

Why is talking to Clients about Sex Important?

"My catheter was fitted so I could wear a bikini, but awkwardly positioned for having sex. When I pointed out to my consultant that I preferred sex to sunbathing, he said "OK, let's reposition it then. As a result, my husband and I have had a lot more fun!"

Alexandra

Sex was once seen as something most people simply wanted and enjoyed. Research now shows that sex is something people positively benefit from.

In fact, a regular, happy sex life brings a range of physical, emotional and relationship benefits — it positively adds to health, and some studies even suggest it prolongs life.

Conversely, an unhappy sex life, and/or the loneliness that may come from being without a partner, can lead to stress, depression or illness (not being able to touch oneself and never getting touched or hugged can be particularly damaging).

And if loneliness and lack of sex is as a result of chronic illness or disability, then the impact can reverberate throughout one's whole life.

For all these reasons, it can enormously benefit clients if health and social care professionals are willing to talk about sexuality as part of the consultation — and where there are problems, be able to provide support or a referral in order to solve those problems.

The good news is that sexual problems are very often fixable, either with medical or counselling intervention. In fact, neither may be necessary — it may simply be that the client is just unsure about something sexually; this is quite natural and common. The health or social care professional can almost always offer help of some sort.

The first step is to talk, and talking usually helps. Both clients and professionals may hold back from starting the conversation, but it's vital to do so. Communication works wonders!

Why should Health and Social Care Professionals do this?

"Broaching the subject ... is not easy but ... clinicians do need to include sexual issues in their health brief."

Professor Kevan Wylie

Talking about sex may not seem important in comparison with other health issues. But there are many reasons why health and social care professionals are absolutely the right people to talk about sex with clients.

Anecdotally, clients' sexual wellbeing seems to be medically significant to their general health.

Talking with clients about sexual wellbeing may help diagnosis — many sexual symptoms are flags for medical conditions. Erectile dysfunction, for example, may be a signal of diabetes, while loss of libido may be a sign of depression.

Regaining a full sex life after illness can significantly aid a client's recovery from illness, not only because it provides exercise opportunity, but because it raises confidence and hope.

Quality of sex life can significantly add to the general quality of life for clients, thus again warding off depression and increasing emotional health.

Health professionals are highly significant figures when it comes to including sexual issues in medical diagnosis and treatment. We are the ones our clients naturally turn to. They know us, they trust us, they believe in us.

Because of medical training, health professionals can truly help — whether that help is direct or by referral on, or signposting to a clinical or therapeutic specialist.

Health professionals often do not need to offer any more than a listening ear in the consulting room — and, by doing that, can be the gateway to sexual solutions for clients and so be a way of helping them to fuller physical and mental wellbeing.

What holds us back?

"Thinking about discussing sex is more frightening than actually doing it, and the reactions we're fearful of very rarely occur.

Dr Daniel Atkinson GP

Talking about sex in the work environment may not always seem easy. A 2012 paper "Why don't healthcare professionals talk about sex?" concluded that only 6% initiated discussions on a frequent basis

As professionals, we may hold back because of...

- feeling embarrassed — whereas given the professional setting, there is no need for embarrassment
- feeling there's no time — in fact, the average consultation on sexual matters takes only a few minutes
- not wanting to offend the client or to seem nosy — whereas clients are often very relieved that the topic has been raised
- being worried that a sexual conversation might be misconstrued —if in doubt a chaperone can be invited into the room
- not believing there's a solution to the client's problem — in fact there may be many solutions, both medical and therapeutic
- thinking we lack knowledge — acting as a gatekeeper for signposting or a further referral is often all that is needed
- thinking the client should start the conversation - whereas in fact....

Patients and clients may hold back because of their own issues:

- feeling embarrassed, inhibited, guilty or having no self-confidence
- shame at being sexual, e.g. because they are female, older, feel unattractive or are strictly religious
- believing they should be able to sort out their own problems
- thinking the health professional might disapprove
- not realising that everything legal is confidential
- not believing there's a solution to their problem
- not feeling entitled to have sex
- thinking the health professional should start the conversation

Remember that not talking about sexual symptoms during a consultation, may not only be denying clients support and help but also denying health professionals a full picture of the clients' condition so enabling a full diagnosis and suitable treatment (it is also illegal and discriminatory to deny disabled people the same opportunities as everyone else).

Overcoming our Blocks

"We have endless meetings discussing our clients' sexual deprivation but nothing ever improves in practice."

Isabel, Rainbows Hospice

Here are some suggestions of how to overcome any blocks to talking:

Feeling embarrassed... Try reading about sexual health topics to become more comfortable, then discussing topics with colleagues. If the whole issue still feels uncomfortable, find out who else in the practice is at ease with the subject, and refer clients on.

Feeling there's no time... remember that talking things through may well save consultation and treatment time in the long run. Research by Outsiders suggests that, when discussed, the average length of time spent on sexual problems is three minutes.

Not wanting to offend the client ... be aware that almost always, the client will be relieved that the topic's been raised. If still worried, use one of the gentle opening lines we suggest here.

Being worried that a sexual conversation might be misconstrued... think about asking the client if they would mind having a chaperone in the room or the conversation being recorded. For other guidance on legal issues, see the helpful page on law on this website.

Not believing there's a solution to the client's problem... know that there almost always is, In any case, very often just talking through sexual questions will help, and if more help is needed, there are now a number of medical and therapeutic solutions available.

