

The Case of Mr. Peter Herman

Peter Herman is 67 years of age and has lived in St. Martha's Nursing Home in Vancouver, BC for the past 12 years. He has a high school education and English is his only language. He worked as a supervisor in a shipping company for 19 years but took early retirement to go on a disability pension for medical reasons. He was divorced over 25 years ago. He has no children or close family. He has a good relationship with some of the cleaning and kitchen staff, and with the recreation director and several of the volunteers. He likes to participate in all recreation activities (e.g., bingo, movies, outings, etc.). He also likes to write poetry using his typewriter.

Medical Information

Mr. Herman was diagnosed with chronic progressive multiple sclerosis (MS) in his early 40s. Currently, he demonstrates significant trunk and limb ataxia. He is right-handed and cannot write due to the ataxia, but is still able to type using one hand to stabilize the other. His voice is also affected (low volume and articulation problems), so he often uses the typewriter to communicate, preparing notes for people who have difficulty understanding him. He demonstrates some subtle euphoria (often associated with MS) and is beginning to show limitations in his insight.

Mr. Herman propels his wheelchair independently but requires the assistance of one staff member to transfer. He can feed himself finger foods but requires the assistance of one staff member for all other self-care activities. He is on anti-spasticity medication to deal with elevated stress and spastic bladder, for which he wears an incontinence garment.

At this particular nursing home, the health care team includes medicine, nursing, pastoral care, recreation, and dietetics. Other therapies are available by referral to CCAC (homecare) or private agencies.

Presenting Problem

A team conference has been called because Mr. Herman was discovered having sexual intercourse with another resident, a woman in her mid-30s who had suffered a traumatic brain injury three years ago. The woman's roommate found them and immediately brought a nurse.

There has been a great deal of staff and resident gossip about the entire incident and negative feelings are running high. The sources of such feelings include: conflict of values about sexuality in older adulthood, sex outside marriage, breach of confidentiality, and patient autonomy.

Individual staff members and residents are debating these issues amongst one another and there are substantial differences of opinion between staff members and among residents. There are differences of opinion on what the issue to be resolved actually is, opportunities for sexual activity, the potential health risks, and breach of confidentiality.

Further, there are the possibilities of pregnancy and/or sexually transmitted disease.

Nursing staff report that Mr. Herman has made sexual remarks during personal care and that he has apparently touched them inappropriately. It was difficult to determine whether this was done consciously or whether it was a result of ataxia. Staff are also concerned that Mr. Herman's actions may be the result of cognitive impairment (i.e., disinhibition) that may be emerging as a result of his MS. Questions are being raised about whether Mr. Herman should undergo an assessment of his cognitive abilities.

Attending the team conference were all team members, including the physician, director of nursing, the nurse who was first fetched to the scene by the roommate, chaplain, recreation director, and dietitian. By special request, the occupational and physical therapists who have worked with Mr. Herman in the past were also present, although they are not currently involved. Given the unprecedented nature of the incident, the administrator of the facility also attended.

In the first moments of the discussion, very different issues and perspectives became clear. One team member thought the issue was the illicit sexual activity; another identified the potential health risks as the key concern; while another was most concerned by the breach of confidentiality shown in the wide-spread gossip about the incident. Proposed solutions ranged from discharging one or both residents to changing institutional policy to allow them privacy for future encounters. The discussions became quite heated. No consensus seemed imminent so the meeting was adjourned and scheduled to resume in one week.

Adapted from Case Studies in Gerontology for the Applied Health Sciences: An Education Resource developed by J.B. Orange, S. Hobson, M.F. Cheeseman, A.A. Vandervoot, and M.E. Black, July, 1997.