

"Gays and lesbians getting married—haven't they suffered enough?"

Gay Marriage Arguments Divide Supreme Court Justices, by Adam Liptak

The justice believed to hold the controlling vote, Anthony M. Kennedy, appeared torn about what to do in a groundbreaking civil rights case.

New York Times, April 29, 2015



Sexual and Gender Minorities in Medicine: *Our Culture and Environment*

Cultural Considerations in the Biomedical Workplace Series

Stanford University School of Medicine

Wednesday, May 13, 2015

5:30-7:00 PM

Gabriel Garcia, MD
Professor of Medicine
Stanford University
San Mateo County LGBTQ
Commissioner

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Disclosures

No financial, industrial, or professional conflict of interest relevant to this presentation.

Other Disclosures

Scientific Advisory Board, Hale Health (M. Lunn)



Session Goals

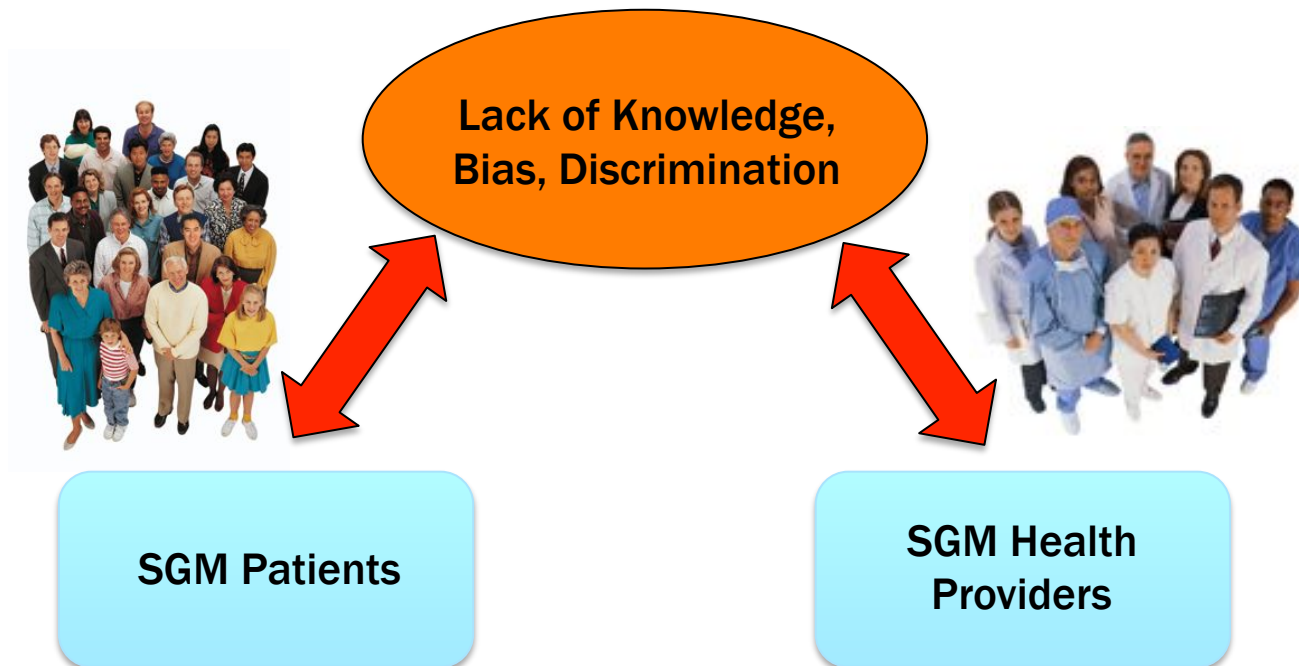
Learn how to (and become) a better medical provider, teacher, mentor, peer, and professional colleague to your

Sexual and Gender Minority (SGM) patients....

....but also SGM medical students, residents, fellows, faculty physicians, nurses, physician assistants, support staff and any other individual involved in the delivery of health care at Stanford.



Session Goals



Session Goals

1. Identify and describe basic terminology and practices related to the care of sexual and gender minority (SGM) patients in medicine
2. Identify and describe health disparities and inequities affecting SGM patients in the United States
3. Evaluate current learning and practice environments related to SGM individuals in medicine.
4. Discuss and brainstorm concrete ways to improve the care of SGM patients and experiences of SGM people in medicine at Stanford and beyond.



Session Structure

1. Introductions and Quiz!
2. Mitchell R. Lunn, MD: “The ABCs of LGBTQ Healthcare”
3. Matthew Mansh, BS (MS IV): “Learning and Practice Environments for Sexual and Gender Minorities in Medicine”
4. Break-out Discussions
5. Gabriel Garcia, MD: “Improving Institutional Learning and Practice Environments for SGM Patients and Providers”
6. Wrap-Up and Questions



Our Pronouns



The ABCs of LGBTQ Healthcare

Mitchell R. Lunn, MD

Clinical Research Fellow in Nephrology, University of California, San Francisco
Co-Director, The PRIDE Study
Founder, Stanford University LGBT Medical Education Research Group



Today's Objectives

- Understand the difference between sex, gender, sexual orientation, gender identity, and gender expression
- Be aware of selected health disparities in lesbian, gay, bisexual, transgender, queer (LGBTQ), and other sexual and gender minority people
- Apply understanding of how sex, gender, behavior, and identity influence health toward conducting LGBTQ-sensitive patient encounters

We don't talk about intersex / differences
in sex development today.

Today's Plan

- Terminology
- Health disparities
- Why ask?
- Why don't providers ask?
- How to ask

Terminology



Gender vs. Sex



Right?

Gender vs. Sex



But what if the family gets Laverne instead of Jessie?



Gender vs. Sex



Sex:

The biological and physiological characteristics that define phenotypic **males and females**.

Gender:

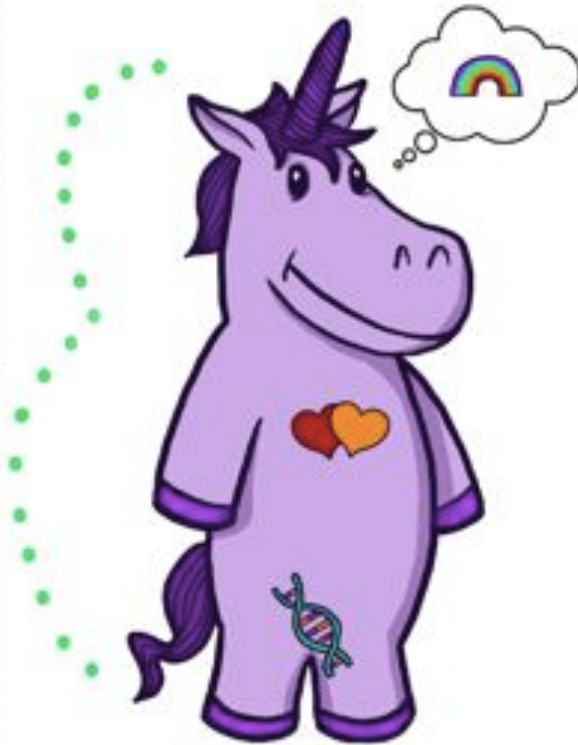
The socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for **men and women**.

"Male" and "female" are sex categories, while "man" and "woman" are gender categories.

Gender vs. Sex

The Gender Unicorn

Graphic by:
TSER
Trans Student Equality Resources



 Gender Identity
Female/Woman/Girl
Male/Man/Boy
Other Gender(s)

 Gender Expression/Presentation
Feminine
Masculine
Other

 Sex Assigned at Birth
Female
Male
Other/Intersex

 Sexually Attracted To
Women
Men
Other Gender(s)

 Romantically/Emotionally Attracted To
Women
Men
Other Gender(s)

To learn more go to:
www.transstudent.org/gender

Design by Landyn Pan

**“Sex is what’s between your legs.
Gender identity is what’s between your ears.”**

The Alphabet Soup

Lesbian
Gay
Bisexual
Transgender
Queer
... and others



[lgbt.ucsf.edu/
glossary-terms](http://lgbt.ucsf.edu/glossary-terms)

Terminology: Basics

Lesbian: A woman whose primary sexual orientation is toward people of the same gender.

Gay: A sexual orientation toward people of the same gender. Often describes a man attracted to men.



Terminology: Basics

Bisexual: A person whose primary sexual and affectional orientation is toward people of the same and other genders.

Transgender:

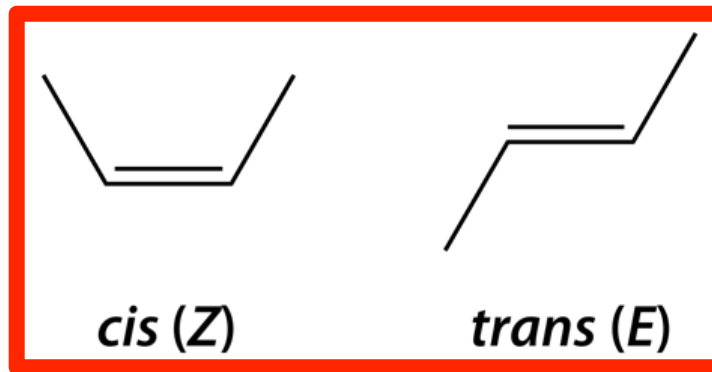
- Someone whose gender identity or expression does not fit dominant social constructs.
- A gender outside of the man/woman binary.
- Having no gender or multiple genders.

