PLISSIT MODEL

Permission

Gives the patient permission to discuss sexual concerns and acceptance by the health practitioner of the patient's right to do this. It is up to the health professional to initiate the discussion of sexual matters related to diagnosis and therapy. If the health professional does not provide a safe and open environment for sexual discussion, it is unlikely that the patient will broach the topic. If the topic is not relevant, or not relevant at the particular stage, it should not be pursued. The topic can be raised again at the next consultation in case it is relevant then. However if the consultation involves any decision-making about treatments it should be pursued.

Limited Information

Factual information about the impact therapy will have on sexual function is given to the patient and should be part of the treatment decision-making process (eg impact of treatment on fertility, impotence rate after treatment for prostate cancer etc). It is information of a general nature. Myths about cancer or therapy should be dispelled (eg sex will not infect the partner with cancer, sex after radiation therapy will not cause the partner to become radioactive etc). This information should also begin with a general statement about available treatments for sexual problems that will be discussed in detail as therapy continues and as the next level of the model is reached. Booklets and other information resources should be given to the patient to take home to reinforce the information. Listening and understanding concerns is an essential aspect of the process. This is all that may be required.

Specific Suggestions

It may be necessary to refer to the sexual history when offering specific suggestions or to undertake a sexual history if one has not already been done. It is important to know if the sexual problem is related to sexual function, libido, changes in body image, treatment-related side effects or relationship issues. Once the problem(s) are identified, specific methods of dealing with them or minimising the effects should be discussed in language the patient can understand. This level of the model requires a comfort and knowledge of sexuality beyond that required in the first two levels. It requires a more in-depth understanding of the impact of cancer treatments on sexuality and the ability to comfortably discuss these and to listen. Areas that may be covered include discussing new sexual behaviours, new options for sexual expression, changed communication patterns, and available medical and surgical interventions. The important point is that the patient makes the final decision.

Intensive Therapy

Where the patient's sexual/body image problems are severe, prolonged, existed before cancer diagnosis or treatment and are still regarded as a problem, concern past/unresolved relationship problems or past trauma such as sexual abuse, intensive therapy is required. The patient should also be referred when sexual counselling is beyond the knowledge or comfort level of the health professional (eg to fertility specialists, menopause practitioners). It has been estimated that only about one-third of cancer patients will require referrals at this level of the model.