

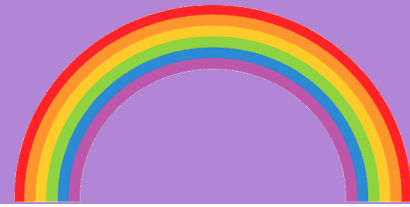
**STUFF YOU SHOULD
KNOW ABOUT...**

LGBTQ HEALTHCARE

**A GUIDE TO BEING A
GOOD DOCTOR FOR
LGBTQ PATIENTS**

MEDSQC LGBTQ

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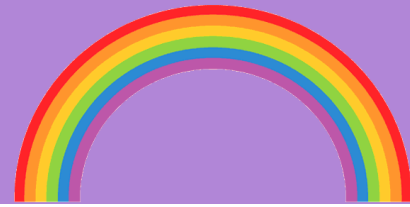
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Welcome



Hello! This booklet contains advice and guidance on how to make your medical practice more inclusive to LGBTQ patients. Below are some facts and info to explain a bit about why this is so important!

In 2016

- **~1 million (2.0%) of the UK population** aged 16+ identified as lesbian, gay or bisexual (LGB)
- Those aged 16 to 24 were most likely to identify as LGB (4.1%)
- The population who identified as LGB were most likely to be single, never married or civil partnered (70.7%)

Office for National Statistics: Sexual Identity, 2016

★ **One in six LGB people over 55 are not confident that their GP or other health services would be able to understand and meet their needs** ★

A Guide For the NHS - Stonewall

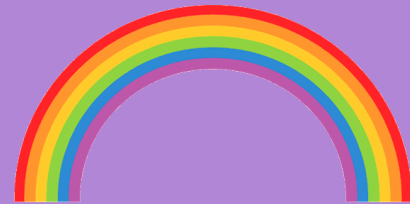
- The number of trans people is not known (estimated at 200,000-500,000)
- **41% of trans people said healthcare staff lacked understanding of trans health needs**

LGBT In Britain - Trans Report 2018 - Stonewall

- **41% of trans men and women have experienced a hate crime in the last 12 months because of their gender identity**
- 25% of trans people have experienced homelessness at some point
- 67% said they avoid being open about their gender identity for fear of negative reactions from others

Trans People in the UK - Government Equalities Office

Remember...



All LGBTQ people have experienced discrimination.

From street harassment, to homophobic/transphobic comments from friends and family, to domestic violence, to death threats. Homophobia comes in many forms.

Straight people can exclude the LGBTQ community through ignorance and/or privilege. This isn't always intentional, you don't always know what you don't know!

This booklet should help you to recognise where you are ignorant of important issues and when heterosexual privilege can be a problem.

Straight people cannot appreciate the fear of coming out to a stranger - it can be very scary!

People size you up very quickly when they first present to you as a patient. LGBTQ people are always calculating whether or not to come out based on how safe they feel doing so.

It is your responsibility to make that person feel safe!

Simply having a rainbow flag on your desk can help - they don't have to guess if you are safe.

Those belonging to the LGBTQ community are likely to have intersectional identities.

This means that they belong to several minority groups in one go, for example - queer and disabled or queer and black/ethnic minority (BME).

Again, you should be aware of the privilege you can hold over these people and be wary of letting this impact your practice.

Listen to their requirements instead of making assumptions!

Always be respectful!

"How do I speak to gay people?" "How do I speak to trans people?" "Which name do I use?"

Ask questions in a respectful manner.

"Have you got anyone at home with you?" "How would you like me to address you?" "Please could I ask which pronouns you use?"

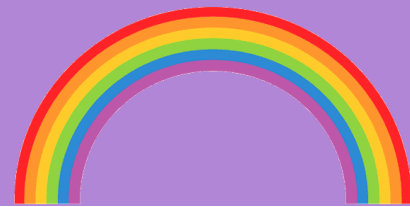
LGBTQ people are just like everyone else, treat them with respect and dignity.

Trans people can be any age, any sex, any gender, any ethnicity, anyone!

***They are not an "other". Trans people exist in all spheres, including the healthcare professions!
You probably already know some trans people even if you're not consciously aware of it!***

When speaking to LGBTQ patients, you should be aware that there is far more to them than just their queerness! Expect LGBTQ people from all walks of life!

Terminology



Here you'll find all the vocab you need to understand how different people within the LGBTQ community define themselves. We've also included some healthcare terms useful for developing a more LGBTQ inclusive dialogue in your practice.