Trans*
Transgender Man / FTM
Transgender Woman / MTF

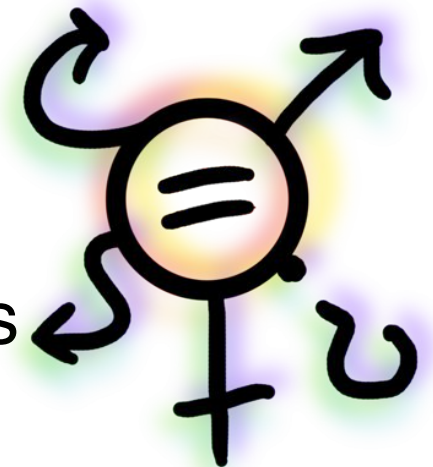


Terminology: Basics

Cisgender: The prefix cis- means "on this side of." Used to call attention to the privilege of people who are not transgender.



GenderQueer: A person whose gender identity and/or gender expression falls outside of the dominant societal norm for their assigned sex, is beyond genders, or is a combination of them.



Terminology: Basics

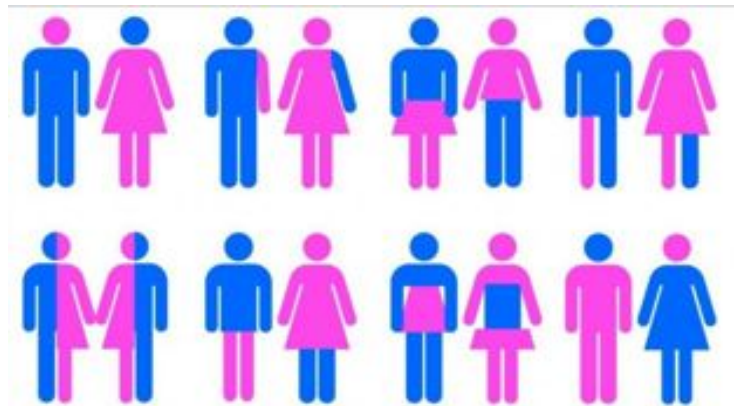
Queer:

- Can include LGBT, intersex and / or asexual
- Some find it offensive
- Some reclaim it as part of the LGBTQ rights movement
- Can be an umbrella term like LGBT
(*e.g.*, "the queer community")



Terminology: Basics

- **Transition:** The process of either “*gender transition*” or “*sex transition*” or “*gender affirmation*” or “*gender confirmation*” processes including social, medical, and or surgical
- **Examples using sexual orientation & gender identity labels:**
 - Lesbian Transgender Woman
 - Straight Cisgender Woman
 - Gay Transgender Man
 - Straight Transgender Man
 - Bisexual Cisgender Man
 - Bisexual GenderQueer Person



Sexual Behaviors

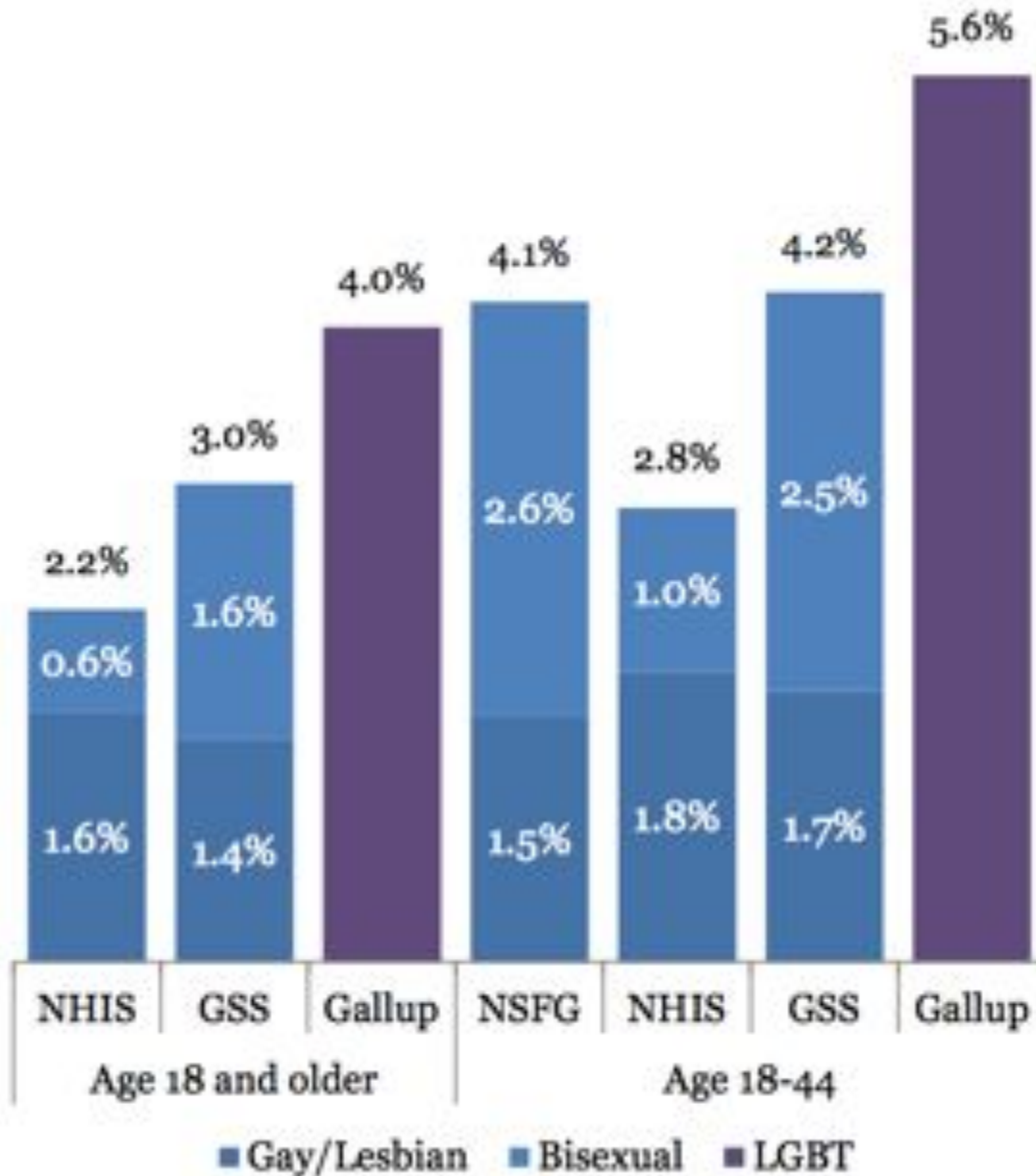
Body Part	Body Part	Term
Mouth	Vulva	Cunnilingus (“eating out”)
Mouth	Penis	Fellatio (“blow job”)
Mouth	Anus	Anilingus (“rim job”)
Finger	Vagina	Fingering
Finger	Anus	Fingering
Vulva	Vulva	Scissoring (“polishing mirrors” “bumping fur”)
Penis	Vagina	Intercourse
Penis	Anus	Anal intercourse



... And many more... 😊

Why Ask?

LGBT Population Estimates



Massachusetts BRFSS
0.5% transgender
(131/28,662)

So...

