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ORIGINAL ARTICLE

Cancer and sexuality: The couple, a decisive factor, too often neglected☆

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Summary The couple, main way of life of cancer patients, is an important parameter for both sexual life and cancer that changes the home private life. To integrate the oncosexual couple problem is an adequate response to many priorities of the 3rd Cancer Plan as to personalize the treatment, to improve the inequality of healthcare, to reduce or to prevent the acute or chronic medical, psychosocial and couple negative impacts. In spite of its cancer protective proved effect, the couple dimension is too often underestimated. If separations are rare, too many couples silently suffer because they feel themselves insufficiently prepared to the real or supposed intimate life changes owing to the information lack by healthcare professionals concerning the sexual morbidity and the available solutions. In spite of both strong demand and treatment efficacy, the healthcare and institutional responses remain very insufficient. This represents an unconscious inequality of care that is no more acceptable as the cancer treatment may be impaired. Whatever the age, to council both healthcare and life pathways is often possible at the condition to: (a) to be sensitized to oncosexual and psychosocial dimensions, (b) to take care soon, (c) to favour a multidisciplinary approach, (d) to know the cancer couple particularities: brutality, major iatrogenic component, partner helping role, complexity to be the sick-person or the partner, revealing role for the relationship quality, (e) to screen the often masked vulnerability factors linked to cancer, gender and couple. Although, the sexual priorities and impacts largely change according to cancers and couples, any sexual insecurity may change the dialogue then the couple dynamic, impairing both distress and suffering in the absence of screening/treatment of the most vulnerable couples.

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Introduction

In most cases, cancer will throw the private life of the couple into disarray for a long period of time, and fundamentally change the lifestyle of the patients. Given the important role it plays in their well-being, all couples concerned should be forewarned that most of them will not recover the same sex life as before: (a) 40% of cancers involve the genital areas (INCa, 2015), (b) for all types of cancer, sex is still disrupted two years after the diagnosis in 2/3 of cases (Bouhnik and Mancini, 2014, Préau et al., 2008). All of its components (biological or otherwise) can be affected (Bober and Sanchez-Varela, 2012, Bouhnik and Mancini, 2014, Schover et al., 2014) and all the main treatments for cancer have a negative impact on the couple's intimate and sexual relationship (Bouhnik and Mancini, 2014, Kamen et al., 2015, Lindau et al., 2015). Health professionals should try to pay closer attention to the patient's life experience, including the intimate relationship, as this is an important factor for most couples, even elderly couples. Recovering or preserving a sex life is part of the management of any type of cancer as part of the two priorities of the ''3rd Cancer Plan'' (Guidelines by the French Government): (1) secondary and tertiary prevention, (2) global management, i.e. customized to fit the patient and his/her close environment (Bondil and Habold, 2015, Plans Cancer, 2015).

Is the impact on the couple's relationship the same as for sexual disorders that are not cancer-related?

The sexual issues for the couple are similar (Badr and Taylor, 2009, Perz et al., 2014, Traa et al., 2015, Ussher et al., 2015), including a difficulty to talk about the subject, and a lack of knowledge about the solutions and/or treatments available. The main difference is that one of the partners has cancer. This single word explains the fact that there is better acceptance of the sexual/intimate morbidity (Bondil et al., 2012, Bouhnik and Mancini, 2014, Usher et al., 2015) due to (a) persistent, though incorrect, image of the disease as being lengthy, painful and deadly, (b) fear of adverse effects or permanent after-effects of the treatments, and (c) a feeling of losing control over the couple's relationship.

Greater communication and management difficulties

Talking about sexuality is not simple for the couples themselves, nor for health professionals, due to:

- numerous misunderstandings leading to preconceived ideas, myths and taboos;
- difficulties in establishing a dialogue between the patient and the health professional and within the couple. Despite their many concerns, the couples wait for the health professional to bring the subject up first (Bober and Sanchez-Varela, 2012, Bouhnik and Mancini, 2014, Perz et al., 2014). Unfortunately, oncologists are not often inclined to talk much about sex. These gaps in information and treatments provided are a source of distress, and all the more unacceptable when the couple is young and/or sexually active, and/or seeking help, and/or in distress;
- inequality in management: the response is highly variable depending on the health center or physician, demonstrating inequality of access to care and the quality of that care.

This too is unacceptable from a medical, ethical and humanist standpoint (Bondil and Habold, 2015, Lindau et al., 2015)! Consequently, health professionals should provide more information to their patients and their family, be more attentive to their educational needs and be able to identify the more vulnerable couples.

Specific impact on the couple's intimate relationship and sex life

Although difficult to see, these effects are present at three overlapping levels.

Relationship

The illness turns the affected man or woman into a ''sick'' partner, and the other partner becomes ''the carer''. It is a complex and ambivalent task to reconcile being ''sick'' or being ''the carer'', providing emotional, moral, family and financial support, at the same time as being a sexual partner (Eisemann et al., 2014, Kamen et al., 2015, Traa et al., 2015). Being a carer can be difficult when you feel you need to be cared for yourself! The multitude of causes for worry and suffering — medical suffering (adverse effects, sequellae) or other types of worry (family concerns, financial, socio-professional worries) can alter the couple's dynamics and balance (Aizer et al., 2013, Goldzweig et al., 2010). All health professionals should be aware that:

- being in a couple is a protection (more so for the man), with hence a lower specific risk of mortality (Aizer et al., 2013);
- after the age of 60, men are more often in a couple, and give more importance to sex.

If all this ongoing support continues every day for any period of time, feelings of weariness, fatigue, distress and/or guilt can appear if there is no help on offer. The danger is withdrawal and emotional distancing which will affect the couple's emotional and intimate relationship. These attitudes (that are easy to avoid) are a source of emotional and/or sexual frustration that can go as far as a total loss of communication within the couple, demonstrating exhaustion or distress on the part of one or both partners. And yet, as opposed to some preconceived ideas, the challenging experience of cancer can strengthen some couples' relationship (Bouhnik and Mancini, 2014, Cases, 2008). The rare separations occur in more fragile couples (previous relationship problems, highly invalidating types of cancer or treatment, younger subjects), with women at a greater risk of being abandoned (Cases, 2008, Glanz et al., 2009).