

Case studies

Roberto and Tim have been a couple of over 20 years, they married soon after the law changed allowing same sex marriage. Roberto is a retired Judge in his early 70s. Tim is an architect in his mid 40s; he was a college student when he met Roberto. Roberto recently fell while riding his bike and shattered his pelvis. After surgery Roberto was admitted to a long term care facility – with the expectation that after a couple of months of healing and physical therapy he will be able to return home. The staff came in and found the two of them cuddling in the hospital bed. Roberto's roommate had summoned the nurse and was enraged. The staff is in disagreement on what to do, move Roberto to another room, gather in a circle and pray, only allow supervised visits, tell Tim he can't come visit, no one is clear on what to do.

How should the facility handle this matter?

What concerns might there be about Ernesto – being just a couple of days out of major surgery?

Mary Ann and Andy got married in their early 70's after their respective spouses of over 50 years died. Both have adult children from their first marriages, his kids have never been happy about his getting re-married after the death of their mother. Andy had a stroke six-months ago and is a resident at Happy Valley Long Term Care and Rehab. His recovery has come a long way. He needs assistance with transferring, toileting and bathing. He is able to eat without assistance and to move a wheel chair about with one hand. His speech is very difficult to hear and understand. His care needs exceed Mary Ann's ability to care for him at home – but they do miss one-another's company. At a recent family care planning meeting Mary Ann asked if it would be possible for her to pay to have a queen sized bed installed in Andy's room so that she could spend the night with Andy once a week or so. Andy's Son became ballistic at the idea, accusing Mary Ann of taking advantage of "a frail old man" and "only staying married to him in hopes that he will die before his money runs out." Andy's son threatened to call the police if Mary Ann is allowed to spend the night.

You have been asked for your guidance.

Beverly has schizophrenia and dementia, she not only does what the voices tell her to do; she can't remember what she did sometimes. She has been a resident at Mellow Manner for the past 15 years. She has always been happy, and eager to offer a hug to anyone within arm's reach. Her behavior is well managed with behavioral techniques and her illness with medication. The staff recently noticed that she is withdrawn and no longer hugs other people. She seems especially quiet and withdrawn when men are in the room. She was found crying shortly after a visit from an uncle.

What should the facility be concerned about?

What investigation should take place?

Jennifer, age 93, has late stage dementia and is a resident at Stormy Manner Nursing Facility. Her husband Jay comes to visit her every day. He spends hours in her room, rolls her the dining room and helps her eat lunch every day. They have been married for decades, and have never lived apart. Jay tells anyone who will listen that Jennifer is the best wife in the world. Recently he has started bragging about what a wonderful and varied sex life they have had over the years. His stories are disturbing, some are downright kinky. As Jennifer's dementia has progressed the staff has become increasingly concerned about Jay being left alone with her – behind closed doors.

When should the facility intervene?

How should the staff proceed?

Anything else that the facility should be concerned about?

Progressive Heights Long Term Care Facility is developing a policy and procedures for couples wishing privacy for intimate or sexual relations. In looking at hypothetical models and developing guidelines a difference has arisen. When the fact pattern describes a female patient with diminished capacity and a male sexual partner with full capacity wishing to have sexual relations with the female the staff is more protective of the resident, than when the genders are reversed and the patient with diminished capacity is male, with a female partner wishing to engage in sexual relations with the male resident – the guidelines seem to be more permissive.

You have been asked to help the staff explore this dichotomy and develop guidelines.

What are the considerations?

What are the arguments for and against there being a difference?

Ruth is a 73 year old nursing home resident with moderate dementia. She has been at Longing Acres for 3 years and she has always been demonstrably affectionate. She likes to hug, and kiss strangers on the cheek. Ruth has a history of engaging other residents and friends who come to visit in sexual activities. Ruth has become very attached to Mathew, a Social Work student working at the facility to complete the practicum for his MSW. Mathew very much enjoys spending time with Ruth. This afternoon, Ruth asked when Mathew would be by next. When she was told, after 2:00 PM, she said to the CNA, I'm going to close my door when he comes in today, and as we use to say, "If this Vans Rocking, Don't Come Knocking."

What should the staff do or say?

Michael is a 73 year old nursing home resident with moderate dementia. He has been at Longing Acres for 3 years and has always been demonstrative affectionate. He likes to hug everyone. Michael has a history of engaging other residents in sexual activities. He has become very fond of Ellen, an old neighbor who comes to visit him a couple of times a week. Lately their hugs have become longer and

included a kiss on the cheek. Michael was quite excited after lunch, as Ellen had called to say she would be by around 2:00 PM. He told the CNA, he is going to close his door, and as the bumper sticker use to say on the back of his van, "If This Van is Rocking, Don't Come Knocking."

What should the staff do or say?