

Primary Care of LGBT Patients



American Medical Student Association
Committee on Gender and Sexuality



Thanks to the UC Davis LGBT People in Medicine for the original material and inspiration.

Presentation Outline

- Background
- Barriers to care for LGBT patients
- LGBT-specific health concerns
- How to make your practice friendly

Background

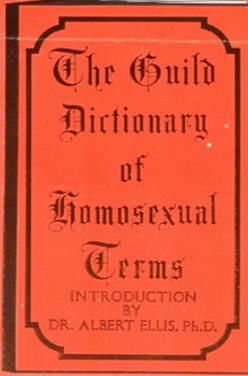
- Primary care for LGBT patients is in most ways exactly the same as primary care for other patients
- LGBT patients may face specific barriers to healthcare related to sexuality and gender identity
- In some cases, identity or behavior may influence specific health concerns
- Everyone can take a few small actions to make their practice of medicine friendlier

Terminology

- Large variety of words people in the LGBT community use to describe themselves
- Important to respect language choices
- LGBTQIA: for every letter, there are people for whom the word is an important identity

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Terminology

- LGBTQIA =
 - Lesbian, **G**ay, **B**isexual,
 - Transgender: someone whose gender identity does not match their anatomical sex
 - Queer (sometimes **Q**uestioning)
 - Intersex: an individual who is born with external/internal genitalia and/or secondary sex characteristics determined as neither exclusively male nor female
 - **A**lly: someone who doesn't identify as, but supports alphabet soup. (More on being an *ally* later...)

