

(1) Interview 1, recorded in 2004

I suppose one of the main problems is the sexual side of diabetes, in as much that this does have an effect on your relationship, in what you're able to do. And I actually went to a clinic a few years ago, must have been round about 1998 I would think, to see a consultant with regard to my relationship, sexually, with my wife, and the fact that I was having a problem to get and maintain an erection. And he had a chat and passed me on to his nurse, who suggested that I came to one of the clinics, and they would have a chat and see whether there was anything they could do to help rectify this situation. And so I went along, and in fact my practice nurse in the local surgery offered to take me because she is very interested in diabetes and its effects on people's lives. And so she came with me, and we went to this clinic, where we went in this room and had a chat to this nurse, and she said "well, there are various things that we can try to give you, help you to maintain an erection". And so she produced this particular item, which was, I suppose it was a little plastic tube about an inch long, which at the end had a flat, round, almost like a button. . . What you actually did was to pass the tube into the water channel of the penis, and you then pressed this flat surface which injected like a little pill into the penis. You then withdrew the tube, and you had to just gently sort of massage the penis slightly to help disperse this little pill. And, of course, at the time it was quite embarrassing, because I was doing this in front of my practice nurse as well as this other nurse. Anyway, we sort of sat down and chatted generally about everything under the sun, including the weather, while we were waiting for this thing to sort of do something. After about fifteen minutes the nurse said "well, I think it's time that we had a look to see whether anything is happening, there's any reaction". So having dropped my trousers it was starting to show signs of working, and she said "right, okay, I think we can say that it is going to work, and perhaps you'd like to take a couple of these away and try" . And she actually told me the sort of times to do this, as if we were going to have intercourse then it was advisable to perhaps inject this little pill in about fifteen minutes before and to see what happened. And so that was that.

We actually left the hospital, and on the way home the nurse - my practice nurse - actually said to me "is everything okay?", and I said "yes, I think so, something is definitely happening" . And by the time we'd travelled about eighteen miles to home, the nurse said "oh, I'll just see you indoors", which she did, and "is everything okay?" , and I said "no, I'm not very comfortable", and she said "what do you mean?", and I said "well, something's obviously happened, this thing has obviously worked, but it's beginning to feel very sore" . So, with that, she actually said "well, do you want me to check before I go that it's, you know, looking okay?", and I said "well, if you don't mind". So I obviously had to show her my penis, which by this time had reached quite an erection, and was very, very hard, but also very, very sore, because it was actually stretching the skin. And she said "well, I think the only thing you can do is to visit the bathroom" , to obviously get rid of this erection by masturbating, and hopefully then that it would go back to its normal size, but if there was a problem to give her a ring at

the surgery. Anyway, she went off, and I went and did as I was instructed, and although it was very painful to do at the time, it did actually relieve the problem. The one thing I found with this type of equipment was the fact that it did make the inside of the penis sting quite a lot when you first inserted the pill into it, and this could be actually quite a discomfort. We did try with the two pieces of equipment that she'd given me, during intercourse, and the only problem was that it was sort of quite clinical, in as much that, rather than having a spontaneous relationship, you had to be sure that you were... You know, if you were going to have sex, then you carried out this form of treatment in advance, and it tended, in a way, to defeat the object, because you actually knew what was going to happen. And although the time period in between inserting the pill and actually using it was a lot less than it had been on my first experience, you still had this stinging sensation, which could be quite uncomfortable. There are, incidentally, three strengths of this tablet that you can actually get: a five, a seven point five and a ten mill strength, and I was using the five.

Interviewer: You were very lucky that you had the practice nurse to accompany you home. Do you think you should have been monitored for longer?

I think so. I think at the hospital they should have said to me, or allowed me to go to a room to masturbate to actually use up the tablet, and not just let me walk out of the hospital, you know, with the progress still going on.

Interviewer: Have you tried any other treatments?

