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Older patients want to talk about sexual health in Australian primary care

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ABSTRACT

Background. Maintaining sexual health and function is important to many older adults. Although older patients are regular users of primary care, opportunities to address sexual health concerns are missed. Building on interview studies, this research aimed to collect a larger number of older adults' perspectives to deepen understanding of sexual healthcare needs and formulate recommendations for the Australian primary care context. **Methods.** As part of the SHAPE2 Survey of older adults' sexual health information-seeking behaviours, participants (aged ≥ 60 years and living in Australia) were asked what sexual health issues were most important to them, and the barriers they experienced in managing their sexual health. Data were collected in 2021 in the form of free-text comments. The sub-set of comments that related to healthcare experiences were analysed using qualitative content analysis. **Results.** Out of 1470 survey participants, 864 responded to the relevant questions, and of these 107 wrote about healthcare experiences. Some comments described positive experiences seeking sexual health care; however, the majority outlined barriers to accessing support. Barriers were categorised into seven categories: patient embarrassment, barriers to rapport, uncertainty about finding solutions, ageism, barriers unique to minorities, needing general practitioners to initiate conversations and structural barriers. **Conclusions.** Older patients want general practitioners to initiate sexual health conversations as part of routine care, and, crucially, sexual issues raised by the patient should be legitimised and treated with due attention. Although challenges, such as time, embarrassment and pressing health concerns, may hamper sexual health discussions, it is important that this area of holistic care is given more attention.

Keywords: ageing, general practice, holistic care, older adults, primary care, public health, sexual health, sexuality.

Introduction

Australians aged ≥ 60 years are frequent users of primary care. Approximately 90% have a regular general practitioner (GP) and over half see their GP four or more times per year (RACGP 2023). Despite this frequent contact with GPs, older adults miss opportunities to discuss sexual health due to embarrassment, lack of time and not knowing how to broach the topic (Fileborn *et al.* 2017a; Malta *et al.* 2020). Australia is a collaborator in the United Nations Decade of Healthy Ageing (2021–2030), which seeks to improve the lives of older adults globally. Access to sexual health care is an aspect of holistic care for older adults that contributes to their overall health and wellbeing, but which likely needs more attention (WHO 2020). The Australian Medical Association has also previously highlighted the sexual health needs of older adults as a priority area (Australian Medical Association 2014).

In this paper, we adopt the broad World Health Organization definition, which describes sexual health as '... a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity ...' (WHO 2006, p. 5). Sexual activity, partnered or solo, continues to be important for many older adults (Santos-Iglesias *et al.* 2016; Sinković and Towler 2018), and can provide pleasure and connection, as well as physical and mental health benefits (Liu *et al.* 2016). Chronic conditions, medications and medical events can negatively affect sexual function and

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libido, which can cause distress (Syme *et al.* 2015), and unfortunately, not all older patients feel able to speak candidly about these issues with their GPs. A patient may feel embarrassed to bring up their concern, might not know whether the GP is the right person to discuss it with or there may simply not be enough time in consultations, as the management of comorbidities takes precedence (Fileborn *et al.* 2017a; Malta *et al.* 2020).

Although GPs are generally willing to discuss sexual matters with their older patients, they may not ask because of lack of time, not wanting to make the patient (or themselves) uncomfortable or because they do not feel adequately trained to address the patient's needs and are wary of 'opening a can of worms' (Gott *et al.* 2004; Malta *et al.* 2018). When a patient is recovering from surgery, a medical event or has chronic illness, GPs may expect sexual impacts to be discussed by specialists, or may be unsure whose role it is to broach the topic (Moran *et al.* 2023). When older Australians seek testing for sexually transmissible infections (STIs), it is most often with a GP (Heywood *et al.* 2017). However, although STI rates are increasing among older age groups in Australia, STI testing rates are low, even among those at risk of STIs (Heywood *et al.* 2017; Bouchier *et al.* 2020). The absence of sexual health conversations during consultations means that older patients may not be accessing STI testing when advisable. Reticence from both parties in initiating sexual health conversations is understandable; however, the consequence is that patients miss opportunities to improve their sexual wellbeing, remaining confused or misinformed and with treatable concerns untreated.