Limited Access to Medical Care for LGBT People

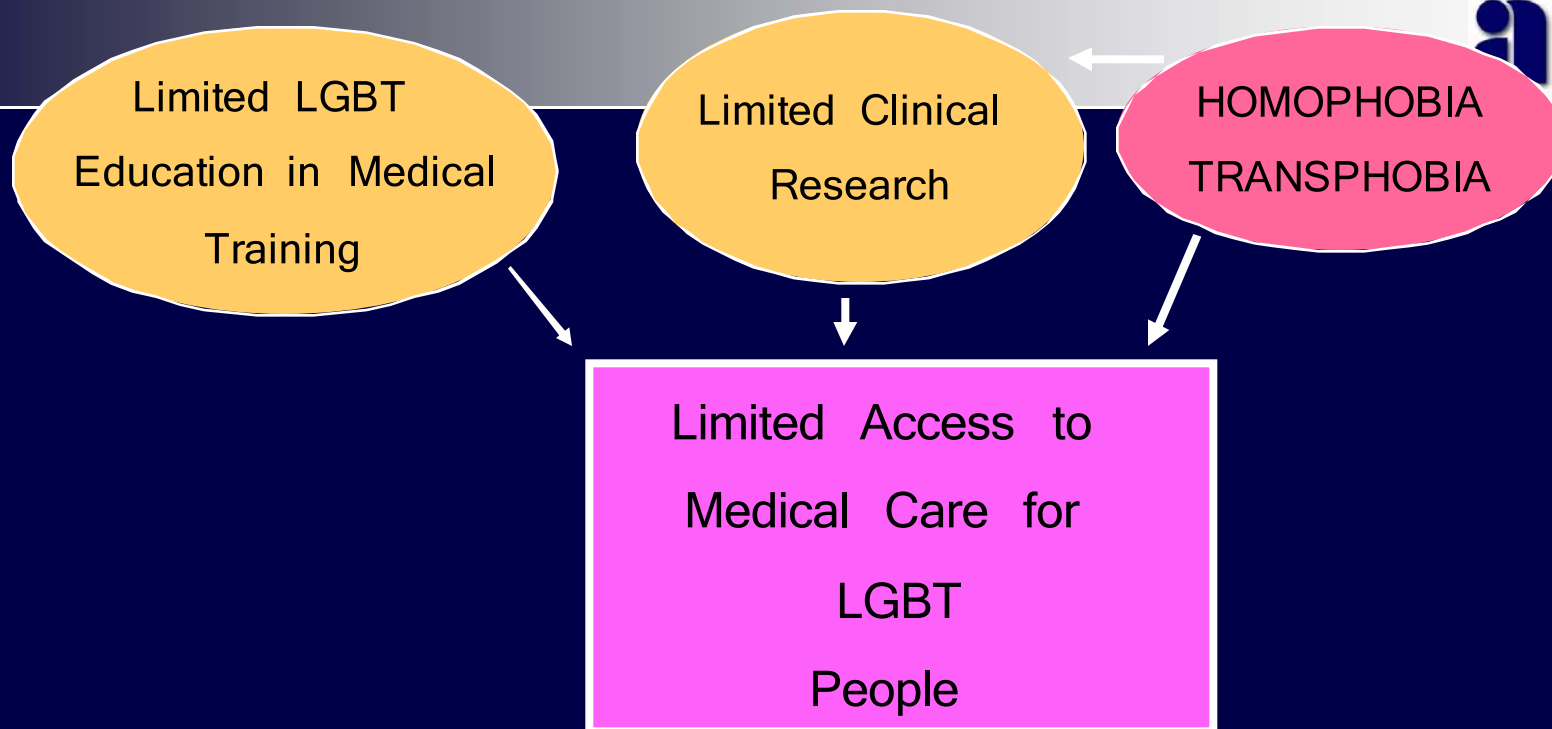