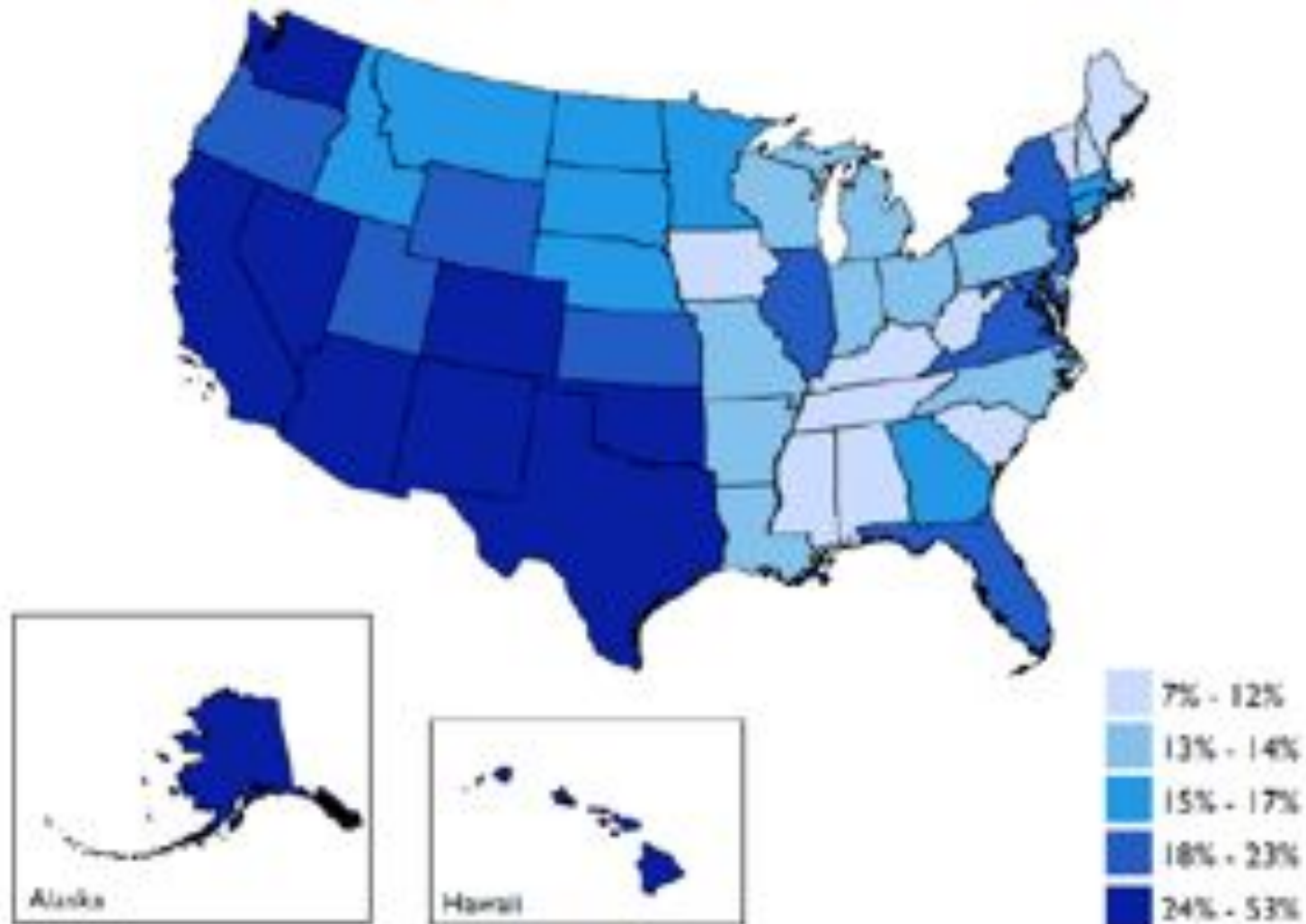
- LGB ~ 6-19 Million
- T ~ 1.5 Million

Conron KJ et al. Transgender health in Massachusetts: results from a household probability sample of adults. *Am J Pub Health*, 2012.

Gates GJ. LGBT Demographics: Comparisons among population-based surveys? The Williams Institute, UCLA School of Law, 2014.

Same-Sex Couples and Race/Ethnicity

Percent of Same-Sex Couples Who are Interracial/Interethnic

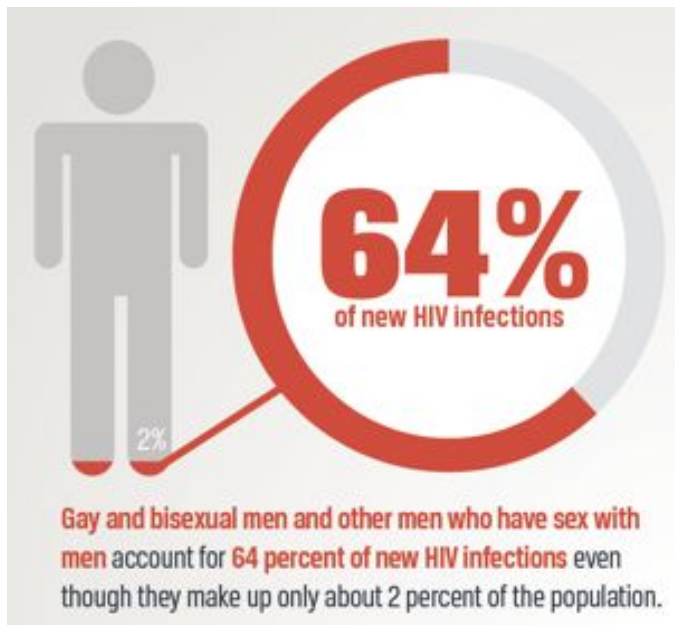
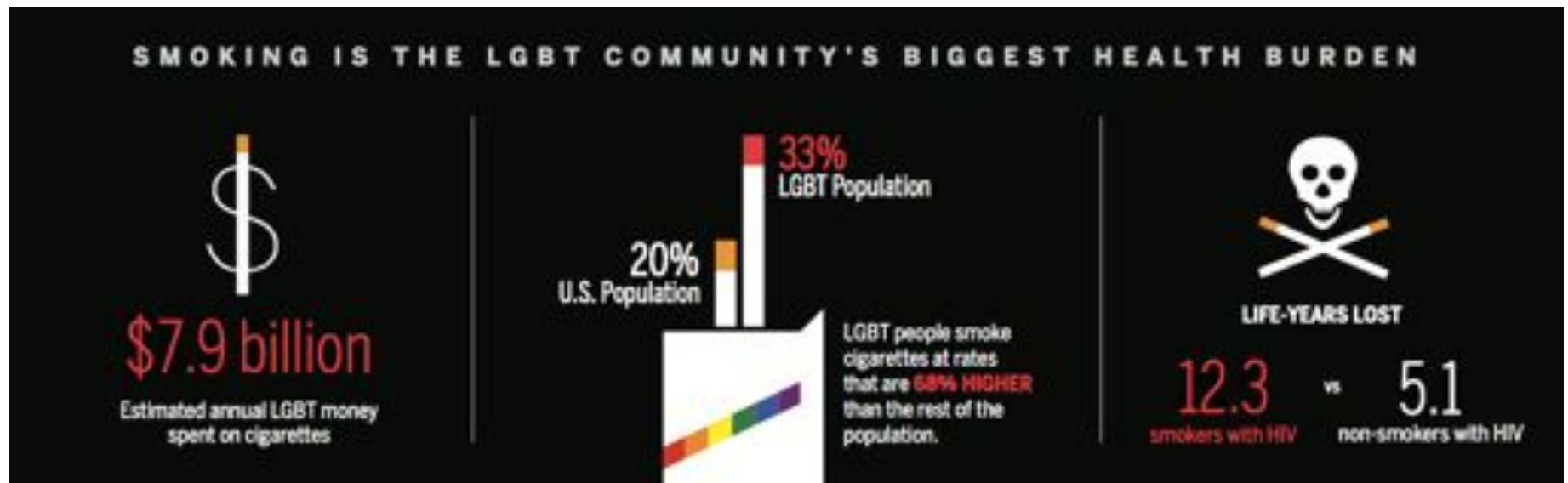


Gates GJ. Same-sex Couples in Census 2010: Race and Ethnicity. The Williams Institute, UCLA School of Law, 2012.

Selected LGBTQ Health Disparities

<https://www.youtube.com/watch?v=c6J8JbBGK-Y>

Selected LGBTQ Health Disparities



References upon request.

Selected LGBTQ Health Disparities



41% of transgender people report having attempted suicide compared to 1.6 percent of the general population.



GENERAL YOUTH
POPULATION



HOMELESS YOUTH
POPULATION

 GAY, LESBIAN, BISEXUAL, TRANSGENDER
 STRAIGHT

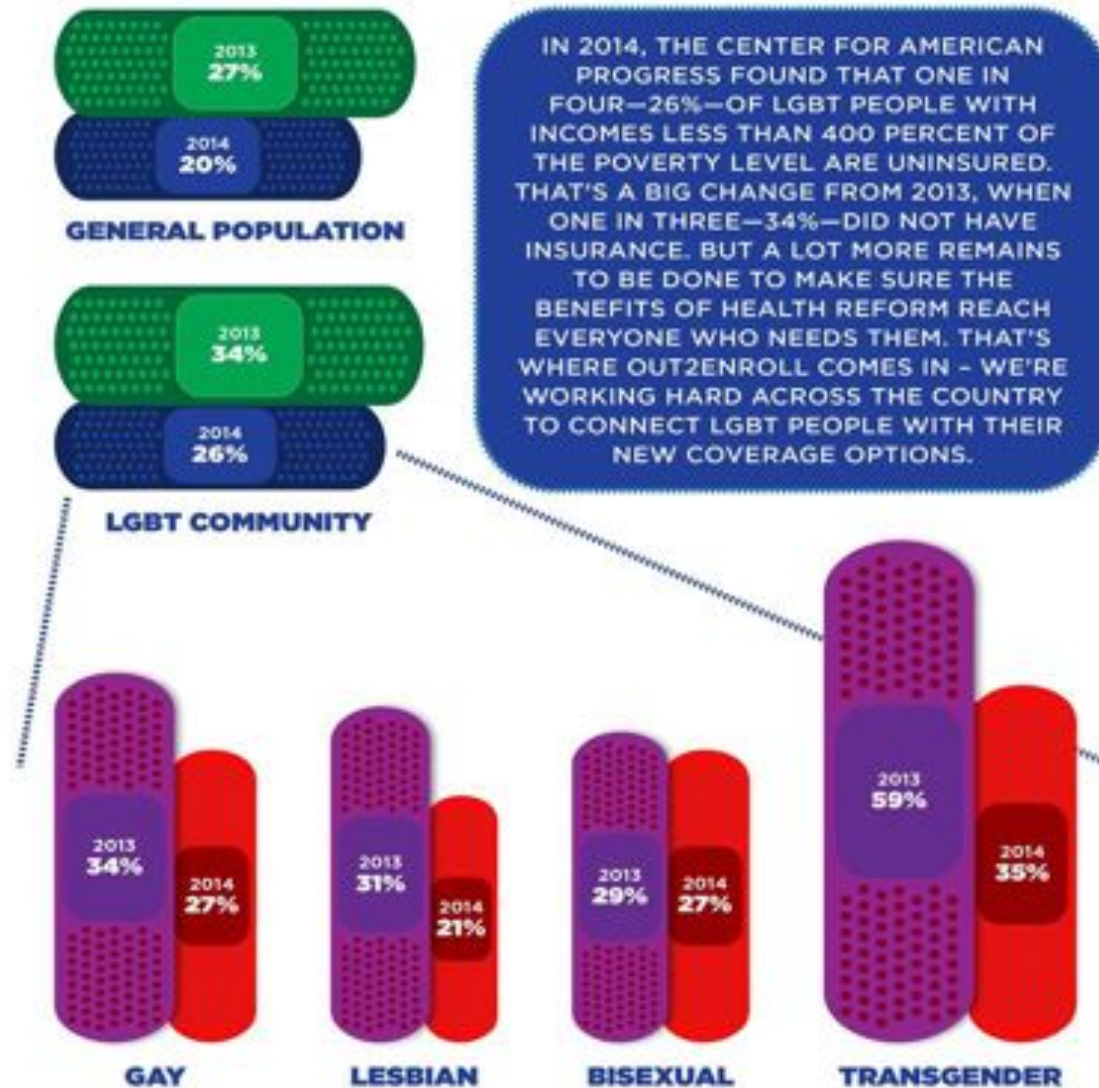
NONE
forty to
project

www.FortytoNone.org

References upon request.