Underpinning this stalemate, with neither patient nor GP broaching sexual matters, is the pervasive assumption that older adults are no longer sexually active or interested in sex (Gewirtz-Meydan *et al.* 2018). Ageist assumptions in society mean that the sexual wellbeing of older patients is a blind spot for some GPs, who imagine their older patients no longer have sexual needs (Malta *et al.* 2018, 2020). This stigma around older age sexuality makes it more challenging for older patients to voice their concerns, for fear of making their GP uncomfortable or not being taken seriously (Hinchliff *et al.* 2023). Such reticence is understandable when some older patients who have asked about sexual health report having their concerns dismissed or deflected by a GP (Malta *et al.* 2020).

To date, qualitative interview studies have documented the challenges experienced by older patients when trying to access sexual health care in primary care both in Australia and overseas (Gott and Hinchliff 2003; Fileborn *et al.* 2017a; Malta *et al.* 2020). Although interviews provide in-depth data, they only capture the perspectives of a small number of people. In this study, we used a different study design: a large survey of older adults from around Australia that included several open-ended, free-text questions, allowing a large number of people's perspectives to be collected. Here, we analyse a set of these free-text comments to investigate older Australians' experiences accessing sexual health care in the primary care

context, with findings highlighting ways to improve sexual health care as part of routine care for older patients.

The data for this study were gathered as part of the cross-sectional 'SHAPE2 Survey' investigating older adults' sexual health information-seeking behaviours and preferences. The main purpose of this survey was to understand whether older Australians seek sexual health information, and if so, where from and what about. Questions did not ask about health care specifically.

Methods

The SHAPE2 survey was conducted in 2021 with participants aged ≥ 60 years who were living in Australia. Near the end of the survey, we asked participants two optional free-text questions: (1) 'What is the most important sexual health and wellbeing issue for you?'; and (2) 'What barriers do you experience in managing your sexual health?' (see Bouchier *et al.* 2023 for details of study design, recruitment and full schedule of survey questions). Although not specifically prompted to discuss health care, many participants chose to do so in their responses to these two questions. The dataset for the present analysis therefore consists of the sub-set of free-text comments from participants who wrote about accessing health care for sexual matters. We analysed the data from both questions together, as the data gathered were substantively similar for both questions.

Data analysis

Data were analysed using inductive content analysis, a common approach used in health research that is well suited to analysing free-text survey questions (Hsieh and Shannon 2005; Forman and Damschroder 2007). Coding involved identifying comments that addressed similar issues and grouping these together into categories. This was an iterative process, undertaken by the first author, with categories verified by the second and fourth authors. Data was managed using a secure spreadsheet accessible only to the researchers. Quotes were taken at face value, keeping close to the words of the participants rather than seeking deeper abstraction. The only changes made were minor edits to wording and punctuation for ease of reading, and some quotes have been truncated.

Ethics approval

Ethical approval was granted by the University of Melbourne Human Research Ethics Committee (HREC ID 2057393). This research was undertaken with the informed consent of participants.

Results

Sample

In total, 1470 older adults participated in the survey. Free-text responses to one or both of the relevant questions were

provided by 864 people, and of these, 101 discussed health care in their comments. The 107 comments from this subset of 101 participants forms the dataset for this analysis (see below). There was an approximately equal spread of male (46.5%, $n = 47$) and female (51.5%, $n = 52$) participants, with a small number giving other gender identities ($n = 2$). Three out of five participants (60.4%, $n = 61$) were aged in their 60s, with the remainder aged ≥ 70 years. Most were heterosexual (79.2%, $n = 80$), and 17.8% were gay/lesbian/bisexual ($n = 18$), with a small number offering other sexual orientations ($n = 3$). The majority had a regular GP (95.0%, $n = 96$), and saw a GP on average 6.7 times a year. Three in five (60.4%, $n = 61$) had sought sexual health information for themselves since turning 60 years. The main places they sought this information from were GPs, or other healthcare providers (68.8% $n = 42$) or health websites (44.3% $n = 27$; see [Bourchier et al. 2023](#) for more information on the overall survey sample).

As some of our 101 participants responded to both questions, there were 107 comments included in the dataset for analysis. Ten comments responded to the first question: 'What is the most important sexual health and wellbeing issue for you?'. The remaining 97 comments responded to the second question: 'What barriers do you experience in managing your sexual health?'. Most comments related to the primary care context, with some describing experiences in other areas of the healthcare system. Comments included in this analysis ranged from a few words up to a full paragraph, with most comments one or two sentences in length.

Findings

Participants commented on different aspects of their healthcare experiences, offering a range of viewpoints. Although some spoke about the positive relationships they had with their GPs, others spoke about challenges and barriers that impeded sexual health discussions. In the presentation of findings, we first outline the positive experiences, followed by barriers participants described, which are presented as seven categories. A small number of illustrative quotes are given below, to highlight the richness of the data, please see additional quotes tabled in [Appendix 1](#).