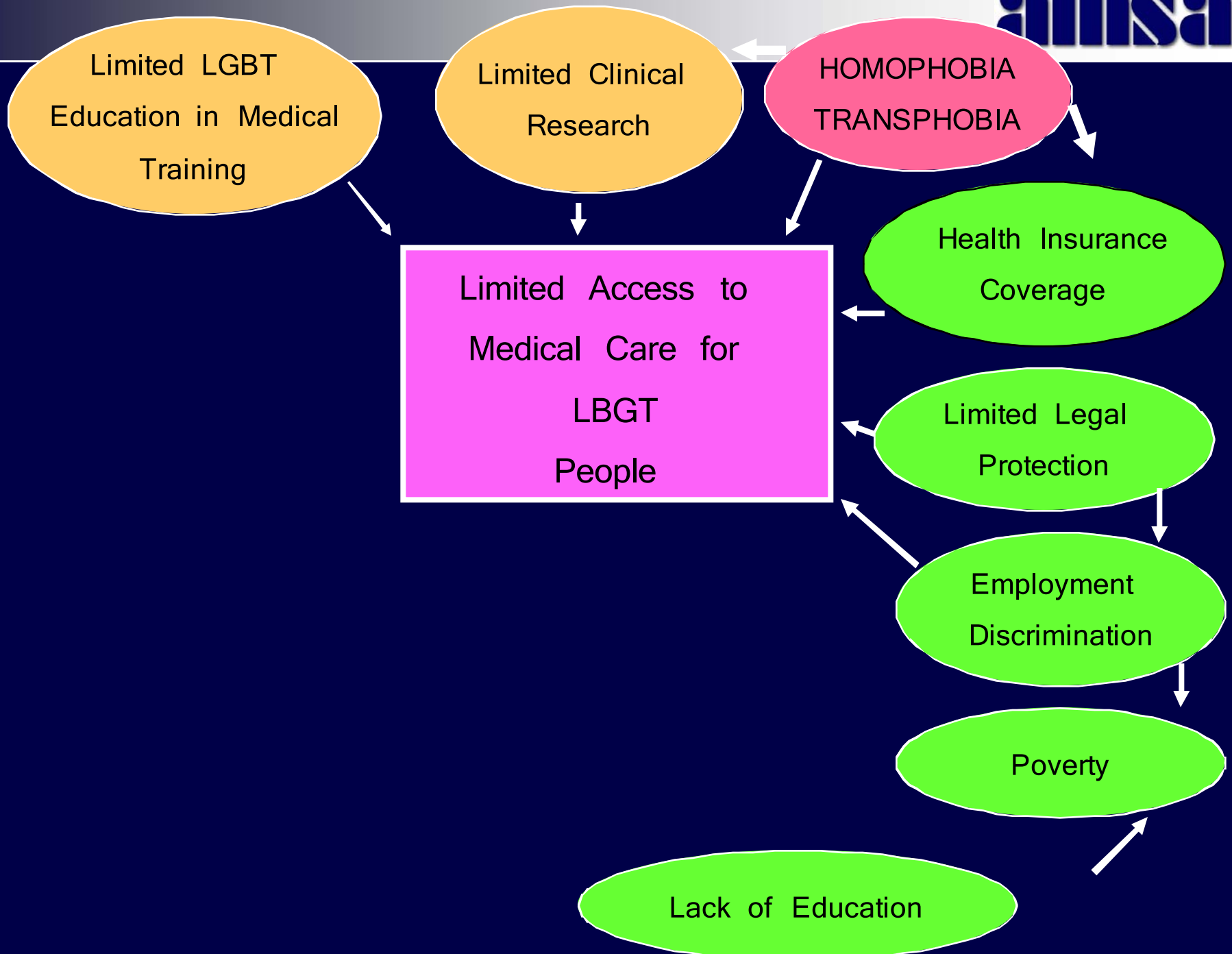
Limited LGBT
Education in Medical
Training