Lesbian

A homosexual woman

Gay

A homosexual person, usually a man but can apply to others also

Bisexual

Someone attracted to more than one sex and/or gender

Transgender

A person who expresses a gender identity different from their assigned sex at birth

Queer

An umbrella term for sexual and gender minorities who are not heterosexual or cisgender (*definition: cis - see below*)

Pansexual

A person who feels attraction towards people regardless of their sex or gender identity

Sex

The identity assigned at birth based on reproductive anatomy

*NB: Sex is not as binary as you may think and is somewhat socially constructed

Gender

Personal identification of one's own gender based on internal awareness

Intersex

An umbrella term describing a wide range of natural anatomical variations. Intersex people are born with sex characteristics that do not fit binary notions of male or female bodies

Cis

Anyone with a gender identity matching the sex they were assigned at birth

ChemSex

The use of any combination of drugs including crystal meth, mephedrone and/or GHB/GBL by MSM before or during sex (*chemsexsupport.com*)

Poppers

Slang term for the chemical class alkyl nitrites. These are inhaled for recreational drug purposes, may be associated with sexual activity in MSM

Abbreviations

MSM - Men who have sex with men

NB - Non-binary: people who identify as neither male nor female, or both

AFAB/AMAB - Assigned female/male at birth respectively

Accessible services



It is always important to consider how easy it is for patients to access services as this may influence the management plan you form with them.

LGBTQ people may have concerns that they aren't comfortable talking about or are not aware of, see below for some examples and how you can overcome them.

You



As a healthcare professional, you can make a huge difference to the healthcare experience of an LGBTQ person.

You can make the service you provide accessible by using **inclusive language** with all patients you meet
- e.g. using correct pronouns, not assuming the gender of their partner(s).

Recognising where your work environment can improve provision for LGBTQ people as patients, as well as **calling out discrimination** where you see it will help you be a good ally in the healthcare service.



Counselling



Counselling services may be required by LGBTQ people accessing healthcare services and it is important to try and **signpost to openly inclusive services**.

Some **community GUM clinics** provide supportive counselling services that are usually well versed in LGBTQ terminology and inclusive practice.

LGBTQ centres also tend to have counselling options available.

Confidentiality

Healthcare services should have their **confidentiality policy clearly displayed** or available.

LGBTQ people may wish to be able to disclose and openly discuss their sexual orientation but not have it recorded in their notes.



Education



It is always important to educate patients on their health needs and services available to them so they are best able to play a role in their own health and wellbeing.

LGBTQ people have often been excluded from healthcare narratives for most of their lives and so may not be aware of certain health risks within their demographic.

Some examples include:

- Lesbian women not knowing they are at risk of sexually transmitted infections
- Mental health conditions being more common in the LGBTQ community
- Increased suicide risk in LGBTQ community
- Increased risk of injury by domestic abuse



Accessible services...



Environment



To overcome the fear LGBTQ people may have about coming out to their healthcare practitioner, practices and clinics can work to show they are in a **safe space**.

- e.g. LGBTQ friendly policies in clear view
- e.g. Images of same-sex/queer couples in promotional materials
- e.g. Display rainbow flags/trans flags in places where patients can see them

Some people may feel more comfortable **disclosing their sexual orientation or gender identity via a private paper or online form**.

An inclusive environment will help patients feel **comfortable bringing their partners** to consultations if they want to.
(*Sexual Orientation, A Guide for the NHS*)

Fertility treatment

Some people want children and some do not. Some know a lot about fertility treatments, some do not...



As always, you must **never assume** that someone coming to you asking about fertility treatment is themselves heterosexual or in a heterosexual relationship.

You must also be aware that the family, friends and wider society may view the decision of LGBTQ people to seek fertility treatment negatively.



Smear testing



Smear testing is essential for all people with a cervix. Some queer people are unaware they still need smears even if they don't sleep with someone with a penis.

Smears should be offered to trans men with cervixes but if they are registered as male on the GP records, they **may not get the automatic recall letters**.

Until the system changes, you must ensure that your patients are called correctly.



Sexual health

In hospitals, this specialty is more actively aware of LGBTQ people than others.

It is important to be able to take a **competent sexual history**. This can be a sensitive conversation and may become even more so when compounded with a patient facing complex social situations.

An LGBTQ person is essentially **coming out to you** when they disclose their sexual partners. This may not concern some people but for many LGBTQ people, it can be a very **emotional experience**.



Some will be fearful of your reaction due to past experiences and so you must cultivate a **respectful** nature towards the strength taken for patients to discuss their sexuality with you as a stranger.



Older LGBTQ people



As with any ageing population, pressures on healthcare services are increased. Older LGBTQ people have the same physiological issues as any elderly person but can present with very different social issues and concerns.

You can also use the following taking pages for LGBTQ specific physiological healthcare problems.