Positive experiences

Some participants felt positive about their ability to seek and receive sexual health care in general practice.

No barriers, as I have a wonderful GP. (Woman aged 60–64 years, metro NSW)

They highlighted rapport as an important component of feeling comfortable to speak about sexual issues.

I have always found my GP approachable and been able to discuss sexual health issues with him. (Man aged 70–74 years, metro Vic)

For some, a gender match between GP and patient could have a positive influence on the rapport established.

I am male. I have a male doctor. There is no problem. (Man aged 70–74 years, metro NSW)

These affirming comments demonstrate how a positive GP–patient relationship can support older adults' sexual wellbeing.

Barriers to accessing sexual health care in general practice

Participants also described a number of barriers to accessing sexual health care. The barriers identified sit within seven categories: patient embarrassment, barriers to rapport, uncertainty about finding solutions, ageism, barriers unique to minorities, needing GPs to initiate conversations and structural barriers. These barriers are presented in turn below.

Patient embarrassment

The barrier most often voiced by respondents was that they were embarrassed and uncomfortable broaching sexual matters with GPs. Despite wanting to discuss sexual issues, participants hesitated due to embarrassment.

I'm embarrassed to talk to my doctor about my erection problems. (Man aged 65–69 years, metro ACT)

This embarrassment had unfortunate consequences, such as this woman foregoing intercourse due to a lack of STI information.

My partner and I have a high level of intimacy; however, we don't have intercourse, because my husband had genital warts and I don't know if it's a STI and I can catch it. I'm too embarrassed to ask anyone. (Woman aged 65–69 years, regional Vic)

Embarrassment presented a very real barrier for some participants, who delayed and avoided seeking sexual health care because of it.

Barriers to rapport

Some older patients described not feeling comfortable speaking about sexual matters with their GP due to differences in gender, age or culture, which made sensitive issues more challenging to discuss than other health issues.

I would prefer to talk to a male doc who will have a better understanding of the issues facing males. (Man aged 75–79 years, metro ACT)

Some participants spoke about preferring to see a GP who was not their usual provider when seeking sexual health care, someone they might feel more at ease with speaking to about sexual matters.

I am probably the same age as my wonderful GP's mother and I feel it would be like talking to my son. Would see one of the female GPs at the practice. (Woman aged 60–64 years, metro Vic)

It is evident that rapport and relatability influence whether an older patient feels comfortable discussing sexual matters with their GP.

Uncertainty about finding solutions

Uncertainty about whether it was appropriate to ask GPs about sexual issues led some participants to hesitate in broaching the subject.

Not always being aware of the issues I can reasonably expect answers for from my GP. (Man aged 70–74 years, metro ACT)

Some felt that GPs were not adequately trained to address the sexual health needs of older patients.

I'm not embarrassed to talk to my GP, but I think her knowledge is limited. (Woman aged 60–64 years, metro ACT)

Being unsure if GPs were the right people to speak to, or whether they would be able to help with their sexual problems, deterred some older patients from bringing up sexual health issues in consultations.

Ageism

Underpinning participants' discomfort in broaching sexual matters was concern that their age would cause their GP to react negatively. Some spoke of a fear of not being taken seriously or of having their concerns dismissed, due to the perception they were too old to have sexual needs.

The decline in my libido . . . I have tried to address with my GP and tested various chemical means. No change. I get the feeling that people dismiss any concerns because of my age. (Man aged 75–79 years, metro ACT)

Concerns about ageist responses were substantiated by some who had experienced dismissive treatment when they had asked for help with sexual issues.

I was told by one doctor when discussing the reduction in orgasmic function I had experienced and wanted to improve to "get over it" because of my age. (Woman aged 60–64 years, metro Vic)

Ageism was a concern for some of our participants, who described challenges broaching sexual health issues with their GP due to fear of judgement about their sexual activity.

Barriers unique to minorities

Compounding general embarrassment and age-related stigma, people who were diverse in sexual orientation, gender, who were neurodivergent or were in non-traditional relationships reported experiencing additional barriers discussing sexual matters with healthcare providers, particularly if they lived rurally.

I'd like someone professional to talk to about being genderqueer, as local medical people in my regional areas do not accept anyone different, and in a smaller regional community, privacy is far from certain. This leaves me feeling very isolated and lonely. (Genderqueer person aged 65–69 years, regional Vic)

The challenges of broaching sexual health as an older patient were heightened for people with minority identities.