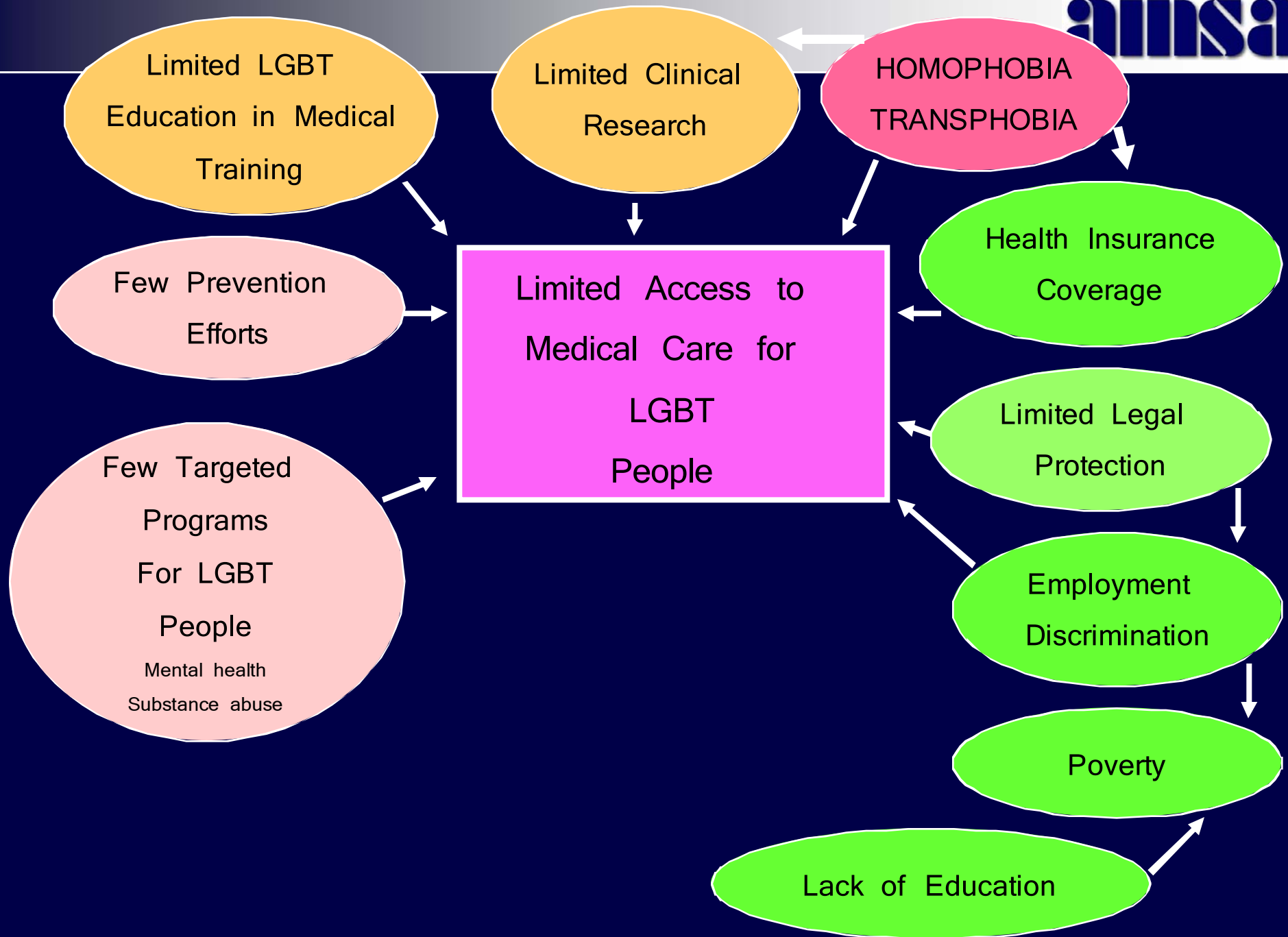
Limited Clinical
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