Selected LGBTQ Health Disparities

THE AFFORDABLE CARE ACT MAKES A DIFFERENCE FOR LGBTQ COMMUNITIES



Selected LGBTQ Health Disparities

Among LGBT elders, aged 50+



39% have seriously thought of suicide, and 31% report depression.



47% have a disability.



38% of lesbians do not report receiving regular cervical cancer screenings, leading to a much higher risk of cervical cancer.



12% have reported drug use.



One quarter of transgender elders age 50+ are in poor health, and 22% could not afford to see a doctor.



MORE THAN ONE IN TEN LGBT PEOPLE AGE 50+ have been denied healthcare or provided inferior care.



References upon request.

Selected LGBTQ Health Disparities

- Lesbian and bisexual women are more likely than straight women to be overweight/obese.
- Lesbians are 4 times less likely to have undergone mammography in the past two years compared with heterosexual women.
- Transgender women have 34 times the odds of having HIV when compared with US adult population.
- All sexual minorities have higher reported rates of being a victim of sexual assault than non-sexual minorities.
- **More than 55% of LGB people and 70% of transgender people have experienced discrimination or substandard medical care.**

Most providers do NOT ask about
sexual orientation and gender identity.

Wimberly, YH, Hogben, M, Moore-Ruffin, J, Moore, SE, Fry-Johnson, Y. Sexual history-taking among primary care physicians.
Journal of the National Medical Association. 2006; 98: 1924–1929.

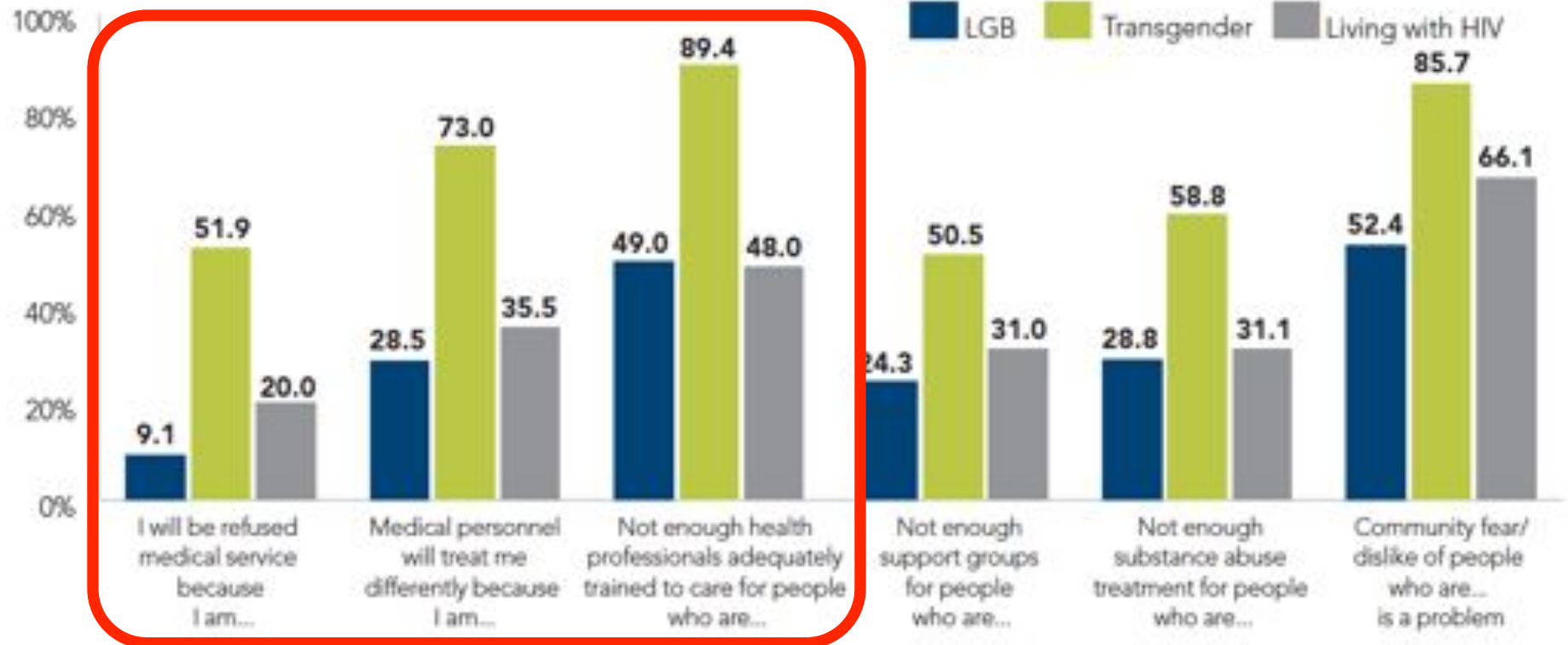
Patients Want LGBT-Specific Care



Lambda Legal
making the case for equality

When Health Care Isn't Caring

Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV



Recent LGBTQ Health Advances

1



Institute of Medicine publishes report on LGBT health and recommendations on data collection and research

2



Former HHS Secretary Sebelius announces actions to improve LGBT health

3



Healthy People 2020 includes improving lesbian, gay, bisexual, and transgender health as a specific goal

4



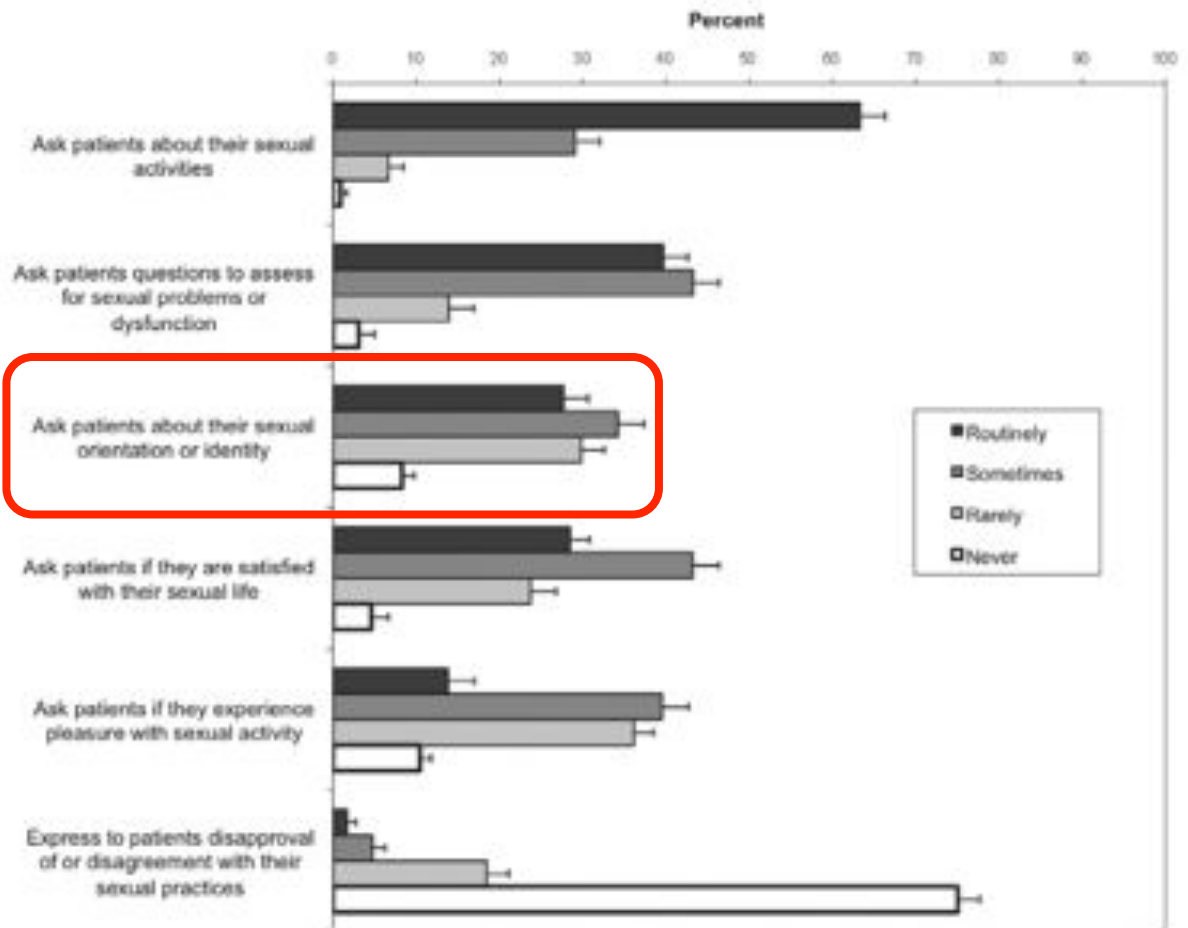
CMS permitted coverage of "transsexual surgery"

Why Don't Providers Ask?

