



## Engaging LGBTQ+ People in Their Healthcare

*Contributor: Jill McCullough-Squire, BSN, RN, OCN*

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

### INTRODUCTION

People belonging to the (Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ)) often avoid healthcare related to a fear of being humiliated and lack of access. They are at higher risk for lung cancer, cardiovascular disease, and suicide.

This article briefly discusses:

- some of the challenges the LGBTQ community faces in healthcare
- how you, as the provider, can make a difference with your interactions
- considerations unique to the LGBT community
- healthcare through the eyes of a transgender person
- definitions for LGBTQ

### BARRIERS TO CARE FOR THE LGBTQ POPULATION

#### **Negative Experiences**

The importance of making everyone comfortable in the healthcare setting cannot be stressed enough. Many people, even providers, are uncomfortable when seeing a healthcare provider.

- Members of the LGBTQ population often find it difficult to reveal sensitive or private information to providers
- They have often experienced humiliating encounters or heard of others
- Some report hearing or being subjected to slurs
- Some overhear insensitive criticisms of their appearance

Often, these occurrences were not meant to harm and resulted from a lack of understanding.

### Simple solutions:

Healthcare staff can look beyond the differences to the person present for care.

Healthcare staff can be mindful of using a respectful tone in communication.

When identity needs to be confirmed, healthcare staff can avoid discussing sensitive topics in an open area (such as male/female name disparity).

### **Lack of Knowledge**

Sometimes, providers do not have familiarity or knowledge in caring for people from the LGBTQ community. This lack of understanding can present an uncomfortable challenge for:

- LGBTQ individuals
- Healthcare staff

### Simple solutions:

Maintaining a non-judgmental approach and tone will set a more comfortable tone.

Avoid terms like “Ma’am” and “Sir”, instead go by preferred pronouns.

Preferred pronouns show respect for the individual.

Mistakes can and do occur. They can be rectified with a simple and sincere apology.

### **Limited Access**

LGBTQ people often have trouble with basic access to care:

- Less likely to have health insurance for a myriad of reasons
- They have a higher rate than the general population of homelessness and unemployment
- They require services not available to them when they have health insurance

### Lack of access is often a complex issue – potential solutions:

Your healthcare organization may have access to a financial counselor who can help the person apply for assistance or Medicaid.

Your healthcare or local government organization may have an Inclusion Health Center to help maintain access to care and encourage engagement in care.

## **HEALTHCARE CONCERNS OF THE LGBTQ POPULATION:**

**The LGBTQ population has several high-risk areas:**

- **A more significant portion of the LGBTQ population smoke**
  - This increases their risk for lung and other cancers

- This increases the incidence of Cardiovascular disease
- Of note, the CDC has free [smoking cessation coaches](#)
- The CDC Quitline will get people referred to state-based Quitlines
- The state-based Quitline will often work with healthcare providers to offer people low-cost access to smoking cessation medication
- **LGBTQ people often avoid care and screenings due to fear or negative experiences**
  - This may result in a more advanced diagnosis
- **The LGBTQ and cancer survivor population has a higher suicide rate than the general population**
  - This creates a double whammy for the LGBTQ population affected by cancer

**Support groups can help alleviate the sense of isolation that accompanies cancer and being LGBTQ**

**Resources:**

[National LGBT Cancer Network](#)

[CancerCare.org](#)

[TrevorProject.org](#) (for LGBTQ youth)

[988 Suicide Crisis Line](#): call, text, chat

**Often, local cancer support organizations have free counseling for a certain number of visits.**

**Many AYA Cancer organizations help the young LGBTQ cancer population address their unique challenges.**

- [Young Adult Survivors United](#) has an LGBTQ+ virtual support chat, which meets monthly.

### **Survivorship issues with intimacy**

- Intimacy issues are often under-addressed by providers and patients
- LGBTQ intimacy issues may be even more challenging to discuss
- The conversation can be opened in a respectful manner
- People who engage in anal intimacy and are treated for cancer involving organs in the pelvis (gyne, prostate, colorectal, testicular, anal)
  - may hesitate to ask if it is safe for them to be anal receptive
  - may not be able to have an erection robust enough for anal penetration after treatment
  - This can be a difficult conversation for the provider and or patient to broach

***After Cancer* has several practical and easy-to-read **patient handouts** concerning how to **address intimacy issues** for both the patient and the provider, including considerations for anal intimacy.**

## **MEDICAL AND CANCER CARE THROUGH THE LENSES OF TRANSGENDER COMMUNITY MEMBERS**

A transgender person often experiences healthcare with an increased sense of vulnerability and or fear of humiliation. They frequently avoid healthcare altogether.

A [Dutch study](#) published in 2021 showed that transgender people through the period of 1972 to 2018 have twice as high a risk of death than those not transgender. The cited causes of death were lung cancer, cardiovascular disease, HIV-related disease, and suicide.

The *Human Rights Campaign* definition of a [transgender person](#) is a person whose gender identity differs from the sex that was assigned at birth; this does not apply to specific sexual orientation.