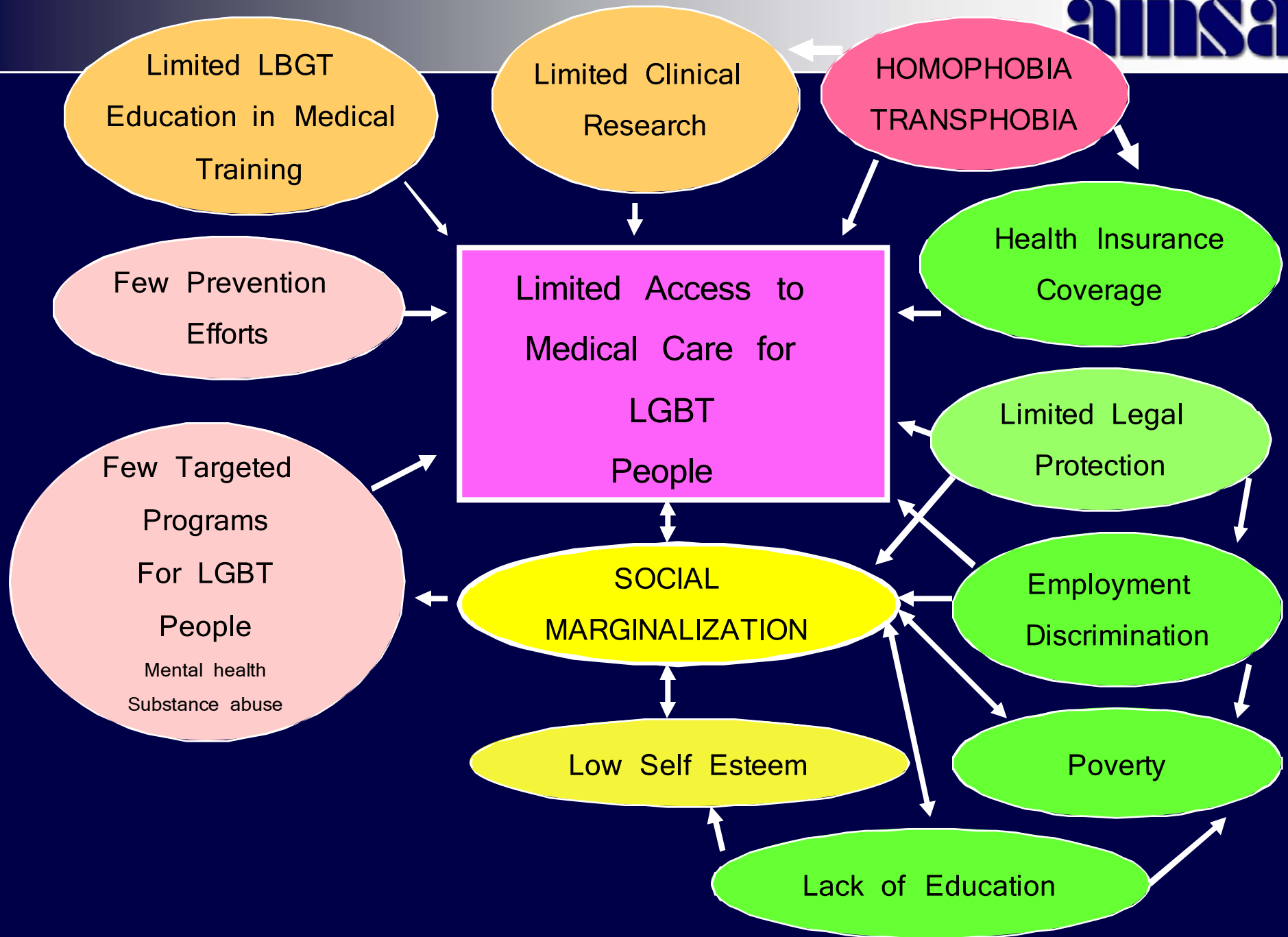
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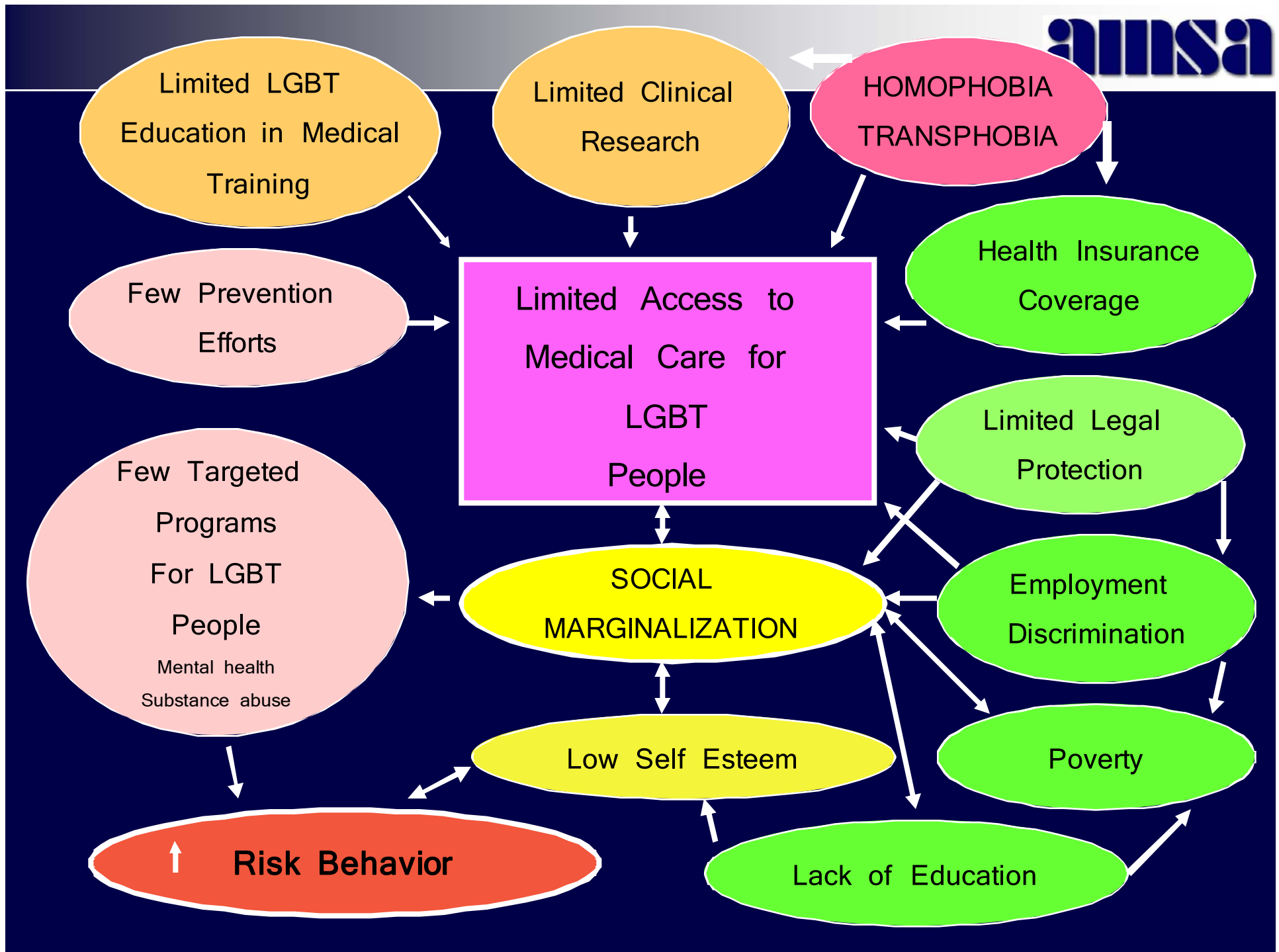












