



Engaging LGBTQ+ People in Their Healthcare

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Note: This handout is offered as a communication aid for providers. It is not a substitute for professional examination, diagnosis, or treatment.

People belonging to the LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and other marginalized gender and sexual identities) communities often face significant barriers when accessing healthcare services. Fear of discrimination, prejudice, and a lack of culturally competent care contribute to their reluctance to seek medical assistance. Research indicates that LGBTQ+ individuals are at a higher risk for lung cancer, cardiovascular disease, and suicide. (Blosnich & Andersen, 2015; Fredriksen-Goldsen et al., 2013; Lea et al., 2019). Discrimination and stigma in healthcare settings can lead to delays in seeking preventive care and treatment, ultimately contributing to poorer health outcomes among LGBTQ+ populations.

This article addresses several key points:

- **Challenges in LGBTQ+ Healthcare:** The LGBTQ+ community encounters barriers in healthcare, including discrimination and lack of understanding.
- **Provider Impact on Intimacy and Healthcare Concerns:** Healthcare providers can make a difference through inclusive interactions, education, and creating safe spaces.
- **Transgender Perspectives:** Exploring healthcare experiences through the lens of transgender individuals sheds light on specific challenges and opportunities for improvement.
- **Definitions:** Providing clear definitions for LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and other marginalized gender and sexual identities) terms enhances understanding and fosters inclusivity in healthcare settings.

Addressing these points, healthcare providers can strive for more inclusive and effective care for LGBTQ+ patients.

Challenges LGBTQ+ Patients Face When Accessing Healthcare:

1. Negative Experiences:

- LGBTQ+ individuals often struggle to disclose sensitive information to healthcare providers due to past negative encounters.
- Humiliating experiences or overhearing derogatory remarks can lead to discomfort and reluctance to seek care.
- Microaggressions contribute to feelings of marginalization.

Simple Solutions:

- Healthcare staff should prioritize creating a welcoming environment where everyone feels respected and valued.
- Practicing respectful communication and using appropriate language demonstrates sensitivity to LGBTQ+ patients' needs.
- When discussing sensitive topics, healthcare staff should ensure privacy and confidentiality to foster trust and openness.

2. Lack of Provider Knowledge:

- Many healthcare providers lack familiarity or training in caring for LGBTQ+ patients, leading to misunderstandings and discomfort.
- Misgendering or using inappropriate language can further alienate LGBTQ+ individuals and create barriers to care.

Simple Solutions:

- Adopting a non-judgmental approach and maintaining an open-minded attitude can help providers build rapport and trust with LGBTQ+ patients.
- Respecting individuals' self-identified pronouns and avoiding assumptions about gender identity or sexual orientation demonstrates inclusivity and respect.
- Acknowledging and correcting mistakes with a simple apology can mitigate discomfort and strengthen the provider-patient relationship.

3. Limited Access to Care:

- LGBTQ+ individuals often face obstacles in accessing healthcare due to factors such as lack of health insurance, higher rates of homelessness, and limited availability of LGBTQ+-affirming services.
- Structural barriers, including discrimination and socioeconomic disparities, contribute to reduced access to essential healthcare services.

Simple Solutions:

- Healthcare organizations can provide support through financial counseling services to help LGBTQ+ individuals navigate insurance options and access financial assistance programs.
- Establishing Inclusion Health Centers within healthcare systems or community organizations can promote access to LGBTQ+-friendly care and address social determinants of health, such as homelessness and unemployment.

Addressing these challenges requires a collaborative effort from healthcare providers, organizations, and policymakers to ensure equitable access to quality healthcare for LGBTQ+ individuals. By implementing simple solutions and fostering a culture of inclusivity, healthcare systems can create environments where LGBTQ+ patients feel valued, respected, and supported in their healthcare journey.

Provider Impact on Intimacy and Healthcare:

Healthcare providers play a crucial role in supporting LGBTQ+ cancer survivors through inclusive interactions, education, and creating safe spaces for discussion (Marshal et al., 2011; Quinn et al., 2019). Providers can address high-risk areas in the LGBTQ+ population, including smoking, avoidance of care and screenings, and higher rates of suicide (Marshal et al., 2011; Quinn et al., 2019).

