

What Role Should the Family Play?

That is an excellent question. The answer of which will likely be determined on a case-by-case basis. Nonetheless, if the resident is competent, the basic premise should be the same. Because the resident has a right to privacy as well as confidentiality, the sanctity of the nursing home relationship should be respected. It should not be shared with the family unless the resident has authorized it to be shared.

If the resident is incompetent, then for liability purposes, guidance from the family should be sought. Failure to do so could make the facility susceptible to claims for failure to protect the resident. Perhaps, the family would be willing to participate with developing the care plan so that the issue related to sexuality can be addressed from a clinical perspective.

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