LGBT Health

- Being gay or lesbian is not genetically or biologically hazardous
- Stigmatization and marginalization, regardless of whether an individual identifies as lesbian, gay, bisexual or transgender, are the primary reasons for the health disparities in the LGBTQI community.
- It is sexual behavior, not sexual orientation, determines STD/STI risk
- Other kinds of risk MAY be specific to identity, rather than behavior (think about mental health issues)

LGBT Health Concerns

- Hate Crimes: Victims of more violent physical assaults
- Substance Abuse
 - LGBT population: 20-30%
 - General population: 10%
- Raising Families: LGBT individuals have unique fertility concerns
- Domestic Violence: Similar rates of DV among same-sex couples but less screening by health care workers





LGBT Youth

- Denied many adolescent “Rites of Passage”
- Fewer role models
- Lack of healthy outlets for sexual exploration
- Missing these experiences can stifle normal development
- Verbal and Physical Violence
 - 1 in 3 LGBT Youth in Chicago had an object thrown at them and 1 in 5 had been kicked, punched, or beaten because of their sexual orientation (2000)
- Suicide and Depression
 - Nearly one third of all adolescent male suicide attempts are linked to a crisis over sexual orientation





Lesbian Health - Cancer



- Increased risk of Breast Cancer
 - Fewer pregnancies
 - Higher prevalence of obesity (a BC risk factor in post-menopausal women)
 - Increased alcohol use
- Increased risk of Cervical Cancer
 - Many lesbians have had or will have male sexual partners
 - HPV can be transmitted by sharing sex toys that have not been properly cleaned
- Increased risk of Ovarian and Endometrial Cancer
 - Decreased number of pregnancies
 - Decreased use of oral contraceptives
- All of these risks are made more substantial because of delayed diagnosis

Lesbian Health – Sexual and Reproductive Health

Sexually Transmitted Infections (STIs)

- Lesbian sex can transmit most STIs – it is important to offer screening to lesbian and bisexual women on the same basis as heterosexual women.
- Common vaginal infections can also be spread during woman-to-woman sexual contact



Reproductive Health

- Fertility assistance - it is possible for both women to be biological parents if one woman donates eggs and resulting embryos are implanted in her partner's uterus.
- Seeking a court's validation of both women as legal parents is advisable.



Gay Male Health



Sexually Transmitted Infections (STIs)

- Hepatitis A and B are vaccine-preventable diseases, but physicians and patients often do not discuss due to embarrassment or lack of knowledge.
- Men who have sex with men (MSM) are at higher risk of both HAV (oral-fecal) and HBV (sexual contact)
- MSM youth are particularly vulnerable to STIs due to lack of supportive environments and limited prevention information (ie. “abstinence only”)

Anal cancer – caused by HPV, but HIV+ men at higher risk because:

- Immunocompromised patients have higher incidence of anal cancer
- Decreased CD4+ count associated with increased progression to anal cancer.
- AIDS also increases risk of non-Hodgkin's lymphoma and Kaposi's sarcoma
- Gay men who regularly have receptive anal sex are recommended to get anal pap smears

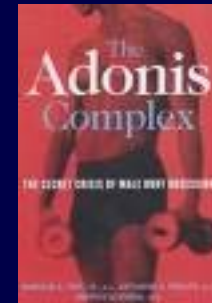
HIV and AIDS



- Although no longer the primary population affected by HIV, HIV/AIDS continues to have a profound effect both physically and psychologically on this community.
- **FDA bans gay men from participating in blood drives and sperm banks**
- Drug use is being blamed for more risky sexual behavior in the gay community and an increase in HIV infection rates.
- Many of those infected with HIV are unaware
- CDC reports over 50% of all new MSM HIV infections are in youth ages 14-24.



Gay Male Health



Crystal methamphetamine

- a.k.a. Tina, Crissy, crystal, bump, speed, tweak
- Crystal Meth use significantly increases risk of HIV transmission

Eating Disorders

- Eating disorders are not uncommon in the gay male culture
- Social pressure to conform to physical ideals is pervasive

“On the down-low”

- Due to social pressure, some men lead a double life by having a girlfriend/wife and a male lover.

