**Multi- Disciplinary Team Experiences Regarding Conversations about Sexuality in a Palliative Care Service**

**Background:** Sexuality is an integral aspect of care and part of the holistic assessment of the patient. In palliative care, the aim is to provide quality-of-life while assessing and evaluating the holistic needs of the patient. Sexuality assessment is often neglected in the palliative care context due to assumptions and beliefs that do not portray the reality.

**Aim**
The aim of the study was to explore the multi-disciplinary team’s experiences of having conversations concerning sexuality with patients in a specialist palliative care service.

**Objectives**
The objectives of the study were to:
- Determine the multi-disciplinary team’s understanding and views of sexuality in palliative care
- Identify how the multi-disciplinary team assesses sexuality with patients in a palliative care service
- Explore how participants view their role in initiating discussions concerning sexuality with patients in a palliative care service
- Consider the study findings from the multidisciplinary team’s perspective and make recommendations based on the evidence of these findings.

**Methodology**

**Data Collection**
- Semi-structured interviews

**Data Analysis**
- Thematic Analysis (Newell and Burnard 2011)

**Findings**
- Discussion not initiated
- Intimacy and privacy
- Fear to tread
- Loss in palliative care
- Sexuality is part of being
- Establish a rapport
- Lack of supporting documentation
- Need for education updates

**Conclusion**
- Sexuality as a concept is recognised as important in palliative care
- Discussions regarding sexuality are not initiated by healthcare professionals or patients
- Assessment of sexuality is perceived as essential, but not undertaken by healthcare professionals due to feelings of anxiety and embarrassment
- Lack of supporting documentation to assess sexuality in palliative care
- Further education is required to enable the assessment of sexuality
- Further research on sexuality on palliative care

Acknowledgement: Thank you to my MSc Supervisor Anne Fahy and all participants for their contribution

References available on request