Living alone

Older LGBTQ people are more likely to live alone compared to heterosexual people over 55 years old.

This presents the usual concerns about who will look after the person should they become ill and unable to care for themselves. *However, the person may be fearful of accessing services because they do not know how people will react to their sexuality.*

The older generations still remember when homosexuality was illegal and homophobia was commonplace and acceptable. This mind-set is hard to overcome and may prevent a person accessing services.



Residential care



Often, couples move into sheltered living or residential accommodation together when they become unable to care for each other. *Older LGBTQ couples can face discrimination when trying to access residential homes due to their sexual orientation or marital status.*

Some homes do not allow non-married couples to cohabit, which can be a problem if the LGBTQ couple have been unable to get married after it was legalised.

Under the Equality Act 2010, couples cannot be discriminated against due to sexual orientation but *many are dissuaded from residential care due to hostility from staff and other residents.*



Consultations



You must *never assume* someone's sexual orientation or gender identity.

Older LGBTQ people may *have been in the closet their whole lives, only recently come out or never come out* - be wary of this as they may be in need of stronger social support.

The environment should clearly welcome LGBTQ couples so older people feel comfortable with partner in consultations.

Not all older people have reclaimed 'queer'. Only use it if you're invited to do so.

Advanced planning



For older LGBTQ couples who aren't married, they may need *advice and guidance on power of attorney and will writing.*

It is vitally important that individuals have their affairs in order at a time when they are *still competent to do so.*

It is important to relay this to older, unmarried or not in civil partnerships LGBTQ people so they can ensure that their final wishes are carried out as they desire.

History taking



In most common presentations of day-to-day conditions, the fact that a patient is LGBTQ isn't important in terms of it impacting on the aetiology of the condition.



However social history is vitally important and it is important to recognise whether the patient is safe, able to physically and mentally take on treatment programmes.

A note on language...



It is important to ask someone's preferred name and pronouns when meeting them for the first time.

Hello, my name is...

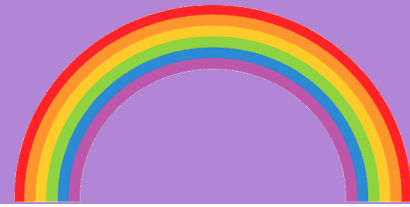


Different people use different pronouns for different reasons and you should respect their choice.

Something people new to the LGBTQ world struggle with is the singular 'they' - this is a popular pronoun amongst the LGBTQ community and a valid mode of self expression.



History taking



When talking to LGBTQ patients, you may not know they're LGBTQ. This brings some important issues to light...

See the pages on trans healthcare for more comprehensive tips on history taking in trans patients.

Is it relevant?

People vary in how comfortable they are in talking about their sexual orientation and gender identity or presentation.

If asking will not change how you manage their presenting complaint then you don't need to ask. However, the patient should feel safe and confident in disclosing this information at any point during history taking by use of inclusive language and you not making assumptions.

This flow chart outlines some instances where knowing if the patient is LGBTQ may be relevant to their ongoing care.

It is not exhaustive!

Presenting complaint

- Injury suggestive of abuse
 - may indicate domestic violence or hate crime
- Bacterial STI, query HIV
 - MSM, ChemSex
- AIDs-related conditions
 - MSM
- Anxiety, depression
 - bullying, dysphoria
- Evidence of self-harm

Past Medical Hx

- Traumatic injury ?abuse
- ChemSex drug reaction
- Sexually transmitted infection
- AIDs-related condition
- Gender affirmation surgery

Drug Hx

- Recreational drugs?
 - ChemSex drugs
 - Poppers

Family History

- Breast/ovarian cancer
 - inclusive screening
- Prostate cancer
 - inclusive screening
- Fertility issues

Social History

- Living situation - are they safe?
- Alcohol/smoking/drugs - are they using these as coping mechanisms?
- Next of kin in case of emergency
- Discrimination at work
- Discrimination in finding accommodation

As mentioned previously, list is not exhaustive and you may encounter other times where being LGBTQ is relevant to the care you intend to give.

You may have noticed that a lot of these situations are relatively serious, it is therefore an important topic to consider as it can have a big impact on someone's life!

Trans Patients



Every trans patient has been on their own individual transition journey. The trans experience is not a universal one and so it is important that you treat each person as a new individual rather than assume things about them based on what you've experienced in talking to trans people before.

Remember!

Trans women are women and trans men are men. Every person is different in how they would like to be identified by others.

If you aren't sure, respectfully ask!

"The doctor refused to use my new name and pronouns despite acknowledging my gender dysphoria."

"Accessing medical transition should not feel like a chess game or a job interview."

"I don't want to have to sacrifice one part of my health for another."