High-Risk Areas in the LGBTQ+ Population:

- **Smoking:**
 - LGBTQ+ individuals have higher smoking rates, increasing the risk of lung and other cancers as well as cardiovascular disease.
 - Resources such as the CDC's Quitline offer free coaching and access to smoking cessation medication.
- **Substance Use Disorder:**
 - LGBTQ+ individuals are more likely to experience substance use disorders, particularly alcohol abuse, which can exacerbate health issues and increase the risk of cancer.
 - Providers should screen for drug and alcohol use disorder and provide appropriate interventions and referrals for treatment.
- **Avoidance of Care:**
 - Fear or negative experiences lead LGBTQ+ people to avoid care and screenings, resulting in delayed diagnoses.
- **Higher Suicide Rates:**
 - LGBTQ+ cancer survivors face a higher risk of suicide, highlighting the need for support and intervention.
 - Resources like the Trevor Project and the 988 Suicide Crisis Line provide assistance and counseling.

Survivorship Issues with Intimacy:

- Intimacy issues, especially among LGBTQ+ individuals, are often under-addressed by providers and patients.
- LGBTQ+ intimacy issues may be more challenging to discuss but can be approached respectfully.
- Considerations for anal intimacy after cancer treatment may include concerns about safety and erectile dysfunction.
- Practical patient handouts, such as those from After Cancer, provide guidance for addressing intimacy issues for both patients and providers, including considerations for anal intimacy.

By addressing healthcare concerns and providing support for intimacy issues, healthcare providers can enhance the well-being and quality of life of LGBTQ+ cancer survivors.

Resources:

- [National LGBT Cancer Network](#)
- [CancerCare.org](#)
- [TrevorProject.org](#)
- [988 Suicide Crisis Line](#)
- [After Cancer.co](#)
- [Young Adult Survivors United](#)

Transgender Perspectives

Transgender individuals often face unique challenges in accessing healthcare, including information on sexual intimacy after cancer treatment. Oncologists play a crucial role in providing sensitive and inclusive care to transgender patients, addressing their specific needs and concerns.

Understanding Transgender Sexual Intimacy Needs:

- Transgender individuals may have diverse experiences and preferences regarding sexual intimacy, including vaginal and anal intercourse (Reisner et al., 2016).
- It is essential to recognize and respect the gender identity and sexual orientation of transgender patients when discussing intimate matters.

Using Appropriate LGBTQ+ Language:

- Use affirming language and terminology when discussing sexual health with transgender patients, such as asking about their self-identified name and pronouns.
- Use transgender self-identified names and pronouns in all chart documentation.
- Avoid assumptions about gender identity or sexual orientation and be open to learning from the patient about their experiences and needs.

Creating a Welcoming Environment:

- Foster a safe and inclusive healthcare environment where transgender patients feel comfortable discussing sensitive topics related to sexual intimacy.
- Small things like adding a rainbow sticker to your marketing or posting one within your waiting room can signal a safer environment to transgender patients.
- Ensure confidentiality and privacy during discussions, allowing patients to express themselves freely without fear of judgment or discrimination.

Providing Information on Vaginal Intimacy:

- Discuss the impact of cancer treatment on vaginal health and function, including changes in lubrication, elasticity, and sensation.
- Offer recommendations for maintaining vaginal health post-cancer treatment, such as using moisturizers or lubricants and practicing gentle vaginal dilation exercises.

Addressing Anal Intimacy Concerns:

- Acknowledge the importance of anal health and pleasure for some transgender individuals and provide information on safe anal intercourse practices.
- Educate patients on the risks of anal injury or infection and strategies for reducing harm, such as using condoms and water-based lubricants.

Erectile Dysfunction in Transgender Women:

- Some transgender women may experience erectile dysfunction (ED) as a side effect of hormone therapy or surgical interventions (Reisner et al., 2016).
- Discuss the potential impact of ED on sexual intimacy and explore alternative methods of achieving arousal and pleasure, such as using sex toys or focusing on non-penetrative sexual activities.
- Refer patients to sexual health specialists or counselors for further evaluation and management of ED, including medication options or therapeutic interventions.