Providers Don't Ask About SOGI

What We Don't Talk about When We Don't Talk about Sex¹: Results of a National Survey of U.S. Obstetrician/Gynecologists

Routinely ask patients about their sexual orientation or identity		
Gender		
Male	1.00 (Referent)	
Female	2.92 (2.09, 4.08)	<0.001
Age		
60 and over	1.00 (Referent)	
46–59	2.50 (1.28, 4.50)	0.005
45 and under	2.40 (1.32, 4.73)	0.006
Type of patient		
General ob/gyn	1.00 (Referent)	
Predominately obstetrics	0.98 (0.64, 1.51)	
Predominately gynecology	1.51 (1.05, 2.17)	0.03



Poor Provider Education

Discussing STIs: doctors are from Mars, patients from Venus

**V Verhoeven, K Bovijn, A Helder, L Peremans, I Hermann,
P Van Royen, J Denekens and D Avonts**

Reasons for Not Taking a Sexual History

- Fear of being intrusive
- Lack of genital complaints
- Ignorance regarding clinical relevance
- Lack of knowledge about what/how to ask
- Unsure how to respond
- Time
- Cultural differences
- Age of patient / Age of provider
- Sex of patient / Sex of provider (F ask more than M)
- Presence of third party in exam room / home

Providers Are Uncomfortable

Survey of Physicians in San Diego County, California

- In 1982, 39% were “sometimes” or “often uncomfortable” providing care to gay patients

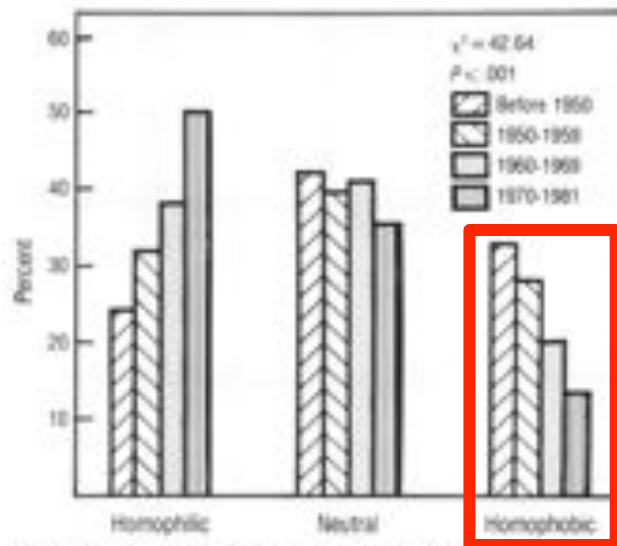


Figure 1.—Heterosexual Attitudes Towards Homosexuality (HATHS) scale results, stratified by year of graduation from medical school.

Doctors who graduated from medical school recently were **less** homophobic than those doctors who graduated earlier.

- In 1999, 18.7% were “sometimes” or “often uncomfortable” providing care to gay patients

If Asked, Patients Answer

Do Ask, Do Tell: High Levels of Acceptability by Patients of Routine Collection of Sexual Orientation and Gender Identity Data in Four Diverse American Community Health Centers

Do you think of yourself as:

- Lesbian, gay or homosexual*
- Straight or heterosexual*
- Bisexual*
- Something else, please describe _____*
- Don't know*

*In the current study, we also asked:
What is your current gender identity?
(Check all that apply)*

- Male*
- Female*
- Female-to-Male (FTM)/Transgender Male/Trans Man*
- Male-to-Female (MTF)/Transgender Female/Trans Woman*
- Genderqueer, neither exclusively male nor female*
- Additional Gender Category/(or Other), please specify _____*
- Decline to Answer, please explain why _____*

*What sex were you assigned at birth on your original birth certificate?
(Check one)*

- Male*
- Female*
- Decline to Answer, please explain why _____*

- 301 patients at 4 health centers
- 9 patients (3%) refused to answer
- 25% were L, G, B
- 15% were transgender
- 78% “agreed” or “strongly agreed” that the information was “important for the medical provider to know about me.”
- Vast majority were satisfied with available choices

Benefit of Disclosure

Disclosure by gay men resulted in increased access to disease screening and prevention.

[Petroll and Mosack. Physician awareness of sexual orientation and preventive health recommendations to men who have sex with men. *Sex Transm Dis.* 2011; 38:63-7.]



271 men who have sex with men (MSM) surveyed

- Most PCPs (72%) knew patients' sexual orientation
- PCP's knowledge of patients' sexual orientations improved screening/prevention
 - 59% versus 13% received HIV testing
 - 32% versus 19% received hepatitis A and B vaccination

Where & How to Ask

Where To Ask

- In-person
 - Initial visit: getting to know the patient, living situation
 - Sexual history if appropriate to complaint
- Intake or Pre-appointment questionnaire
- Patient-reported into electronic health record



Particular Concerns

- Should I Include it in the (electronic) medical record?
- Can I ensure confidentiality?
 - What if medical record is sent out to another facility?

How to Ask (1)

There is no CORRECT way to ask.

We provide only examples here.

Make NO assumptions.

Ask patient when/if appropriate.

Special Considerations

- Setting (*e.g.*, inpatient, outpatient, ICU, home, SNFs)
- Acuity
- Age
- Condition
- Culture race/ethnicity
- Religion
- Family structure / third parties
- Institutional policies and state laws



How to Ask (2)

Gender Identity

- “I also talk to my patients about their gender identity. Do you know what I mean by that?”
- “Some people may feel like their physical bodies do not match with the gender they most identify. Knowing your gender identity also will allow me to care best for you.”
- Ask about preferred pronouns.



Documentation

- “Is it OK with you if I record this information in your medical record or would you prefer I not? It would be included in your record that other providers could see, including outside the hospital.”

How to Ask (3)



- “Tell me a little about your living situation.” OR “Can you tell me a bit about your partner(s)?”
- “Are you in an intimate relationship?”
- “Are you both monogamous in your relationship?”
- “Tell me a bit about your support network.”



How to Ask (4)

- “Like the questions I asked about tobacco, alcohol, and other drugs, I would like to ask some more questions that I ask of all my patients. These ones are about your sexual activity, sexual health, and identity.”



- “Are you sexually active?” “Are your partners men, women, or both?” “What genders are your partners?”
- “Knowing your sexual orientation will help me better care for you...”

How to Ask (5)

Closing

- “Do you have any concerns or questions today?”



Specific Interview Tips

- Use **gender neutral** language.
“Do you have a partner(s)?” “Are you in a relationship?”
- Ask the patient how they **would like to be referred** to and/or how to refer to partner. Respect pronouns.
- Use language **free of assumptions**
Don’t start with: “Are you married?” or “What form of birth control do you use?”
- Ask about **specific sexual activities** in a direct, non-judgmental manner to assess for high-risk behavior. **Consider asexuality/pansexuality.**
- Normalize discussion of **stigmatized** content
(*e.g.*, “atypical” sex practices)
- Ask **who the patient lives with**, who would care for them
- Encourage patients to obtain legal documents that **specify who can make medical and/or legal decisions** for them in accordance with state laws

Conclusions

- LGBTQ people utilize all health services.
- Asking about sexual orientation, attraction, behavior, and gender identity improves health.
- Understanding when, where, and how to ask is important.

Learning and Practice Environments for Sexual and Gender Minorities in Medicine

Matthew Mansh, BS

Medical Student (MS IV), Stanford University School of Medicine
Investigator, Stanford University LGBT Medical Education Research Group



Part II

1. LGBT Content in Undergraduate Medical Curricula
2. Medical Student Comfort and Preparedness
3. Sexual and Gender Minority Identity Disclosure During Undergraduate Medical Education

LGBT-Related Content in Undergraduate Medical Education

Purpose: To characterize LGBT-related medical curricula and associated curricular development practices and to determine deans' assessments of their institutions' LGBT-related curricular content.

Methods: Deans of Medical Education (or designate) at allopathic and osteopathic medical schools in Canada and the United States completed a 13-question, web-based questionnaire

Main Outcome Measure Reported hours of LGBT-related curricular content.