Needing GPs to initiate conversations

Some respondents highlighted that their GP had not initiated sexual health conversations, despite opportunities to do so.

I use Viagra, but the GP never talks about the issue. (Man aged 70–74 years, metro ACT)

Whereas others expressed that they would like their doctor to initiate sexual health conversations.

I am appalled that [my husband's] doctor does not bring up this subject with him. (Woman aged 75–79 years, regional Vic)

These quotes demonstrate that some participants felt the responsibility to initiate sexual health conversations rested with GPs.

Structural barriers

Long wait times, GP turnover and not enough time in consultations meant that some older patients were not able to bring up sexual health concerns they may have otherwise broached.

GP lacks time usually to go into detail on delicate topics. GP changes interrupt the relationship/rapport developed. (Woman aged 60–64 years, metro SA)

The competing health needs of older patients meant that sexual issues tended to be pushed aside by higher-priority issues, such as chronic health conditions.

I never get to discuss these issues with my doctor, as there are so many other more pressing health issues that take up the very short time I have with him. (Woman aged 60–64 years, regional NSW)

In these ways, respondents identified structural issues that meant there were few opportunities to discuss sexual health.

These quotes from participants illustrate the key concerns they face in accessing sexual health care as an older person. The quotes also contain key information about how to improve sexual health care access for older patients attending general practice.

Discussion

Although older adults have been highlighted by the [Australian Medical Association \(2014\)](#) as a priority population for sexual health care, little research has explored barriers to sexual health care-seeking. Findings from this study show that although some older patients have positive experiences seeking sexual health care in general practice, there are still significant gaps in access. One in eight participants wrote about healthcare experiences, even though they were not specifically asked to, indicating the importance of health care in supporting older adults' sexual health. Our study found that embarrassment was the main reason older patients did not bring up sexual health issues with their GP, and that issues in establishing rapport, uncertainty and fear of judgement compounded this reticence. Patients expressed that they would like their GP to initiate these conversations, and that a comfortable rapport, as well as sufficient time in consultations, were important factors to ensuring these occurred. These results confirm the findings from qualitative interview studies over recent decades both in Australia and in other Western countries ([Gott and Hinchliff 2003](#); [Fileborn et al. 2017a](#); [Malta et al. 2020](#)). Using survey data, our large sample of participants expressed a similar range of concerns as have been documented in these earlier studies. The consistency of findings, using different research methods and across the past two decades, is salient. Despite attracting more attention, the same issues persist, reminding us that more needs to be done to see impactful improvements in sexual health care for older adults.

Sexual health conversations are sensitive and can be challenging at any age, there are, however, specific challenges for older patients who may fear ageist judgement, and who may have had limited sex education and opportunities to talk about sexual health when younger ([Fileborn et al. 2017a, 2017b](#)). Initiating sexual health conversations can be particularly challenging for older patients when there are differences in age, gender and culture between the GP and patient, and the GP themselves may also feel unsure of whether or how to initiate these conversations ([Ports et al. 2014](#); [Haesler et al. 2016](#); [Fileborn et al. 2017a](#); [Harding and Manry 2017](#); [Malta et al. 2018](#)). Nevertheless, many older patients see it as

the GP's responsibility to bring up sexual health to break the ice and legitimise the topic as appropriate for discussion ([Malta et al. 2020](#)). An opportunity to ask about sexual health arises when discussing adjacent issues, such as incontinence, menopause and prostate health ([Hinchliff et al. 2023](#)). Sexual health could also be broached during a comprehensive health check, such as the 75+ health check ([Department of Health and Aged Care 2014](#)). [Hinchliff et al. \(2023\)](#) offer advice for GPs about how to introduce the topic, using a model of Three Ps: ensuring privacy, giving the patient permission to discuss sexual concerns and using friendly and non-judgemental language in practice (see [Hinchliff et al. \(2023\)](#) for further suggestions including example questions). Opening the door to these conversations will allow the physician to determine whether taking a sexual history is appropriate, whether offering STI testing is indicated and whether the patient has any concerns with sexual function requiring assistance ([Malta et al. 2018](#); [Bourchier et al. 2020](#)). Some GPs may benefit from additional training to build knowledge and skills in this area ([Haesler et al. 2016](#); [Malta et al. 2018](#)).

