Talking with Our Patients:
Sexual Orientation and Gender Identity

The Institute of Medicine (IOM, 2011) has identified significant health disparities for lesbian, gay, bisexual, and transgender (LGBT) populations in the United States. To improve care for these populations, we must understand the origins of these disparities. Evidence suggests that societal stigma, discrimination, and denial of civil and human rights contribute to the development of these disparities. To change the practice of medicine for any stigmatized population, we have to recognize unconscious bias: the tendency to form negative associations with a group or class of people. Unconscious biases are found in all people, including health care providers. Our efforts to identify our own biases can help prevent those biases from undermining our ability to deliver respectful and supportive care for LGBT or other patients.

What are the most important LGBT healthcare issues?

A. LGBT children and youth are at high risk for bullying, physical violence, sexual abuse and rejection by peers and family. These adverse childhood experiences disrupt the body's stress response system, increasing depression, anxiety and posttraumatic stress.
B. Increased depression, anxiety and posttraumatic stress among LGBT children and youth frequently trigger maladaptive coping efforts which seem to work short term, but hurt over time. These coping efforts include smoking, alcohol and/or drug use, unhealthy eating and exercise patterns, early onset of sexual activity, and risky sex behaviors:
    1. Adolescent smoking increases lifetime risks of airway diseases, lung cancer
    2. Early alcohol and/or drug use raises lifetime rates of alcoholism, drug addiction and relationship problems
    3. Unhealthy eating or exercise patterns trigger:
        a) Higher risk of eating disorders, obesity and resultant disease among lesbians
        b) Higher risk of eating disorders in gay men
    4. Both childhood sexual abuse and early sexual experimentation increase chances of:
        a) STIs, including HIV/AIDS, and genitourinary problems
        b) Relationship problems (emotional abuse, violence and sexual assault)
C. Families sometimes reject their child, believing that sexual orientation and gender identity are choices (Ryan et al., 2009)
    1. Forty percent of homeless youth are LGBT, often thrown out , increasing:
        a) Survival sex, with resultant STIs, including HIV/AIDS
        b) Increased criminal activity and loss of educational opportunity
    2. Ryan et al. 2009: LGBT youth rejected by parents or family have:
        a) >Eight-fold increases in suicidal ideation, suicide attempts
        b) Six-fold higher rate of serious depression, higher substance abuse
        c) Three-fold higher rate of sexually transmitted infection, unprotected sex
D. Health outcomes worst for LGBT adolescents of color (who face racism and sexual stigma)
E. Lifetime self-report of cancer is 50% higher for LGBT adults than heterosexual peers.
F. Significantly increased risks for breast and gynecological cancers in lesbians.
G. LGBT elders are more apt to live alone and have little to no family support.

What are the reasons for these disparities?

A. LGBT populations are stigmatized as non-heterosexual or gender non-conforming.
B. Healthcare providers usually assume patients to be heterosexual and not transgender.
C. LGBT patients often delay seeking care due to discomfort with previous encounters.
D. LGBT patients reluctant to disclose sexual behavior or gender non-conformity
E. With little education about LGBT issues, healthcare providers are often uncomfortable discussing sexual orientation and gender identity.

As a healthcare provider, what can I do to reduce these disparities?

A. Health care professionals have a critical role in helping families and schools recognize, accept and support LGBT youth.
B. Like all new skills, discussing sexual orientation, gender identity and relationship issues of LGBT patients, including sexual practices, becomes easier with practice.
C. Learning about LGBT health issues across the lifespan can increase competent care.
D. Recognizing unconscious bias is the first step to providing better care. Test yourself at: https://implicit.harvard.edu/implicit/

E. Including sexual orientation and gender identity in EHR will prompt questions and discussions, help families learn how to provide support, reduce health risks of teens.
F. Showing acceptance and support of LGBT patients in healthcare can improve adherence to treatment recommendations and health outcomes.
G. Creating an inclusive, nondiscriminatory environment for LGBT people within UCDHS has begun.

UC Davis School of Medicine is implementing a four-year competency based curriculum incorporating information on the healthcare issues and disparities associated with sexual minority status. Our goals: 1) that LGBT patients in our system feel as valued and supported as their non-minority peers; 2)rthat we become aware of our own unconscious biases. Through education and training, we can improve our own comfort and competence in communicating with and providing services for LGBT patients and their families.

Selected References

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Edward J. Callahan, Ph.D. Associate Dean, Academic Personnel, University of California, Davis, School of Medicine. Internal communication preceding inclusion of gender identity and sexual orientation demographics in the Electronic Health Record, October 23, 2012.