LGBT-Related Content in Undergraduate Medical Education

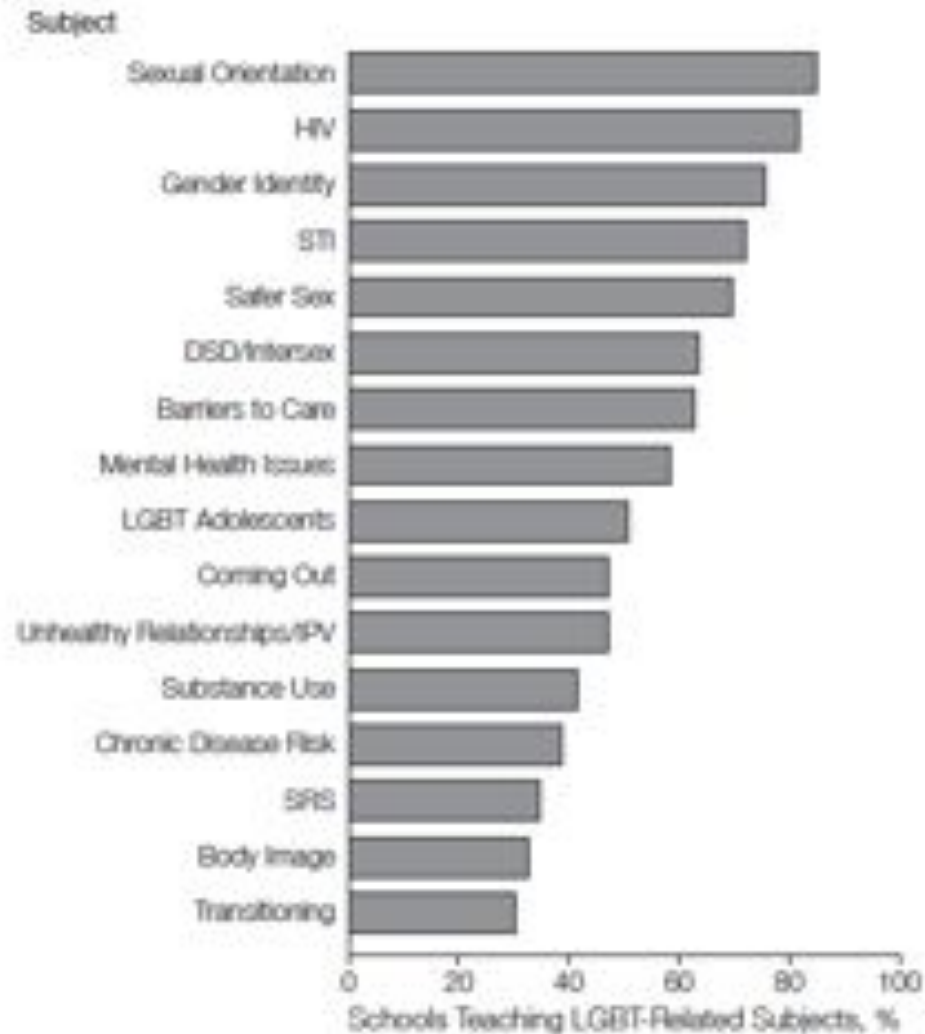
Results: Of 176 medical schools in Canada and the United States, 150 (85.2%) responded; of these, 132 (75.0% overall response rate) fully completed the questionnaire.

The median reported **combined hours dedicated to LGBT content was 5 hours**, 4 during pre-clerkship training and 2 hours during clerkships.

83/132 schools (62.9%; 95% CI, 54.6%-71.1%) reported teaching at least half of 16 topics felt important in LGBT curricula and 11 (8.3%; 95% CI, 3.6%-13.0%) reported teaching all 16

The quality of their schools' coverage of LGBT-related content was rated by the Deans as **“fair” in 58 schools (43.9%; 95% CI, 35.5%-52.4%), and “very poor” or “poor” in 34 (25.8%; 95% CI, 18.3%-33.2%).**

Figure 1. Percentage of Medical Schools Teaching LGBT-Related Topics in the Required Curriculum



Lesbian, gay, bisexual, and transgender (LGBT)-related topics taught during the required curriculum (N=132 survey respondents). HIV indicates human immunodeficiency virus; STI, sexually transmitted infections; DSD, disorders of sex development; IPV, intimate partner violence; and SRS, sex-reassignment surgery.

Table 2. Strategies Cited As Currently or Potentially Successful in Increasing LGBT-Related Content in Curricula (N = 132)

Strategy ^a	No. (%) [95% CI] of Responses
Curricular material focusing on LGBT-related health/health disparities	77 (58.3) [49.9-66.7]
Faculty willing and able to teach LGBT-related curricular content	67 (50.8) [42.2-59.3]
More time in the curriculum to be able to teach LGBT-related content	63 (47.7) [39.2-56.2]
More evidence-based research regarding LGBT health/health disparities	61 (46.2) [37.7-54.7]
Questions based on LGBT health/health disparities on national examinations (eg, USMLE)	60 (45.5) [37.0-53.9]
Curricular material coverage required by accreditation bodies	60 (45.5) [37.0-53.9]
Methods to evaluate LGBT curricular content	58 (43.9) [35.5-52.4]
Logistical support for teaching LGBT-related curricular content	40 (30.3) [22.5-38.1]
Increased financial resources	35 (26.5) [19.0-34.0]

Abbreviations: CI, confidence interval; LGBT, lesbian, gay, bisexual, and transgender; USMLE, United States Medical Licensing Examination.

^aResponses are from question 13: "What strategies do you think are or would be successful in increasing LGBT-specific content at your institution?" (eAppendix).

Sexual and Gender Minority Patient Care: Medical Students' Preparedness and Comfort

Purpose: To characterize LGBT-related medical curricula, to determine medical students' assessments of their institutions' LGBT-related curricular content, and to evaluate their comfort and preparedness in caring for LGBT patients.

Methods: An online questionnaire (2009-2010) was distributed to students (n=9,522) at 176 allopathic and osteopathic medical schools in Canada and the United States, followed by focus groups (2010) with students (n=35) at five medical schools.

White W, Brenman S, Goldsmith ES, Lunn MR, Obedin-Maliver J, Stewart L, Tran E, Wells M, Chamberlain LJ, Fetterman F and Garcia G. Lesbian, Gay, Bisexual, and Transgender Patient Care: Medical Students' Preparedness and Comfort. *Teaching and Learning in Medicine* (in press)

Sexual and Gender Minority Patient Care: Medical Students' Preparedness and Comfort

Results: 9,522 survey respondents, 4,262 from 170 schools (16% LGB, 0.6% T) were included in the final analysis.

Most medical students (2,866/4,262; 67.3%) evaluated their LGBT-related curriculum as “fair” or worse

Medical education helped 62.6% (2,669/4,262) of students feel “more prepared” and 46.3% (1,972/4,262) of students feel “more comfortable” to care for LGBT patients.

Students most often felt prepared addressing human immunodeficiency virus and least prepared discussing sex reassignment.

White W, Brenman S, Goldsmith ES, Lunn MR, Obedin-Maliver J, Stewart L, Tran E, Wells M, Chamberlain LJ, Fetterman F and Garcia G. Lesbian, Gay, Bisexual, and Transgender Patient Care: Medical Students' Preparedness and Comfort. *Teaching and Learning in Medicine* (accepted for publication)

SGM Identity Disclosure During Undergraduate Medical Education

Background

Follow-up Survey of Support Services for Lesbian, Gay, and Bisexual Medical Students

Mark H. Townsend, MD, Mollie M. Wallick, PhD, and Karl M. Cambre, MS

- Survey of medical students (n=185) attending the 1994 AMSA Annual Meeting (Lesbian, Gay, Bisexual People in Medicine Steering Committee)
- Medical school environment:
 - Anti-gay comments by a classroom instructor (62%)
 - Anti-gay comments by a clinical instructor (42%)
- “Outness”
 - To at least one individual at their medical school (91%)
 - To the entire medical school (44%)
 - Those with a support group at their institution (70%) were significantly more likely to report identity disclosure to their entire medical school (50.3% vs. 12.5%)

Background

Disclosure of Sexual Orientation by Medical Students and Residency Applicants

Roland C. Merchant, MD, MPH, Artemio M. Jongco, III, MPH, MS, and Luke Woodward

- Survey of medical students (n=19) and physicians (n=14) attending the 2002 New York Gay and Lesbian Physician residency selection forum
- Medical School Admissions
 - 95% did not disclose sexual orientation during undergraduate medical admissions
 - (54% believe irrelevant, 17% uncomfortable, 15% believed they would be rejected if they did)
- Residency Applications
 - Only 33% of medical students planned to disclose their sexual orientation during residency applications
 - Of those planning not to disclose, 60% were concerned they would not be accepted if they did so

Background

**Gay and Lesbian Physicians in Training:
Family Practice Program Directors' Attitudes
and Students' Perceptions of Bias**

Kathleen A. Oriel, MD; Diane J. Madlon-Kay, MD; David Govaker, MD;
David J. Mersy, MD

- Survey of family medicine residency directors and 3rd- and 4th- year medical students in 1996
- Medical Students
 - 71% considered acceptance of their sexual orientation as a factor in residency selection
 - 52% believed that residency directors ranked applicants known to be gay lower than heterosexual applicants
- Family Medicine Residency Directors
 - 1 in 4 directors would rank an applicant known to be gay lower than a heterosexual applicant

Background

Attitude and Perceptions of the Other Underrepresented Minority in Surgery

Kathreen P. Lee, MD, Rachel R. Kelz, MD,* Benoit Dubé, MD,† and Jon B. Morris, MD**

- Institutional climate survey of n=388 general surgery residents in the United States (2014), including 10 lesbian (2.6%), 24 gay (6.3%), 9 bisexual (2.4%)
- **30% of LGB resident did not reveal their sexual orientation** when applying for residency owing to fears related to not being accepted.
- Many concealed their sexual orientation from **co-residents (57%)** and **surgical attendings (52%)** during residency training
- 54% witnessed homophobic remarks by nurses, residents, or attendings
- None of those who witnessed homophobic remarks reported the event due to fear of reprisal (17%), not wanting to create “more trouble” (50%) and the belief that nothing would be done about the event (25%).

COMMENTARY

On Being Gay in Medicine

Mark A. Schuster, MD, PhD

From the Division of General Pediatrics, Department of Medicine, Children's Hospital Boston, and Department of Pediatrics, Harvard Medical School, Boston, Mass

The author has no conflicts of interest to disclose.

Address correspondence to Mark A. Schuster, MD, PhD, Division of General Pediatrics, Children's Hospital Boston, 300 Longwood Avenue, Boston, MA (e-mail: mark.schuster@childrens.harvard.edu).

The
New York
Times

DOCTOR AND PATIENT | APRIL 26, 2012, 11:56 AM | 276 Comments

Does Medicine Discourage Gay Doctors?

By PAULINE W. CHEN, M.D.