"The trans healthcare system is like jumping through hoops, if the hoops were on fire and you were wearing ankle weights and the whole crowd was watching you just waiting to see you fall on your face so they could say "I told you so"."

"Most people I've spoken to in the NHS have been condescending and made no attempt to learn."

How can you help as a medical student and when you qualify?

- **Educate yourself** on the services available in your area
- **Get to know the person** and their specific needs
- **Build a plan together** - banish patronising and patriarchal consultations!
- **Think about the person holistically** - social history is vitally important to physical wellbeing!
- **Be respectful** - it goes a long way!

"[We need] a shift in the cultural mindset towards believing trans people immediately, wholeheartedly, and unquestioningly when we declare our identities and state what we require from healthcare providers."

Trans Patients

History taking



This flowchart should help you to start thinking about some issues to be aware of when holistically treating trans patients.

Remember to always be polite, respectful, accessible and inclusive!

Is it relevant?

As with sexuality, *people vary in how comfortable they are in talking about their gender.*

There are some cases where knowing that a person is trans may affect any investigations you plan to carry out, or the questions you ask in a history...

As previously discussed, it is important to *explain to the patient why you must ask certain questions* so they are prepared to talk about topics that may make them uncomfortable.

Family History

- Breast/ovarian cancer
 - *?screening in trans men and non binary people*
- Prostate cancer
 - *?screening in trans women and non binary people*

Social History

- Breast/chest feeding?
- Living situation - are they safe?
- Occupation - ?sex worker
- Alcohol/smoking/drugs - coping mechanisms, grooming, trafficking
- Next of kin in case of emergency
- Discrimination at work
- Discrimination in finding accommodation

Presenting complaint

- Injury suggestive of abuse
 - Abdo pain
 - ?Ovarian pathology
- ?HIV
 - Penetrative anal sex, ChemSex
- AIDs-related conditions
 - Penetrative anal sex
- Anxiety, depression
 - bullying, dysphoria

Past Medical Hx

- Traumatic injury caused by abuse
- Breast/ovarian/prostate/testicular cancer
- AIDs-related condition
- Gender affirmation surgery

Drug Hx

- Hormones
- How long have they been taking hormones?
- Recreational drugs?

As before, this list isn't exhaustive but it's a starting point of things to be aware of.

Again, some of these things are very serious and can often make a big difference to the quality of care a trans patient receives both in their physical recuperation and interaction with healthcare services.

Case based discussions



Use these cases as a starting point to think about LGBTQ patients and some of the issues they may face in day to day consultations.

We've given you some questions to get you started!

Case 1

Hannah is 24 and comes to you asking for the oral contraceptive pill. This is your first time meeting Hannah and you can't see any history of oral contraceptives having been prescribed before.

What sort of questions do you need to ask?
How will you keep your language inclusive?

Think about:

- Why does she want it?
- Is it the best option for her?
- What if Hannah is gay? Bisexual?

Case 2

You are seeing William, a 44 year old patient on the ward, who reveals to you that another doctor made a homophobic comment towards him and his husband.

What should you do about this? How can you improve his healthcare experience?

Think about:

- Incident reporting
- Your own consultation style
- The clinical environment
- Other staff members

Case 3

James is 19 and has come to you seeking advice about taking hormones. They have just started university and want to start their transition journey.

How should you advise James? What are their next steps? How will you be inclusive?

Think about:

- Pronouns and chosen name
- How much do you know about gender identity referrals?
- What are James' expectations?
 - University groups?
 - What if James was 59?

Case 4

Karen is 57 and has recently been diagnosed with breast cancer. She is very tearful and reveals that she is alone because her children don't agree with her bringing her girlfriend, Natalie, to the consultation. She worries about being able to remember everything to tell Natalie later.

What should you do now?

Think about:

- Social support and patient groups
- Can you help with her children?
- Would you ask her if she wants to bring Natalie next time?

References and further info



A guide for the NHS - Stonewall

<https://www.stonewall.org.uk/sites/default/files/stonewall-guide-for-the-nhs-web.pdf>

Office for National Statistics: Sexual Identity, 2016

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016>

LGBT In Britain - Trans Report (Stonewall)

<https://www.stonewall.org.uk/lgbt-britain-trans-report>

Trans People in the UK

Government Equalities Office 2018

Guidelines for the Care of Lesbian, Gay and Bisexual Patients in Primary Care

Guidelines for the care of Trans Patients in Primary Care

(Royal College of General Practitioners)

Gay and Lesbian Association Against Defamation

<https://www.glaad.org/>

<https://www.glaad.org/reference/transgender>

For queries, Contact Chloë Rogers
brum_medsoc_lgbtq@outlook.com