Risk of Pregnancy in Transgender Men:

- Recognize that transgender men assigned female at birth may still have reproductive organs capable of pregnancy after cancer treatment (Reisner et al., 2016).
- Discuss contraception options and considerations for transgender men who engage in vaginal intercourse, including barrier methods and hormonal contraceptives.

Conclusion:

- Oncologists and other cancer providers play a vital role in providing comprehensive sexual health information and support to transgender patients after cancer treatment.

- By using affirming language, creating a welcoming environment, and addressing specific concerns related to vaginal and anal intimacy, oncologists can help improve the overall well-being and quality of life of transgender cancer survivors.

Definitions

The following definitions were adapted from Providing Inclusive Services and Care for LGBTQ+ People, GLAAD, and The Human Rights Campaign:

Asexual: A sexual orientation characterized by a lack of sexual attraction to others or a low interest in sexual activity.

Bisexual: a sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.

Cisgender: A term used to describe a person whose gender identity aligns with the gender identity assigned to them at birth.

Gay: A sexual orientation that describes a person who is emotionally and sexually attracted to people of their gender.

Gender dysphoria: Distress which may be caused when sex assigned at birth is incongruent with gender identity. This is a diagnosis with an ICD 10 code associated with it.

Gender expression: The outward way individuals express or display their gender. This may include choices in clothing, hairstyle, or speech and mannerisms. Gender identity and gender expression may differ. For example, a woman, transgender or cisgender, may have an androgynous appearance, or a man, transgender or cisgender, may have a feminine form of self-expression.

Gender-expansive: A person with a more flexible range of gender identity or expression than is often associated with the binary gender system.

Gender-fluid: A person who does not identify with any fixed gender and has a fluid gender identity.

Gender Identity: A person's internal sense of being a man/male, woman/female, both, neither, or other gender. Most people have a gender identity that's the same as the sex they were assigned at birth. Some people have a gender identity that does not correspond to the sex they were assigned at birth.

Genderqueer: A person who does not believe in static gender categories and embraces fluidity. This perspective is increasing among young adults and adolescents.

Intersex: People born with a variety of differences in sexual traits and reproductive anatomy. This could include genitalia, chromosomes, gonads, and internal sexual organs.

Lesbian: A sexual orientation that describes a woman who is emotionally and sexually attracted to other women.

Microaggressions: Subtle, often unintentional, actions or comments that reinforce stereotypes or biases toward marginalized groups, including those in the LGBTQ+ community.

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Nonbinary: A person who does not identify exclusively as a man or woman.

Pansexual: A sexual orientation characterized by an attraction to individuals regardless of their gender identity or biological sex.

Queer/Questioning: "Queer" is an umbrella term used to describe sexual and gender identities that are not exclusively heterosexual or cisgender. "Questioning" refers to individuals who are exploring or unsure about their sexual orientation or gender identity.

Sexual orientation: An inherent emotional, romantic, or sexual attraction to other people. This is independent of gender identity.

They/Them/Their: Neutral pronouns are used by some with a nonbinary or non-conforming gender identity.

Transgender: A person whose gender identity differs from the sex assigned at birth. This does not apply to specific sexual orientation.

Transgender man: A person assigned female at birth and identifies as a man. This does not define their sexual orientation.

Transgender woman: A person who was assigned male at birth and who identifies as a woman. This does not define their sexual orientation.

Transsexual: A more clinical term that had historically been used to describe those transgender people who sought medical intervention such as hormones or surgery for gender affirmation. This term is less commonly used in the present day. Some individuals and communities maintain a strong and affirmative connection to this term.

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To further your knowledge and comfort, After Cancer recommends also reading the following patient handouts:

Managing Sexual Dysfunction with Pelvic Floor Physical Therapy

Let's Slide Into Lubricant

Sensate Focus: Touching Exercise to Rediscover Intimacy

Practical Solutions for Low Libido