SGM Identity Disclosure During Undergraduate Medical Education

5815 (61.1% of 9522) students provided sexual orientation and gender identity information, and 923 (15.9% of 5815) from 152 (86.4% of 176) institutions identified as sexual or gender minorities

The majority of students **(67.5%, 616/913) were “out” about** their sexual orientation.

The most common reasons for concealing sexual orientation were:

“nobody’s business” (61.3%, 165/269)

“fear of discrimination in medical school” (43.5%, 117/269)

“social or cultural norms” (40.9%, 110/269).

Few transgender students (34.3%, 12/35) were “out” about their gender identity.

“fear of discrimination in medical school” (42.9%, 9/21)

“lack of support” (42.9%, 9/21).

Mansh, Matthew; White, William MA; Gee-Tong, Lea; Lunn, Mitchell R. MD; Obedin-Maliver, Juno MD, MPH; Stewart, Leslie MD; Goldsmith, Elizabeth MD, MS; Brenman, Stephanie MD; Tran, Eric MFA; Wells, Maggie; Fetterman, David PhD; Garcia, Gabriel MD. Sexual and Gender Minority Identity Disclosure During Undergraduate Medical Education: “In the Closet” in Medical School *Academic Medicine* Volume 90(5), May

Nobody's Business

I do not consider it part of my professional identity
and do not believe that my colleagues need to know.

~ 23-year-old, second-year, bisexual, white, female, U.S.-allopathic student

I am out with my friends in medical school, just not the whole community because I feel it is something personal. I wouldn't share my personal life with the medical community if I were straight either.

~ 29-year-old, recently-graduated, bisexual, white, female, Canadian-allopathic student

Fear of Discrimination in Medical School: Peers

There is an assumption of my heterosexuality among my classmates. I have not gotten to know anyone sufficiently to trust them with coming out. Several of the people in my small class are immature or from a conservative religious background. **The small class size means that if I come out to the wrong person, I stand jeopardizing potentially useful professional relationships because they judge my sexuality rather than my abilities.**

~ 32-year-old, first-year, gay, "mixed European," male, U.S.-allopathic student

Fear of Discrimination in Medical School: Peers

When you work closely with a group of students for an extended amount of time on clerkships, you need to effectively work within a team. The amount of anti-gay banter that exists within my own group is enough for me to not come out to the other students on my rotation for fear that they will exclude me and/or reveal to attendings/residents what my sexual orientation is. **In interacting with residents and attendings, it is clear through general conversation and offhand comments that LGBT is unfamiliar and, at best, a joke.**

~ 26-year-old, third-year, gay, white, male, U.S.-allopathic student

Fear of Discrimination in Medical School: Faculty

I have only shared my orientation with a few friends whom I feel to be accepting. **No faculty know, that I'm aware of, because I fear their prejudices will affect my grades consciously or unconsciously.** With the exception of a few of the awesome OBGYN faculty here, I have found no faculty who seem accepting of LGBT people based on their casual conversations, discussion about patients.... On my surgery rotation, we saw a male-to-female transgender patient who had 'do it yourself' silicone breast implants which had become infected. **He was treated like a freak by the residents and attending behind closed doors, joking at his expense, when patients wearing gang colors coming in for post-gunshot wound check-ups were treated with the utmost respect.**

~ 25-year-old, third-year, lesbian, white, female, U.S.-allopathic student

Fear of Discrimination in Medical School: Faculty

Some faculty members (especially from the older generation) are **homophobic in their heteronormative assumptions, humor, and statements**. It creates an environment where LGBT people may be afraid to truly be themselves, **for fear of bad evaluations or being subconsciously judged by their facilitators/resident/instructor.**

~ 25-year-old, second-year, gay, east Asian, male, U.S.-allopathic student

Lack of Supportive Environment

There is a subtle devaluation of LGBT individuals that I have noticed among my peers and, more so, among older physicians. There are casual comments, jokes, and innuendos; things that wouldn't be said by most if they knew a LGBT person was present. **There is support too among some, but it's hard to know who you can trust.**

~ 26-year-old, fourth-year, gay, white, male, U.S.-allopathic student

Lack of Supportive Environment

Medical school is incredibly intense and we barely receive any support in handling the stress

(especially in the clinical years when we deal with issues including evaluations, competition, and becoming immersed in clinical situations we cannot control - i.e. the death of patient). Throughout this intensity, I have become more and more distanced from the friends and relationships that offered me so much support in college. **I feel that there could not be any worse of time to come out or even question my sexuality.**

~ 27-year-old, third-year, gay, white, male, U.S.-allopathic student

Concerns over Future Career Options

One of the **major factors is that I want to be a pediatrician** more than anything and I fear that my sexuality in addition to my gender (i.e. being a gay male) would drive patients and colleagues away. Unfortunately, we live in a society that draws negative assumptions that would detriment my career and my ability to serve my patients. **Furthermore, I grew up in a small community (which in itself is a barrier) and I have always wanted to return to such a community. Unfortunately, I fear that such an environment would likely be most hostile.**

~ 27-year-old, third-year, gay, white, male, U.S.-allopathic student

I am going into a surgical specialty, which is male-dominated and very macho/anti-gay.

~ 27-year-old, recently graduated, gay, white, male, U.S.-allopathic student

BREAK OUT

Improving Institutional Learning and Practice Environments for SGM Patients and Providers

Gabriel Garcia, MD

Professor of Medicine, Stanford University School of Medicine
Advisor, Stanford University LGBT Medical Education Research Group
San Mateo County LGBTQ Commissioner



1. Identify and Use Available Resources

American Association of Medical Colleges (AAMC)
[offers.aamc.org/lgbt-dsd-health](https://www.aamc.org/lgbt-dsd-health)

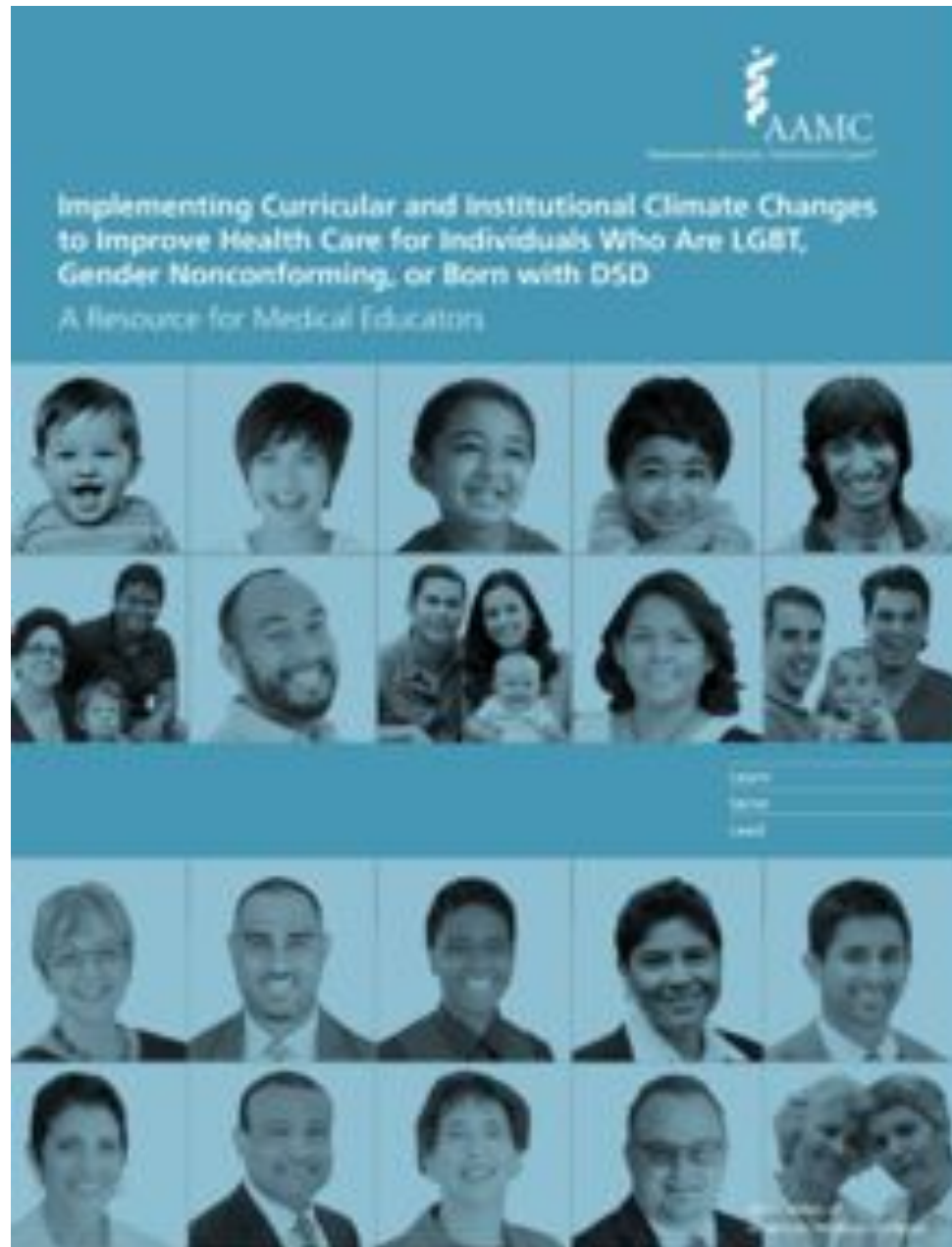
National LGBT Health Education Center
www.lgbthealtheducation.org

