Response to “Development of a Patient Education Resource for Women With Gynecologic Cancers”

As an American Association of Sexuality Educators, Counselors, and Therapists–certified sexuality counselor with more than 14 years of experience counseling women with various cancers, I was disappointed to see the article by Matzo, Graham, Troup, and Ferrell in the June 2014 issue of Clinical Journal of Oncology Nursing. The A–Z Guide they developed has me concerned on a number of levels.

The population used to identify sexual problems comprised women with ovarian cancer who had experienced a recurrence. This is a unique population with specific challenges and needs that may not be generalizable to all women with cancer. The women indicated the need for information about sexual side effects of treatment that was “less academic” (p. 347). The result is a guide written at a seventh-grade level that makes light of very serious issues.

The responses they give to the comments made by women in the focus groups are superficial, crude, and trivialize a serious and sensitive topic. Although the evidence for interventions for women with sexual challenges after cancer is limited, they certainly do not provide evidence-based suggestions. The guide is heterosexist, phallocentric, and the use of humor is immature at best. Not all women think that sexual problems after treatment are funny or amenable to innuendo.

In the past 14 years, I have worked with women with breast and gynecologic cancers and, when I have used humor, it has been gentle and respectful of the individual woman. I have written several books for women (and men) and their partners that provide evidence-based explanations and interventions that respect the cancer journey as something that is life altering. I strongly urge oncology nurses who read this article, and the guide, to think deeply about how they want to educate their patients: with respect and maintaining their own and their patients’ dignity, or with jokes and crude references.

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Reference

The Author Responds

I appreciate the important perspectives shared by Dr. Anne Katz regarding the article. I agree completely with many of her statements—sexuality is a very important topic and care for patients in this area does require evidence-based, sensitive, professional, and interdisciplinary care.

The guide that the other authors and I have created and used is one tool of many possible approaches to support patients with cancer and their partners with sexual health issues. It has been used over the past four years with women in groups and individual counseling, and has been shared with hundreds of other professionals through professional education courses. The uniform response has been that it is a useful tool, opens up conversations, and helps women to express needs and to seek professional help for sexuality concerns. Never has the tool been seen as disrespectful or crude.

I will continue to use and promote the tool and to also encourage the same principles as Dr. Katz has encouraged—evidence-based, sensitive, respectful, and individualized care.

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