



# SaskEthics

*An Ethics Newsletter for Catholic Healthcare Organizations in Saskatchewan*

## Connection is needed at any age

Dear *SaskEthics* Readers,



**L**ove is in the air this month and it doesn't matter if you're in preschool exchanging Valentine's cards for the first time, or

living in a long-term care home and asking to be placed closer to a new friend at lunch time - we all need to feel connected to the people around us. This basic human reality does not change whether we are single or married, young or old, sick or healthy. However, how it is expressed can take different forms during different chapters of our lives.

In my role as an ethicist, I have had phone calls from care teams wondering how to navigate this need for connection. Things always seem to get particularly complicated when it concerns romantic relationships among residents. So many questions flood in: What if the relationship becomes physically intimate? What if one of the residents pulls away and the other is hurt? Should we be telling their kids?

The most challenging situations usually concern residents who do not seem to

have the capacity to fully appreciate the consequences of their actions. For example, imagine a couple, Mr. B. and Ms. L. They both seem quite happy in each other's company. Both have shown signs of cognitive decline; Mr. B. seems to be struggling more than Ms. L. Lately staff have started to notice Ms. L. wheeling herself into Mr. B's room during any unscheduled time, and they wonder how they should respond.

To help us through situations like this, the Health Ethics Guide offers the following reflection: "Sexuality is an integral part of being human. Human sexuality is expressed through personal grooming habits, dress, touch, companionship, the personalization of one's environment, and intimate physical affection. This irreducible dimension of the person is to be treated with respect and sensitivity."

There's so much packed into that passage that I encourage you to read it over at least twice! It is grounded in one of the seven fundamental moral values of Catholic health care, the interconnectedness of every human being, which calls us to foster trust with those in our care and to remember that no life is lived in isolation.



St. Paul's Hospital



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Put another way, there is no clear answer to how we respond to Mr. B. and Ms. L., but we must always have their well-being, which includes the need for relationships, at the top of our minds.

When approaching these situations, I have a handful of questions that I often ask our teams, such as: (1) What do you think the resident would want if he/she fully understood the situation? (2) What else is going on in the residents' lives right now that may have drawn them to each other? (3) Are there any unmet needs for connection that we should address? (4) Are the residents' expressions of sexuality consistent with past behaviours? (5) Are

the risks and benefits to the resident(s) disproportionate with those that any other person faces when they enter into relationships? (6) Are there pieces of our own understanding of human sexuality that are making us feel uncomfortable?

Every situation is so unique that it is impossible to give a black and white answer to any scenario. My only real piece of advice is to remember that human relationships are living and active. That is the beauty of how we were made.

Dr. Mary Heilman,  
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