The Joint Commission Field Guide for the LGBT Community
www.jointcommission.org/lgbt/

Center of Excellence for Transgender Health
<http://transhealth.ucsf.edu/>

Gay and Lesbian Medical Association
www.glma.org

AAMC Guide



The Fenway Institute Briefs

POLICY FOCUS:

**WHY GATHER DATA ON
SEXUAL ORIENTATION
AND GENDER IDENTITY
IN CLINICAL SETTINGS**

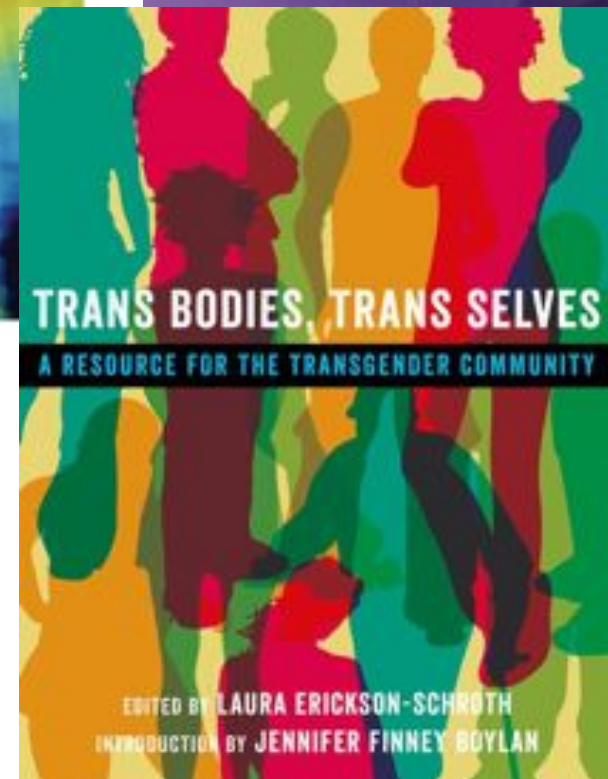
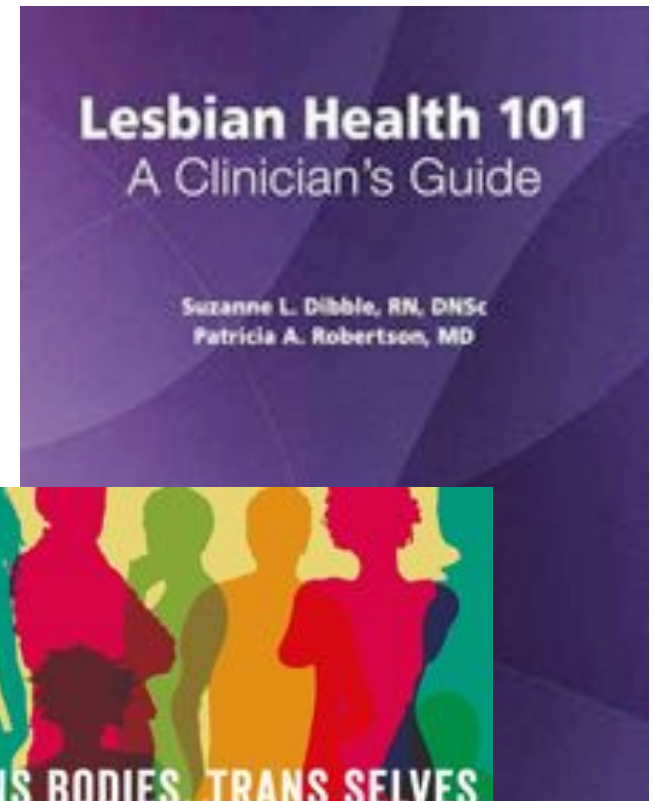
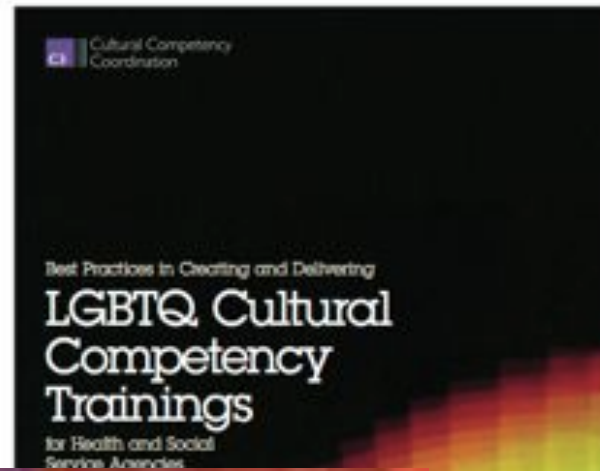
THE FENWAY INSTITUTE

POLICY FOCUS:

**HOW TO GATHER DATA
ON SEXUAL ORIENTATION
AND GENDER IDENTITY
IN CLINICAL SETTINGS**

THE FENWAY INSTITUTE

Additional Resources





Course Welcome

Menu Resources

• SECTION 0: COURSE WELCOME

Splash Screen

Course Welcome

Essential Definitions

Course Objectives

• SECTION 1: THE NEED FOR CHANGE

• SECTION 2: TRANSGENDER HEALTH CARE

• SECTION 3: HEALTH CARE SCENARIOS

• SECTION 4: SUMMARY



Transcript +



transhealth.ucsf.edu/video/story.html

2. Enhance the Patient Care Environment

Create intake forms that include the full range of sexual and gender identity and expression

Ensure confidentiality on forms

Train **all** staff to be respectful of LGBT clients, and to use clients' preferred names and pronouns

Post non-discrimination policy inclusive of sexual orientation and gender identity

Display images that reflect LGBT lives (e.g., posters with same-sex couples, rainbow flags)

Provide educational brochures on LGBT health topics

Provide unisex bathrooms

2. Enhance the Patient Care Environment

Trust in primary care physician among SGM and racial/ethnic minorities

Results:

554 respondents

73% sexual orientation minorities

12% gender identity minority

47% racial or ethnic minority

In general, well educated, urban, and privileged; all had a PCP.

There was no observed difference in mean level of trust in physicians between respondents of different sexual orientations (3.54 v 3.56) or racial/ethnic identities (3.57 v 3.55)

Gender identity minority respondents reported lower levels of trust in their primary care physicians than non-GIM respondents (3.63 v 3.55 v 3.37)

SGM respondents valued similar behaviors in their primary care as others, and specifically stressed:

LGBT Comfort and Competence

Mental Health and Western Medicine Integration

2. Enhance the Patient Care Environment

Trust in primary care physician among SGM and racial/ethnic minorities

Interviewed respondents emphasized how having trust in their physicians is a critical component of a high quality, sustainable physician-patient relationship.

“My experiences at most health care providers are not that friendly, educated, open, and I tend to have experiences that are negative and judgmental, so that’s definitely a factor that keeps me postponing seeking care, avoiding seeking care if possible...I don’t think that doctors have any clue about how suspicious their transgender patients are, and how weary they are, about seeking health care.”

Native American/White, gay transgender man

“Having a relatively trusting health care relationship is certainly an anomaly for me in my experience. I feel very lucky to have that now. It’s not perfect but nothing is, and it’s a heck of a lot better than what it could be.”

American Indian/White, queer transgender man

ASK!

When you last saw a clinician for primary care, how many of you were asked to discuss your sexual history?

Has a clinician ever asked you about your sexual orientation?

Has a clinician ever asked about your gender identity?

3. Ensure Institutional Equity

Include “sexual orientation” and “gender identity and expression” in your school’s nondiscrimination policy.

Ensure that your school treats married same-sex spouses identically to different-sex spouses.

Offer health coverage to spouses and same-sex domestic partners on an equal basis.

Ensure that your school’s health coverage does not exclude transgender care.

Allow employees to take family leave to care for seriously ill same-sex partners, just as for care of spouses.

3. Ensure Institutional Equity

Ensure that retirement plans treat spouses and same-sex domestic partners equally.

Ensure that your school's parenting policies and benefits acknowledge and support those who become parents through adoption, fostering and surrogacy.

If your school offers housing to students, staff and/or faculty, ensure that it is open to LGBT people on the same basis as others.

Check the language of institutional policies and procedures for LGBT inclusion.

4. Foster Inclusion of SGM People in Medicine

Bring research on the physician workforce to the modern era by allowing self-identification of sexual orientation and gender identity

Evaluate existing environment, and implement policies and programs to promote safe and supportive training and practice environments

Develop recruitment practices to ensure a diverse, competent physician workforce that includes sexual and gender minority people.

5. Seek Opportunities for Advocacy (GET INVOLVED)

1. Add Institutional support to relevant issues:

“The Faculty Senate at Stanford School of Medicine supports granting the rights of civil marriage to same-sex couples as part of our commitment to reduce the documented health-care disparities affecting those couples, their families and their children.” (11/17/2010)

2. Write an opinion piece for the general public:

Opinion: Marriage equality is a matter of health as well as rights, San Jose Mercury News, 12/10/2010

http://www.mercurynews.com/opinion/ci_16819335?nclick_check=1

3. Make sure your legislators understand the importance of this issue

4. Support organizations that will strive to do the social change that you wish to see

5. Seek Opportunities for Advocacy (GET INVOLVED)

**THE
PRIDE
STUDY**



**Population
Research in
Identity and
Disparities for
Equality**

- Longitudinal cohort study
- Collect health information annually
- Designed for and by LGBTQ people
- State-of-the-art participant management system
- Launching late-2015

Check us out at www.pridestudy.org !

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THREAD



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