M.R. is a 35-year-old married woman diagnosed with acute myeloid leukemia (AML). She has been married for two years and reports having a good marriage. Her husband has been closely involved with her treatment and appears to be very supportive. She has completed her second cycle of chemotherapy as an inpatient on the oncology unit and is being discharged later in the day. The oncology nurse enters the room and sees that M.R. is alone in her hospital room, sitting on her bed, crying. She immediately asks what is wrong. M.R states that she is afraid of going home. When the nurse asks her what she fears about going home, M.R responds, “I’m just so tired, I don’t know how I’ll be able to have sexual relations with my husband. And I don’t care if I never have sex again.” She says that she is afraid of being thought of as a “bad wife” who doesn’t try to please her husband after all he’s done for her. This is the point at which the oncology nurse has the opportunity to address M.R.’s sexual concerns in a knowledgeable and sensitive manner.

Sexuality and Cancer

Receiving a diagnosis of cancer and experiencing the effects of antineoplastic therapies can have a devastating effect on a person’s emotional, physical, and psychological well-being and a significant negative effect on sexual desire and function. Oncology nurses are the ideal healthcare professionals to assess the sexual health status of their patients and to intervene to sensitively address sexuality issues. Having this discussion can be uncomfortable for both nurses and patients, but using communication tools can help nurses gain confidence in their abilities to address sexuality concerns in an effective and comfortable manner and to provide patients with useful information and insights.