

Toward Better Care for Lesbian, Gay, Bisexual and Transgender Patients

BY DIONNE HART, M.D.

Studies have shown that the health status of lesbian, gay, bisexual and transgender (LGBT) people generally is worse than that of the population as a whole. This is in part because these individuals have not been well-served by the health care establishment. This article describes ways physicians can begin to better care for this population and provides tips for making practices more welcoming to LGBT patients.

As an African-American woman, psychiatrist and program manager of the Lesbian, Gay, Bisexual and Transgender Affirmative Action Committee at the Federal Medical Center in Rochester, I am very aware that treating patients well requires having knowledge not only about their physical symptoms and medical condition but also about their ethnicity, sexual preference and socioeconomic circumstances.

My own background has influenced my thinking about this issue. I was raised in suburban Chicago by a father born in 1920 and a mother born in 1941. Their 20-year age difference alone was significant, but so were their perspectives. My father came of age during the time of Jim Crow laws; my mother during the civil rights era. When I was growing up, I was exposed to both my father's fear of the consequences of breaking barriers and my mother's drive to fight against oppression. All my life, I have struggled to balance these two influences both personally and professionally. That

experience has proved invaluable as I have worked with patients and sought to raise awareness among my peers and colleagues about the issues faced by groups that are marginalized.

Like many others, my thinking has been influenced not only by personal experience but also by changes in society. Our thinking about homosexuality has been changing rapidly. Last fall in Minnesota, we saw a proposal to amend our Constitution and ban gay marriage defeated. This year, we saw passage of a bill to legalize same-sex marriage, which Gov. Mark Dayton signed into law in May. A month later, the U.S. Supreme Court ruled the Defense of Marriage Act unconstitutional, therefore bestowing federal benefits upon married same-sex couples.

The medical community's understanding of the needs of LGBT people has been evolving for some time. For example, homosexuality was listed as a medical disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM) up until 1973; gender identity disorder wasn't replaced until May 2013. In recent years, clinicians and public health researchers

have become increasingly aware that there are disparities between the health of the LGBT population and that of the general public.¹ A 2008 issue of the *Journal of Homosexuality* delineated factors that contribute to those inequities: lack of access to health care, utilization of care, training of medical and mental health providers, and preparation of clinical offices and waiting areas.²

With Minnesota's gay marriage law and the Supreme Court's ruling, LGBT individuals may now feel more comfortable being out about their sexual orientation. They'll have better access to health care, as many will now be eligible for health insurance coverage through their spouse's employer. In addition, provisions in the Affordable Care Act will bring more people onto health insurance rolls, some of whom will be LGBT. For those reasons, physicians and other health care providers will likely be seeing more LGBT patients in their practices.

To best serve these patients, we need to become knowledgeable about their health needs and work to make our practices more welcoming to them.

Become Knowledgeable

Physicians can do a number of things to become more competent at providing care to LGBT individuals. The first is to become educated about this population and the health conditions for which they are at risk.

Nearly 4% of Americans and 2.9% of Minnesotans identify themselves as a sexual minority (lesbian, gay, bisexual, transgender).³ Lesbians and gay individuals are those who are sexually attracted to members of the same gender. A bisexual person is attracted to people of both genders, and a transgender individual is one whose gender identity or expression differs from their birth sex.

LGBT individuals are often considered a hidden minority. Unlike ethnicity or cultural background, sexual orientation often is not apparent. In the clinical setting, LGBT patients may be unlikely to reveal information about their sexual orientation because they fear discrimination. Furthermore, physicians and other health care providers may be hesitant to ask about it. On average, medical students receive less than 10 hours of education about taking a person's sexual history over the course of their training.⁴ Because they haven't been taught to do so, physicians may feel uneasy asking questions about a patient's sexual behaviors and may not bother to do so. This can shut down communication between a physician and patient, which can influence health outcomes, as a poor patient-physician relationship can affect treatment compliance. If an LGBT individual has a negative encounter with a physician or other health care provider, he or she will be less likely to return for future appointments or to comply with recommendations.⁵ Studies have shown that lesbians delay getting health care at more than twice the rate of heterosexual women (27% vs. 12%) because of previous negative experiences with health care providers.⁶

Health Concerns

LGBT individuals are at risk for a number of health problems. They are 40% to 70% more likely to smoke than heterosexuals. Because homosexual men use tobacco at a much higher rate than heterosexual men, they have an increased risk of lung disease, lung cancer, heart disease and high blood pressure. Lesbians are between 1.5 and two times more likely to smoke than heterosexual women.⁷ A number of studies have also suggested that lesbians are significantly more likely to drink heavily than heterosexual women, and bisexual women report more hazardous drinking than heterosexual or lesbian women.⁸⁻¹¹ One study in the metropolitan Chicago area found lesbians to be almost three times more likely to report problems with alcohol use than heterosexual women.¹⁰