Transgender Health - Basics



MTF (Male to Female) Therapy

- Breast Implantation
- Hormone Therapy
- Genital Surgery
- Reconstructive Surgery
- do not have their prostate removed and still are at risk of prostate cancer



FTM (Female to Male) Therapy

- Breast Reduction
- Hormone Therapy
- Genital Surgery
- Reconstructive Surgery
- still at risk of breast cancer in spite of breast reduction surgery
- risk of cervical and ovarian cancer

<http://tsresource.info/ouster.htm>

Transgender Health - Disparities

Physical and sexual violence

- High rates of violence, large numbers of murders
- Large percentage (14% in one survey) report being victims of sexual assault

HIV/AIDS: MTF sex workers at particularly high risk for HIV

Substance abuse: Lack of culturally appropriate treatment programs

Suicidal ideation and attempt

- Ideation rates of up to 64%, mainly due to gender identity issues
- High rates of suicide attempt

Lack of health insurance/health insurance coverage

Transgender Health - Controversy

- Identifying as transgender is not a mental illness
- Cannot be objectively proven or confirmed
- Requires a close patient/physician relationship because transitioning transgender individuals depend on the medical system for diagnosis and therapy (hormones, surgery, psychotherapy)
- World Professional Association for Transgender Health (formerly HBGDA) publishes Standards of Care
- “Gender Identity Disorder” remains in the DSM-IV-TR
 - Homosexuality was removed in 1987
 - Used to justify medical treatment of transgender individuals and gain insurance coverage
 - Elimination of diagnosis may result in loss of insurance coverage for medical treatment

Intersex health

- Although still mislabeled by society as “hermaphrodites” and by the medical community as having “ambiguous genitalia,” many of these individuals prefer to be called “intersexed” – they lie on a spectrum between 2 sexes.
- Current debate about terminology – “disorders of sex development”
- National advocacy organizations state that no sex assignment surgery be performed on the infant, but rather, wait until the individual is old enough to participate in the decision making.

How health care providers can change their practices

- Educate yourself – visit the AMSA website and download free white coat cards about LGBT health and check out the Resources slide at the end of the presentation
- Safe Space: present visual cues - posters, stickers, magazines, pamphlets
- Revise intake client forms with more options for gender using neutral terms like “partner/spouse” and “parent one/parent two” on forms
- Make sure you and your staff know what pronouns to use when referring to a transgender patient or same sex partner, even when the patient is not present
- Don’t assume that identity defines behavior or vice versa

Increasing LGBT sensitivity

- Include chosen name and legal name as well as a blank space for gender on intake paperwork
- Establish an effective administrative policy for addressing discriminatory comments or behavior within your office or organization
- Remember to keep the focus on care rather than indulging your personal curiosities
- Keep in mind that a LGBTQI patient is not always a training opportunity for other health care providers. Ask permission before bringing in a student, resident or colleague.

Increasing LGBT sensitivity

- It is inappropriate to ask the genital status of a transgender patient if it is unrelated to their care.
- Never disclose a person's transgender or sexual orientation status to anyone who does not explicitly need the information for care.
- Humanism in medicine: be compassionate, don't judge. Work for the best interest of your patients.

Things NOT to say

- “I have to ask – do you have sex with men, women, or both?”
- “You are so different from other gay people.”
- “You’re not at risk for HIV. . .” (women patients)
- “It must be easier to find someone to date” (bisexual patient)
- “Are you the man or the woman in the relationship?”

Things NOT to say

- “You’ve never had sex with men (or women), right?”
- “What is the difference between the schizophrenic who thinks he is Jesus and a man who thinks he is a woman?”
- “That’s so gay!”

Things NOT to assume

- All gay men have anal sex and are promiscuous
- Lesbians will not have children.
- Lesbians don't need pap smears.
- All transgender individuals want to have surgery.
- Bisexual individuals are promiscuous and "can't decide"

Resources

- American Medical Student Association's LGBT Health Action Committee (www.amsa.org/gender)
- GLMA – Gay & Lesbian Medical Association (www.glma.org)
- Gay Health (www.gayhealth.com)
- Lambda Legal (www.lambdalegal.org)
- GLBT health Access Project (www.glbthealth.org)
- Bisexual Health (www.biresource.org/health/)
- Transgender Care (www.transgendercare.com/default.asp)
- Intersex Society of North America (www.isna.org)
- PFLAG – Parents, Family & Friends of Lesbians and Gays (www.pflag.org)
- HRC - Human Rights Campaign (www.hrc.org)
- GLAAD - Gay and Lesbian Alliance Against Defamation (www.glaad.org)
- NGLTF - National Gay and Lesbian Task Force (www.ngltf.org)



Thank you!
Any questions?