Yes, I have, we've tried several. I think we've been through the lot, really. One of the other things that we tried, which again wasn't very successful, and again became very clinical, is what is commonly known as the pump. This is a round cylinder that you actually place over the penis, and it's like a vacuum pump. And you, by using a pumping action, draw blood into the head of the penis to get and maintain an erection, and in order to keep that erection, once you've actually got an erection, you then roll a thick rubber band over the penis as far up as it will go to stop the blood flowing back, and therefore this keeps the penis erect. But again, this has to be done during the act of sexual intercourse, and if your partner is already being turned on, then the last thing they want to do is to stop while you get a rather large piece of equipment out and proceed to try and get an erection. This piece of equipment is also very expensive. It is well in excess of a hundred pounds, and if it's not going to work then it's an expensive way of trying to find out. The other things that we've tried, of course, are the Viagra, which really I found did work to a certain extent, but one of the side effects of Viagra is it can actually cause indigestion, and I found that more discomforting, and again, it didn't really give me the satisfaction of a decent erection. I've also tried the other type of tablet, which is the one that you actually put under the tongue and suck, and this is supposed to not affect the flow of blood, but to tell the brain that you're wanting to... or send signals to the penis that you're wanting an erection. But in itself, it's again not that successful.

Interviewer: When you go to the hospital to seek advice, do you usually see doctors or nurses?

I recently went to a clinic at the hospital where I saw a consultant, a female consultant, and we had quite an open and frank discussion about the sexual side of relationship, and she was quite sympathetic and understanding in what you can do. I know a lot of people now that buy these magazines, or even watch videos of actual sexual acts as part of their relationship with their partner to actually start the process. One hears of people, you know, putting the video on in the evening and sitting there watching it and finish up having sexual intercourse, albeit on the carpet in front of the television. These are all part of life's rich tapestry. I did hear, one day, somebody talking that the least popular place of actually having sex is in bed, most people have experimented in virtually every room in the house. But if you can't perform properly, then this sometimes doesn't help the relationship. Sometimes your partner may want to think about, you know, doing other things or going with other partners, and this in itself can make life difficult from a sexual point of view.

Having visited the local hospital, they put me in touch with a branch of the local family planning clinic. And I telephoned them and they sent through a catalogue of aids, which were thought could be useful to a successful sexual relationship. So, therefore, I actually went through this booklet and found it quite useful. Now I don't want you to get comparing this with an Ann Summers catalogue, although some of the products in there may be of a similar like, but these items are professionally made and are sold to help people to achieve some sort of satisfaction, be they able-bodied or disabled in any way. And these range from a wide selection of condoms, through various creams and gels, to the more novel items, both for men and women. In fact, I was quite surprised at some of the items available, I certainly wasn't aware of them. There is obviously the artificial penis that ladies can buy in various forms, as far as length and size is concerned, and the type of finish that they have to the surface. They can be vibrating or non-vibrating. There is one that is actually hollow that the man can actually place his penis inside, and they can be strapped round the waist. And this can be used to perform intercourse, but it is advisable to use it with either a condom or a gel on the surface of it. There is an artificial vagina, which I certainly wasn't aware of, and various other items that can help people, whether they've got one arm, or are disabled in certain ways, so they've actually catered for all sorts of people.

Interviewer: Is your impression that most medical staff know of the existence of these products?

I'm not sure that they are. Certainly my local surgery weren't aware that there was such a wide range of items available. Talking to people in general, of course, everybody sort of laughs and suddenly thinks of people, like the Ann Summers organisation, that offers certain things, but these are made to do the job they're supposed to do. And, in fact, we have purchased a couple of these items and have tried using them, and they are quite professional in the way that they are

supplied and also the way that they perform.

Interviewer: So what would your advice be, then. . .

My advice is that if you are having a problem, go to your practice nurse and ask either for them to put you in touch with a clinic, because, in this day and age, I don't think people are so secretive about what they do, inhibitions seem to have been dropped, and far more people these days are using aids to have a sexual relationship, and a successful one. And diabetes, unfortunately, is just one of those diseases that happens to affect one of these aspects of life. But there is help available, if you only just know where to go and where to ask for it.

The one thing to take into account, with regard to a sexual relationship, is the fact that if you're not able to achieve full sexual intercourse, that it's not the end of the world; it's not the be-all and end-all. There are things that you can do that both people can achieve a relationship and satisfaction with. You don't have to actually have insertion to enjoy the pleasures of life. What I mean by this is that you can actually use sexual aids that you can buy, albeit some of them are quite expensive. But one of the best sexual aids that we were given is the hand, and by massaging the body, and it doesn't have to be the intimate parts of the body, although obviously if you're having a relationship then this obviously will happen, but having a cuddle and a kiss can be just as satisfying as full-blown intercourse. And certainly a lot of women will be quite happy to have been stimulated, and reach satisfaction, just by stimulation of the hand. In fact, talking generally to people, a lot of women tend to prefer this and find it quite exciting.

Interviewer: But that then leaves an imbalance between the woman's experience and the man's experience.