Feeling a lack of knowledge... be reassured that there's no need to know all the answers. See Resources. Our Hand-Out provides resources for clients, with space for you to add your own local ones. It's always a good idea to get to know local sex therapists and relevant experts, so you feel you can signpost or refer on with confidence.

Thinking the client should start the conversation... remember that the client may need the health professional to take the initiative here. If the client does not want to talk about sexual issues they will make that clear and you can give them the Hand-Out, but not starting the conversation may mean missing a key opportunity to improve client health.

Opening Lines

"I regarded my doctor in a new light when he asked about the most precious part of my life. He became a human being"

Julie

Here are some starter suggestions that may prove useful — though every practitioner will probably want to develop their own.

Opening the Door

To understand what's going on for you and help you, I'd like to ask direct questions about your sex life... is that OK? If there are any questions that you don't feel comfortable with, just let me know.

Giving permission

It's fine to talk about any worries you have.

Everything you tell me is confidential.*.

I may want to pass you on to a consultant/specialist, but I will ask your permission first.

Asking not Assuming

Is your partner/do you like people who are... male or female? How is it going?

Although I know you're not partnered, you may still have a sex life — is that going well?

Are you finding you're able to continue your sex life, if you have one, after the operation/since you've been ill?

It's fine if you don't have a sex life, but if there's anything you want to discuss regarding that please feel free.

Reassuring

Lots of my clients do have sexual questions, so I often mention the issue.

Some people with a condition like yours find it gets in the way of intimacy. Are you finding that?

There are lots of solutions to sexual problems. I'd like to refer you to a specialist.

Thanking the client

Thank you for telling me that. It helps me to see options to explore with you on how to move forward.

It's really fine to mention your intimate/personal/marital/confidential/ private life to me whenever you want to in the future.

Sex may or may not be a concern for you, but I want you to know that I'm happy to talk with you about this kind of thing at any time.

* Health professionals may need to breach confidentiality if what the client confides contravenes the law.

Talking about Specific Problem

"I can talk about anything except my double incontinence with regards to sex, but I do need to learn how to cope, and put my life on track"

Anon

Specific sexual problems might include:

- For her: pain during intercourse; vaginismus; anorgasmia
- For him: erectile dysfunction; problems controlling ejaculation; anorgasmia
- For both: loss of desire; sexual identity issues; inhibition; communication; boredom; fear; sexual difficulties caused by ill health, medication or mental or physical impairment
- Looking at Sexual Problems on this site may help you feel you have the knowledge to cope with this.

Here are some useful guidelines for these more specific conversations:

Choose vocabulary carefully - Begin with terms for body parts and sexual activities that feel comfortable — perhaps clinical terms. If a client gets confused when they hear these terms, ask what words they would use and if possible, and use those.

Ask about changes - Use phrases such as "Have you noticed any difference lately in... the amount you have sex... your ability to have sex... your mobility during sex... your comfort in having sex?"

Ask about distress - Use phrases such as "Are you happy about how much sex you're having... the quality of sex you're having? ... Are any difficulties affecting your relationship?"

Ask about specifics - Use phrases such as "Are you able to .. feel desirable... feel aroused... have an erection... get lubricated... enjoy masturbation... enjoy oral sex... enjoy intercourse... enjoy anal sex... have an orgasm?"

Ask about action already taken - Use phrases such as "How have you tried to overcome these difficulties? ... What helps you... what doesn't help you?"

Refer on - Use phrases such as "There's a member of my team who specialises in... I have a Hand-Out with resources and practitioners that you might find helpful."

Offer practical suggestions - It will always help to find ways around practical concerns such as lack of sensation, restricted movement or discomfort. These ways could include guidance on easing pain, guidance on what level of sexual activity is safe after, for example, a heart attack or during pregnancy. Also doctors may consider altering medication if this is contributing to the problem.

Creating a whole Practice Strategy

"We used to rely on Joe to handle sexual matters, but now he's left.."

Practice Manager

It's easier to talk about sex with the backing and involvement of colleagues. So if at all possible, set up a whole-practice strategy.

Make discussion of sexual topics part of practice meetings; have a 'round' of issues practice staff have met in consultations. This will not only normalise conversations which include such topics, it will lower the awkwardness level. It will also, crucially, allow discussions of embarrassing or difficult cases. More suggestions for extra exercises to use with staff can be found here.

Be clear to clients — on waiting room noticeboards and on the practice website — that staff are happy to discuss sexual issues. If some staff are not happy, then they should make it clear to clients that it is possible to have a one-off consultation with another member of staff.

Accommodate clients who want longer appointments, same/different-gender appointments or appointments with practitioners they feel comfortable with.

Have available in-practice sexual health information that is accurate, trustworthy, up-to-date. Our Hand-Out ([LINK](#)) and Resources ([LINK](#)) on this website give suggestions of organisations that can provide you with information leaflets and other helpful material.

Create your own personalised page on our Hand-Out, adding local organisations and practitioners (get to know them as personalising contacts improves communication). Then photocopy and fold in four. Distribute these Hand-Outs to staff, explaining that these are to give to clients if discussions on sex prove difficult or if more information/signposting is required.

Support those staff who feel comfortable about discussing sexual topics by encouraging them to attend CPD to further increase their knowledge, comfort and confidence."

Support those staff who don't feel comfortable by briefing them to at least ask an initial question of clients, knowing they can then refer on to further information, another practice member or an outside consultant/therapist and / or pass over the Hand-Out.