Alcohol and drug abuse may contribute to risky behaviors such as having multiple sexual partners and engaging in unsafe

sexual practices. Homosexual men, especially those who are members of minority groups, are at a higher risk for contracting HIV and other sexually transmitted infections (STIs) than the general population; lesbian women are underdiagnosed with STIs because of their perceived lack of risk.¹²

African-American and Hispanic lesbian and bisexual women are more likely to be overweight or obese, which puts them at risk for such problems as polycystic ovarian syndrome, sleep apnea, dyslipidemia, hypertension, type 2 diabetes, coronary heart disease and cerebrovascular events.¹² And because they are less likely than heterosexual women to have had a full-term pregnancy (and therefore had less exposure to the hormones thought to protect women against various cancers), lesbian women may be at higher risk for breast, endometrial and ovarian cancers.¹²



Resources for Health Care Providers

Cabaj RP, Stein TS: *The American Psychiatric Press Textbook of Homosexuality and Mental Health*. Washington, DC, American Psychiatric Press, 1996

American Medical Association. "Patient Sexual Health History: What You Need to Know to Help." (www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/glb-t-advisory-committee/glb-t-resources/communicate-lgbt-patients.page)

Petros, L, Drescher J, Barber ME: *LGBT Casebook*. Washington, D.C., American Psychiatric Press, 2012

Gay and Lesbian Medical Association (www.glma.org)

Transgender Care (www.transgendercare.com/default.asp)

Human Rights Campaign (www.hrc.org)

Top Health Issues for LGBT Populations Information and Resource Kit- Substance Abuse and Mental Health Services Administration (www.samhsa.gov)

CDC Lesbian, Gay, Bisexual and Transgender Health (www.cdc.gov/lgbthealth)

HHS Healthy People 2020 (www.healthypeople.gov/2020/default.aspx)

Fenway Health (www.fenwayhealth.org)

National Coalition for LGBT Health (<http://lgbthealth.webolutionary.com/content/resources>)

Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding* (www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx)

The Joint Commission. *Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide* (www.jointcommission.org/lgbt/)

National LGBT Health Education Center. Learning modules (www.lgbthealtheducation.org/training/learning-modules)

Members of the LGBT community are also at greater risk for violence and mental health issues than the general population. Studies have shown that lesbian women and gay men report experiencing harassment or physical violence from family members due to their sexual orientation. In addition, when compared with straight adults (17.5%), a significantly higher percentage of lesbian or gay adults (56.4%) and bisexual adults (47.4%) report experiencing intimate partner violence.¹³ Lesbian women are also less likely to report domestic violence.¹² LGBT youths are twice as likely as heterosexual youths to have attempted suicide. In one Minnesota school district, nine teenagers committed suicide and a number of others attempted it between 2009 and 2011.¹⁴ Some of those victims were homosexual, perceived as homosexual, or did not dress according to their birth gender. In Rochester, my community, a 17-year-old jumped to his death from a pedestrian bridge last year after being tormented for being gay.¹⁵ One study showed nearly one-third of all adolescent male suicide attempts are linked to a crisis over sexual orientation.¹⁶

In 1996, Cochran and colleagues found that the prevalence of panic attacks and major depression was greater in homosexual or bisexual men than in heterosexual men (17.9% vs 3.8% and 31% vs 10.2%). Lesbian or bisexual women had a greater 12-month prevalence of generalized anxiety disorder (14.7%) compared with heterosexual women (3.8%).¹⁷ That study also found gay or bisexual men and lesbian or bisexual women used mental health services more often than heterosexual men and women.¹⁷

Questions to Ask

Once they are aware of the health concerns of LGBT patients, physicians need to know whether their patients are at risk for them. Often, this requires broaching the topics of sexuality and sexual behavior. Physicians should be direct in their approach—the goal being to elicit information that helps

them ensure that patients receive appropriate screenings and care. Questions to ask might include: How do you identify in terms of sexual orientation? Do you have any questions, concerns or comments about your gender or gender identity? Have you had sex with men, women, transgender men or transgender women? When you have sex, do you have oral sex, vaginal sex or anal sex? How often do you use condoms when having oral sex, vaginal sex or anal sex? When is the last time you had sex without a condom? Do you have a primary sexual partner? Do you have a casual sexual partner? When was the last time you were tested for HIV? What were the results?