No, also for the man, that if your wife doesn't want to have actual sexual intercourse with you, then stroking, massaging, even to masturbation, can be very relaxing and exciting, and very satisfying.

(2) Interview 2, recorded in 2005

From the sexual point of view, I had no problems at all till. . . I guess it was just before I was about fifty. Then I started to have impotent problems, if that's what you call it. And my sexual activities declined rapidly then, and to the point where, since about just before I was fifty and about two years after that, I haven't had any sexual activity, really, since then.

Interviewer: Did you seek any help from the medical profession?

Yes, I went to my GP, and he said that he wouldn't advise Viagra, because it's associated with heart problems, but there were other things I could do. One was an injection just before sex, and I didn't fancy that one little bit, so I didn't even consider that one. And then there was this vacuum pump thing. And I sort of looked into it, but it just seemed so mechanical, and sex has always been

a spontaneous thing to me, and I don't think I could manage things like that, so I never pursued it.

Interviewer: Did you only talk to the GP, or did you ever talk to anyone at the diabetic clinic as well?

I have mentioned it at a diabetic clinic, but no real response from them at all.

Interviewer: Would you find it easier to talk to a male or female doctor or male or female nurse?

No, it's odd - I don't have any problems talking... My GP, now, is a female, and I don't have any problems at all with that.

Interviewer: And do you think that the verdict would be the same, that Viagra would still be harmful to you because of heart problems?

No, in fact, I have tried Viagra, and I found it didn't work at all. I was given a sample pack of four by my... I think - yeah - my current GP, and it didn't work.

Interviewer: What's your opinion of the Health Service's attitudes to problems with impotence?

I don't really know how to answer that, because they can only offer what's available. And it appears to me that there isn't much available at the moment, that's not totally mechanical, apart from Viagra, but that doesn't seem to work very well with me. I nearly tried two at a time, but I backed off of that one.

### (3) Interview 3, recorded in 2005

I've been fairly lucky with complications. But one area where I've had the same experience as a great many long-term diabetics is in the gradual discovery that I was impotent. One main cause of impotence, if you don't have psychological difficulties, is diabetes. I remember once sitting agog while a diabetes specialist gave me a complete rundown on the mechanics of it. I didn't understand much - I couldn't understand many of the words he used. But the message was that this is a genuine problem, not an imaginary one.

Interviewer: Did you seek help from a doctor or a nurse?

Yes. The discovery that I was becoming impotent came after the age of fifty. At that time my partner was becoming less enthusiastic anyway. So the problems it might have caused weren't as big as they could have been. I consulted the specialist, more than anything else, because I thought "well, you know, maybe there's something we can do about this", and I wanted to hear what he had to say. He gave me this full rundown. He said that it would be perfectly possible for me to make use of the newly discovered drug Viagra. Before he could advise me on this, he would need to check that I was, in fact, still producing a certain amount of testosterone. He took a blood test. Next time at the diabetes clinic I was told my testosterone was still adequate. I went home and talked to my partner about it. She expressed a marked antipathy to the idea of using Viagra. It really didn't appeal to her. She died a few years ago, and eventually I met

someone else. This relationship has been much helped by the availability of Viagra. For me it has done a great deal of good. It's enabled me to play a full part, in a completely unexpected way. And my performance without the aid of Viagra on any particular occasion is also a great deal better than it was before. If I ever feel Viagra isn't the best possible, there are other drugs becoming available, which act a bit differently. Maybe we shall try moving on to one, but at the moment I don't feel any great need to.

Interviewer: How is the Viagra paid for?

It's prescribed on the National Health Service. You do have to persuade your doctor that you need it. There are strong grounds for needing it if you're past forty and a diabetic. When I go to my GP for other prescriptions, I say "oh, and some Viagra please" . The interesting thing is, they won't ever supply more than four pills at a time. Whereas you can have two months' worth of insulin or test strips or something like that, you only get a month's worth of Viagra.

Interviewer: Did you find it difficult to seek help?

No, I didn't. I've always been able to regard my GP as somebody I can talk to about anything. I simply said to him one day "I'd like to try Viagra" . He looked at me and said "right" , and wrote it on the prescription. He knew me well enough to know that I wouldn't be asking for it if I didn't know what it was and so forth. He told me about things I might notice. It certainly, in my case, causes a very slight headache and considerable degree of red-facedness for an hour or two. I think the headache's worth every bit of it, and the flush doesn't have any effect, except my partner finds it very amusing; that's it.