### **THROUGH THE LENS OF A TRANSGENDER PERSON:**

#### **When you see your healthcare providers, do you fear you may be humiliated in an encounter with your provider?**

About a third of transgender people report experiencing [negative interactions](#) with medical providers. Transgender people report a spectrum of issues, from the need to educate the provider about transgender health to verbal harassment to refusal to see them.

Some transgender people choose not to seek care because they fear what may happen or they have had a bad experience.

#### **Have you ever been intimidated by sitting in a waiting room?**

Transgender men may still need gynecologic care and may find themselves surrounded by cisgender women (cisgender describes those who identify with the gender they were assigned at birth).

#### **Have you had to explain your symptoms more than once because they are out of “the norm”?**

The diagnosis and treatment of cancer of the reproductive organs can be more challenging for the transgender person.

[Yale Medicine](#) explains that transgender women who have kept their penis, testicles, and or prostate need monitoring for benign and malignant diseases of these organs.

The American College of Gynecologists provides [clear guidance](#), “Any anatomical structure present that warrants screening should be screened, regardless of gender identity.”

### **The Risk of Pregnancy in Transgender People**

The [risk of pregnancy](#) for transgender people exists if they are engaging in sexual activities that involve sperm and eggs and should be counseled. Gender-affirming hormone therapy is not effective contraception. Understandably, this could be a challenging topic for transgender people to discuss or share.

## **Practical things you and your team members can do to pave a smoother road for transgender people to be seen and heard in healthcare:**

Educate yourself and your team members about the healthcare needs of transgender patients and the understandable reluctance of many to be seen in the healthcare system: have empathy.

The risk of pregnancy should be discussed, just as it is with non-transgender people.

Screening, evaluation, and discussion of symptoms can place transgender in a vulnerable position. You can help them to feel safe and respected as individuals.

Share your own personal pronouns before asking patients to share their preferred pronouns. Always address people by their communicated pronouns.

Call the person by the name the person has chosen and communicated to go with their current gender identity.

Apologize sincerely and empathetically if a mistake with a name or pronoun occurs.

## **IN CLOSING**

You can make your relationship with your LGBTQ patient population positive through:

- Seeing and treating them as an individual in need of care
- Sharing your own preferred pronouns before asking your patient to share their preferred pronouns. Respect the name and pronouns they have listed as their preference.
- Avoiding terms like “Sir” and Ma’am”
- Giving a simple, sincere apology when something does go awry.
- Referring them to available resources
- Start open and respectful conversations regarding survivorship issues
- Watching for signs of behavioral health issues and getting help

## **DEFINITIONS**

The following definitions were adapted from *Providing Inclusive Services and Care for [LGBTQ People](#)* and [The Human Rights Campaign](#):

**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 is caused when a person's birth gender is not the same as the gender with which they identify.

**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.

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

**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.

## REFERENCES:

- American College of Gynecologists. (2017, January). *Health care for transgender and gender-diverse individuals*. ACOG. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals>
- Barriers to health care - National LGBT Cancer Network*. (2017, February 9). National LGBT Cancer Network -. <https://cancer-network.org/cancer-information/cancer-and-the-lgbt-community/barriers-to-health-care/>
- Bass, B., & Nagy, H. (2023, November 13). *Cultural competence in the care of LGBTQ patients*. NCBI Bookshelf. <https://www.ncbi.nlm.nih.gov/books/NBK563176/>
- de Blok, C. J., Wiepjes, C. M., van Velzen, D. M., Staphorsius, A. S., Nota, N. M., Gooren, L. J., Kreukels, B. P., & Heijer, M. den. (2021). Mortality trends over five decades in adult transgender people receiving hormone treatment: A report from the Amsterdam cohort of gender dysphoria. *The Lancet Diabetes & Endocrinology*, 9(10), 663–670. [https://doi.org/10.1016/S2213-8587\(21\)00185-6](https://doi.org/10.1016/S2213-8587(21)00185-6)
- Human Rights Campaign. (2023, May 31). *Glossary of terms*. Human Rights Campaign. <https://www.hrc.org/resources/glossary-of-terms>
- Katella, K. (2022, March 15). What does medical care look like when you're transgender? *Yale Medicine*. <https://www.yalemedicine.org/news/transgender-medical-care>
- National LGBT Health Education Center. (n.d.). *Providing Inclusive Services and Care for LGBT People: A Guide for Health Staff*. NATIONAL LGBT HEALTH EDUCATION CENTER. <https://www.lgbtqiahealtheducation.org/wp-content/uploads/Providing-Inclusive-Services-and-Care-for-LGBT-People.pdf>
- Transgender health care coverage*. (n.d.). HealthCare.Gov. Retrieved March 18, 2024, from <https://www.healthcare.gov/transgender-health-care/>

A

**P**

Why Fre

The

**Discuss**

Discuss The anticipated safe time to engage in VED use after removal of the prostate (prostatectomy) if having the discussion before or soon after surgery.

**Pp**

How To Use a VED

**What to Expect**

The

B

**Veds Ar**

Discontinuation of

**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

pg. 8

All content within this patient and provider education material is copyrighted. Copyright © 2023 After Cancer. Reproduction, distribution, or transmission of any part of this material, whether electronically or mechanically, without the explicit written consent of After Cancer, is prohibited and subject to legal action