Once they have answers, physicians can ask about issues such as drug or alcohol use and help those who may be substance-dependent get into treatment; make sure patients are screened for chronic diseases and cancers for which they may be at risk; and ensure that mental health needs are identified and addressed.

Create an LGBT-Friendly Practice

In addition to becoming schooled in the potential health problems of LGBT patients, physicians and clinic staff can do a number of things to make the clinic a comfortable environment. First, they should become familiar with terminology used by and to describe members of the LGBT community. For example, “sexual orientation” refers to an individual’s physical and/or emotional attraction to members of the same and/or opposite gender. “Coming out” (of the closet) refers to disclosing one’s same-sex orientation to others. “Gender identity” is a person’s basic sense of being male or female, in between or neither. “Gender expression” refers to an individual’s appearance, personality and behavior. A “transgender person” is one whose gender identity or gender expression differs from their birth sex.

All staff including the clinic’s schedulers should be expected to find out about and use patients’ preferred pronouns (for example, to find out whether a transgender person prefers he or she) and gender-neutral terms such as partner and co-

parent. They also should ask for the patient’s chosen name and legal name, and provide a blank space in forms for gender.

In the examination room, physicians and other staff should refrain from making assumptions about a person’s gender identity or sexual orientation. Physicians and other providers should always ask how patients identify and wish to be addressed. Providers and staff should use the pronoun the patient prefers even when the patient is not present, and they should explain to patients that for legal reasons their preferred pronoun may not be used in all documentation, as some insurance companies and government programs need to know the person’s legal sex in order to ensure payment.

Clinics also can place LGBT-friendly and gender-neutral signs and materials in waiting and other areas. They can display symbols such as the rainbow flag, the pink triangle or the Safe Zone image to convey that it is a safe place for LGBT patients. Attending pride events and observing National Freedom to Marry Day (February 12), Day of Pink (April 10) and National

The DIVERSE Approach to Creating an LGBT-Friendly Practice

- Display LGBT-friendly symbols and signs.
- Identify yourself as an LGBT-friendly provider in the Gay and Lesbian Medical Association’s online directory (www.gлма.org).
- Verify that you and your staff are meeting the needs of your LGBT patients by asking about it in post-visit surveys.
- Educate yourself and your staff about the health issues faced by LGBT patients.
- Refrain from making assumptions about a person’s sexual orientation or gender identity.
- Support the LGBT community by attending and acknowledging events.
- Ensure gender-neutral language is used on forms and in communications when possible.

Coming Out Day (October 11) will speak volumes to both your staff and patients.

After the visit, clinics should follow up with patients to find out how they were treated by staff. Did they feel welcome? Were their needs met during care planning and treatment? Their feedback can help you make the clinic more welcoming. And by asking for such feedback, the clinic is building a positive relationship with the patient.

Becoming familiar with resources in the community for LGBT people is also important to providing excellent care. Build a network of experts and organizations to which patients can be referred. The Gay and Lesbian Medical Association (GLMA) has an online searchable directory of primary care providers, specialists, therapists and dentists who are LGBT-friendly (www.glma.org).

It is important that you and your staff understand that making your clinic LGBT friendly is an ongoing process. Attending LGBT-focused continuing education courses, sharing articles and online resources, and talking about the issue at staff meetings are ways to continue to improve the care you provide.

Conclusion

The physician-patient relationship remains a critical factor in determining health outcomes. In part, that's because patients who have a good relationship with their doctors are more likely to disclose accurate information and comply with their recommendations. Passage of the Affordable Care Act and Minnesota's same-sex marriage law and the recent Supreme Court decision to strike down the Defense of Marriage Act should ensure greater access to health insurance and health care for LGBT patients. But unless these patients feel they are being understood by and can trust their physicians, having access to care will only go so far in improving health.

As physicians, we have a moral obligation to address health care disparities. Becoming more knowledgeable about and

Resources for Patients

Gay and Lesbian Medical Association (www.glma.org)

Parents, Family and Friends of Lesbians and Gays (www.pflag.org)

Human Rights Campaign (www.hrc.org)

The Trevor Project (www.thetrevorproject.org)

Suicide Prevention Resource Center: Preventing Suicide among LGBT Youth Kit (www.sprc.org/LGBTYouthWorkshopKit.asp)

Mayo Clinic video on teen suicide (www.youtube.com/watch?v=3BBYqua7bhto)

True Colors (<http://ourtruecolors.org>)

Gay, Lesbian, Bisexual and Transgender Helpline (888-340-4528)

The Pride Institute (800-547-7433)

making our clinics and hospitals more hospitable for our LGBT patients is the least we can do for this long-overlooked population. **MM**

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