As time is always a factor, there may not be enough time to discuss sexual health concerns immediately, but a follow-up appointment could be made. The GP is also not expected to have all the answers; in many cases, legitimising the patient's concern and referring appropriately may be the best course of action. A GP or clinic has little influence over the structural barriers that can impede sexual health discussions, such as staff turnover, limited time and access issues, but suggesting a follow-up appointment lets the patient know their sexual health is being taken seriously enough that it will be the focus of a consultation ([Hinchliff et al. 2023](#)).

In interpreting these results, it should be noted that healthcare experiences were not the main focus of the survey, and most of the free-text comments did not relate to health care. Had health care been the main focus, some questions would have been different; for example, we may have also asked about facilitators that support sexual health care for older patients. This question has, however, been explored elsewhere ([Fileborn et al. 2017a, 2017c](#); [Malta et al. 2020](#); [Hinchliff et al. 2023](#)).

The findings of this study touch on three of the four action areas of the United Nations Decade of Healthy Ageing: combatting ageism, creating age-friendly environments and providing integrated care ([WHO 2020](#)). Ageism can be combatted by not assuming an older patient is sexually inactive; an age-friendly environment can be created by welcoming older patients' sexual health concerns; and integrated care involves GPs and other healthcare providers broaching sexual health with their older patients as part of routine care.

Conclusion

Older adults still find it challenging to initiate sexual health conversations with their GPs. Distinct from previous

interview studies, the SHAPE2 Survey captured the views of a large number of older adults, bolstering evidence that sexual health care access is unsatisfactory for many older people. It is concerning that despite increased attention in recent decades, this issue persists. To improve holistic care of older patients, GPs are encouraged to ask about sexual health within routine consultations, and it is imperative that when a patient does bring up sexual concerns, that these are treated with due attention. In the United Nations Decade of Healthy Ageing, these along with other initiatives will improve the lives of older Australians in our ageing population. By proactively addressing the often-forgotten dimension of sexual health, older patients' overall wellbeing can be improved.

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Data availability. The data that support this study cannot be publicly shared due to ethical or privacy reasons and may be shared upon reasonable request to the corresponding author if appropriate.

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Appendix 1. Detailed participant quotes by category

Category	Illustrative quotes
Positive experiences	N/A <ul style="list-style-type: none"> • Don't really have any [barriers] with husband or GP, who are pertinent players in this scenario. I can say what I think/feel or express my needs/wants should they arise without any difficulties. (Woman aged 60–64 years, regional Qld) • I am comfortable in discussing any issue I may have with the relevant person whether my GP, counsellor or a new partner if an issue arises. (Woman aged 70–74 years, metro ACT) • I am male. I have a male doctor. There is no problem. (Man aged 70–74 years, metro NSW) • I feel I'm able to talk to my doctor/nurse about anything. (Woman aged 60–64 years, regional Vic) • [I] have a good GP who I would be comfortable talking to. (Woman aged 65–69 years, metro Vic) • I have always found my GP approachable and been able to discuss sexual health issues with him. (Man aged 70–74 years, metro Vic) • No barriers – I feel I can discuss with my GP and partner. (Man aged ≥85 years, metro ACT) • No barriers – open discourse with GP and urologist available. (Man aged 65–69 years, metro NSW) • No barriers as I have a wonderful GP. (Woman aged 60–64 years, metro NSW) • No barriers if you choose a GP wisely. (Man aged 65–69 years, metro NSW)
Barriers	Patient embarrassment <ul style="list-style-type: none"> • I want to know why I have pain in my left shoulder when I have sex but don't feel comfortable asking my GP. (Woman aged 60–64 years, metro WA) • I'm embarrassed to ask my doctor about sex after prostate surgery. (Man aged 70–74 years, metro NSW) • I'm embarrassed to talk to my doctor about my erection problems. (Man aged 65–69 years, metro ACT) • My partner and I have a high level of intimacy; however, we don't have intercourse, because my husband had genital warts and I don't know if it's a STI and I can catch it. I'm too embarrassed to ask anyone. (Woman aged 65–69 years, regional Vic) • Uncomfortable discussing issues with the GP. (Woman aged 60–64 years, metro Qld)
	Barriers to rapport <ul style="list-style-type: none"> • Doctor very young. Specialists are foreigners. No Aussie bloke to discuss with. (Man aged 60–64 years, metro WA) • Embarrassed, different gender or religion to GP. (Woman aged 60–64 years, metro WA) • I am probably the same age as my wonderful GP's mother and I feel it would be like talking to my son. Would see one of the female GPs at the practice. (Woman aged 60–64 years, metro Vic) • I would prefer to talk to a male doc who will have a better understanding of the issues facing males. (Man aged 75–79 years, metro ACT) • My doctor is a female older [from overseas], great doctor, but I find it difficult to talk about sex issues other than asking for a script to be filled. (Male aged 70–74 years, metro NSW)
	Uncertainty about finding solutions <ul style="list-style-type: none"> • Embarrassed talking to doctors about sexual fulfilment (unsure if this is their role or not). (Woman aged 60–64 years, regional Tas) • GPs are not equipped to discuss sexual issues. (Man aged 70–74 years, regional Qld) • I'm not embarrassed to talk to my GP, but I think her knowledge is limited. (Woman aged 60–64 years, metro ACT) • Not always being aware of the issues I can reasonably expect answers for from my GP. (Man aged 70–74 years, metro ACT) • The usual difficulty in discussing such personal matters with a stranger (GP). Not fully understanding what aspects are contained in 'Sexual Health and Wellbeing' issues and this could make you feel uncomfortable about talking about them. (Man aged 60–64 years, metro Qld)

