

SaskEthics

An Ethics Newsletter for Catholic Healthcare Organizations in Saskatchewan

Sex, privacy, and care environments

Dear *SaskEthics* Readers,



Over the past year, the Emmanuel Health Ethics Committee has been hard at work creating a new conversation guide

to support our teams through issues related to expressions of intimacy and sexuality. These expressions could be anything from how a resident dresses, to who they spend time with, to intimate sexual relationships. One thing these situations all have in common is that they concern something that would likely have remained private if our residents were not living in a communal setting.

As we have rolled out this guide to our hospitals and care homes, I have had many opportunities to discuss these issues with our team members. In our conversations, I started to notice a recurring question: When is it appropriate to become involved in the personal lives of our residents?

Underlying this question is a profound respect for privacy. Regardless of personal beliefs or backgrounds, our team members recognize that respecting the privacy of

another person is a critical component of respecting their dignity.

Before it was ever enshrined in law, privacy was recognized by philosophers as essential to living a moral life. Privacy gives people the space they need to reflect on what is right or wrong and to commit to acting ethically. It follows then that if we want to respect another person, we need to honour the space they need for personal discernment.

The Catechism of the Catholic Church echoes the importance of privacy when it refers to the human conscience as “man's most secret core and his sanctuary” (1776). From a Christian perspective, finding a space to be alone with God is a critical component of ethical decision-making.

Given the importance of privacy, it is heartening to hear that so many of our team members are hesitant to breach it. However, although sexual expressions are deeply personal, they also have a relational dimension. They are shared and lived out in community, which means there are times when the privacy of one person may be in tension with the needs of others.

The new conversation guide identifies three key areas that can lead us to become more involved in the normally private sexual dimension of a resident's life: (1) when there are questions concerning the **capacity** of the resident; (2) when we are concerned about the **safety** of the resident or others; or (3) when the resident's behaviour has an impact on the **community**.

For example, consider the case of a resident who is engaging in a relationship with someone he met online. The team members who care for him are worried that he is being taken advantage of, but they are unsure how to respond. Before approaching the resident, it would be important for the team to consider why breaching the resident's privacy may or may not be appropriate. Are they concerned that the resident does not understand the nature of the relationship? Are they concerned that he is emotionally,

physically or financially vulnerable? Are they concerned about the impact the relationship is having on other residents, e.g., if this new friend begins visiting other vulnerable people in the care home?

Our conversations regarding these questions must be rooted in our respect for the dignity of the resident. This includes respecting the need for connection that we all share, which I have written about previously ("[Connection is needed at any age](#)").

How does your team approach issues related to intimacy and sexuality? How does your team ensure respect for the privacy of those in your care? How do you support each other to engage in these challenging conversations?

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The Catholic Ethics webpages have moved!

Are you at work while your colleagues are on vacation? Would you like to develop your ethics knowledge?

Don't forget that all past Ethics Exchanges and SaskEthics Newsletter are available online in a new place alongside some excellent resources.



<https://sphfsk.ca/programs-services/ethics-services/>