(Continued on next page)

Category	Illustrative quotes
Ageism	<ul style="list-style-type: none"> • Embarrassed to ask questions. I think a lot of younger people think it's not an issue for older people and is hence irrelevant. (Man aged 60–64 years, metro WA) • I am embarrassed and afraid of being ridiculed to discuss sexual health and wellbeing due to my age. (Woman aged 60–64 years, metro Vic) • I was told by one doctor when discussing the reduction in orgasmic function I had experienced and wanted to improve to “get over it” because of my age. (Woman aged 60–64 years, metro Vic) • I'd like to be able to access information apart from seeing a GP . . . I feel older people are invisible with regards sex. Frowned upon or joked about. (Woman aged 60–64 years, regional Vic) • The decline in my libido . . . I have tried to address with my GP and tested various chemical means. No change. I get the feeling that people dismiss any concerns because of my age. (Man aged 75–79 years, metro ACT)
Barriers unique to minorities	<ul style="list-style-type: none"> • For doctors to be accepting [of bisexual and gay men]. (Man aged 65–69 years, metro WA) • I have never found a clinician or therapist who is well informed and experienced in working with these issues with older, neurodivergent women. (Woman aged 60–64 years, metro Vic) • I have not told any health professional my situation [being in a three-way relationship], other than I am happy and have just gone forward. (Man aged 75–79 years, metro NSW) • I'd like someone professional to talk to about being genderqueer, as local medical people in my regional areas do not accept anyone different, and in a smaller regional community, privacy is far from certain. This leaves me feeling very isolated and lonely. (Genderqueer person aged 65–69 years, regional Vic.) • The attitudes of health professionals to LGBTIQ people. Asking inappropriate questions, not listening, assuming heterosexuality etc. (Woman aged 65–69 years, metro NSW)
Needing GPs to initiate conversations	<ul style="list-style-type: none"> • I am appalled that [my husband's] doctor does not bring up this subject with him. (Woman aged 75–79 years, regional Vic) • I feel embarrassed to ask my surgeon when I can resume sexual relations. I get information on when I can peg the clothes out on the line again and lift something without asking about this, but nothing about having sex. I'm not asked whether I peg clothes on the line (which I don't), but I'm given this info as part of discharge care anyway. Ditto for my husband by the way. (Woman aged 60–64 years, regional NSW) • I use Viagra, but the GP never talks about the issue. (Man aged 70–74 years, metro ACT) • My urologist is not good at talking about these things. (Man aged 70–74 years, metro ACT) • Some GPs are more approachable than others and will ask the right questions in the right way whereas others do not. (Woman aged 60–64 years, metro SA)
Structural barriers	<ul style="list-style-type: none"> • Difficult to find a doctor I am comfortable talking to. There is a shortage of doctors in the area. Takes weeks to get an appointment. My doctor has moved on and can't find another one in the area that I am comfortable with. (Woman aged 65–69 years, metro NSW) • GP lacks time usually to go into detail on delicate topics. GP changes interrupt the relationship/rapport developed. (Woman aged 60–64 years, metro SA) • I never get to discuss these issues with my doctor, as there are so many other more pressing health issues that take up the very short time I have with him. (Woman aged 60–64 years, regional NSW) • Not thinking the Dr has time to listen. (Woman aged 60–64 years, metro WA) • Very long wait times to get in to see a GP under Medicare at the local community health centre (up to 6 weeks to get in to see the GP I want to access). (Woman aged 60–64 years, metro Vic)

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