

# Assessing Your Office for Care of Lesbian, Gay, Bisexual, and Transgender Patients

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Practitioners act as guide, protector, and confidant to their patients' most vulnerable health care concerns. Arguably, one of the most important times to consider the dynamics of a health care relationship is when treating culturally diverse populations such as lesbian, gay, bisexual, and transgender (LGBT) patients. This article outlines several recommendations for how physicians can begin the process of assessing their office and practice habits for supportive care of LGBT patients, including evaluating your belief systems, understanding risk factors associated with LGBT patients, modifying medical intake forms and interview practices, reviewing staff training and office procedures, and becoming familiar with available tools and resources. With several minor but effective changes, you can offer your LGBT patients a practitioner who is (1) knowledgeable of relevant LGBT health care and basic human sexuality, (2) mindful and sensitive to the needs of diverse sexual and gender identities, and (3) capable of making interpersonal and office-related adjustments for the purpose of providing them with the best possible medical care. Key words: *cultural competence, LGBT care, vulnerable populations*

**P**RACTITIONERS ACT AS guide, protector, and confidant to their patients' most vulnerable health care concerns. In turn, a patient's level of comfort and trust with the physician affect willingness to discuss sensitive medical issues. What this suggests is that the health care relationship itself has great implications for the type of medical care provided and how it is received. Arguably, one of the most important times to consider the dynamics of a health care relationship is when treating culturally diverse populations such as lesbian, gay, bisexual, and transgender

(LGBT) patients. As LGBT patients experience unique concerns, health care disparities, and barriers to treatment, it is important for physicians to better understand how to care for this patient population.

The LGBT community has historically experienced and continues to face discrimination and marginalization by society because of their sexual identity. Such prejudices can make it difficult for individuals to openly acknowledge or "come out" with their sexual identity to their families, coworkers, or medical professionals for fear of being treated differently. However, withholding such information from a physician may come at the significant costs of diminished diagnostic impressions and treatment recommendations.

As cultural competency is being integrated into medical education and the overall health care landscape, physicians often struggle with how to make their practices more open and welcoming to patients who acknowledge a diverse range of sexual identities. These concerns are likely due to a paucity of education regarding LGBT health care and minimal

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interactions with LGBT patients. What follows are several recommendations for physicians to consider when beginning the process of assessing their office and practice habits for supportive care of LGBT patients.

### **EVALUATE YOUR BELIEF SYSTEM**

Heterosexist attitudes and homophobic beliefs can influence how physicians communicate with their patients, interpret their medical symptoms, and react to their health care concerns. If an LGBT patient perceives negative attitudes from the physician, it could engender feelings of worry or fear that might lead them to withhold sexual identity and important medical concerns. What is less clear, however, is the impact of those practitioners who desire—but struggle—to connect with their LGBT patients because of a lack of knowledge, cultural awareness, or unintentional bias or discomfort. Even with the best intentions in mind, a physician's misstep or awkward interaction might lead LGBT patients to become reticent with their medical problems. Therefore, evaluating one's own belief system regarding LGBT patients can be an important first step for physicians to increase their culturally competent communication skills, develop better patient-physician partnerships, and gain trust from LGBT patients.

There are several points that practitioners might consider to begin this process. First, it is important to recognize that personal belief systems (eg, moral, religious) should be mutually exclusive of the dynamics of the health care relationship with LGBT patients. Any discomfort or bias that a physician experiences when working with an LGBT patient is likely to be symbolic of how his or her own values, and beliefs may be affecting the health care interaction.

Physicians who experience any discomfort while caring for an LGBT patient might seek guidance from organizational frameworks that promote LGBT affirmative practice. For example, the Gay and Lesbian Medical Association and the American Medical Association's Gay, Lesbian, Bisexual, and Transgendered Advisory Committee provide medical practitioners with LGBT policy, education, and outreach.

Practitioners might also consider enrolling in continuing education courses that focus on human sexuality, LGBT health care risk factors, and best practices used for caring for LGBT patients. Adopting LGBT-affirmative health care attitude for the purpose of diffusing awkward health care interactions can be another proactive strategy to manage discomfort and bias. Some examples are as follows: physicians should not automatically assume that a patient is heterosexual; an LGBT identity is a positive outcome that should be met with acceptance and nonjudgmental recognition; or a physician should make proactive commitments to deal with his or her homophobic feelings or heterosexist bias if and when they occur.

Addressing such reactions will require physicians to become mindful of the following:

1. When do they occur? (Dr Smith experiences discomfort when her patient discloses his bisexuality during a sex history.)
2. What is causing this? (Dr Smith believes that bisexuality is morally wrong.)
3. How might this affect the patient-physician interactions? (Dr Smith appears dismayed and abruptly changes the topic. The patient feels the apprehension and shuts down, consequently withholding symptoms that are consistent with an STD.)

Finally, it is important to recognize one's limitations when providing care for this patient population. In the event that a physician is struggling to work with LGBT patients and has difficulties resolving discomfort or bias, it will be important to know when to refer the patient to a better-suited practitioner. At such times, having a list of physicians who practice LGBT affirmative medicine within one's community will be an important resource.

### **UNDERSTAND RISK FACTORS ASSOCIATED WITH LGBT PATIENTS**

Although the health care needs of LGBT patients are often similar to those of heterosexuals, LGBT individuals disproportionately experience social and behavioral risk factors that can affect their health status.<sup>1</sup> Knowing

what these risk factors are will allow for more efficient intake interviews, diagnostic impressions, treatment recommendations, and ongoing evaluations throughout the course of care. Physicians can increase their knowledge of risk factors for LGBT patients in a variety of ways including the following:

- ongoing continuing education courses
- subscribing to LGBT-specific journals (eg, *Journal of the Gay and Lesbian Medical Association*, *Journal of Homosexuality*)
- seeking out local and national experts on LGBT-related concerns through organizations such as the Gay and Lesbian Medical Association
- working with LGBT community organizations to determine specific service needs

When evaluating for risk factors, physicians should keep in mind that LGBT patients may feel scrutinized or even stigmatized. For example, a lesbian woman may feel self-conscious during an initial intake when being evaluated for her diet, weight, and exercise habits given negative stereotypes of lesbian women, whereas a gay man may feel judged when asked whether he engages in protected sex. It is important to ask questions both sensitively and nonjudgmentally to help put the patient at ease, thereby facilitating the gathering of information.

Sexually transmitted disease prevention should be explored with all patients, even if the risk is perceived as minimal. Given the increased risk of viral and bacterial infections in men who have sex with men, condom use (during anal and oral sex) should be routinely discussed with patients who indicate they are sexually active. Practitioners should be aware that their LGBT patients might be hypersensitive to questions regarding their sexuality or lifestyle because of fears of discrimination or prejudice. This, however, should not change the nature of the interview. Rather, practitioners should put their patients at ease by suggesting that the assessment is a routine part of their practice.

Identifying risk factors will allow a patient and physician to begin problem solving by discussing any barriers that might prevent them from addressing these issues. This might in-

volve referring the patient to resources such as LGBT-specific cancer support groups, Narcotics or Alcoholics Anonymous meetings, smoking cessation programs, or to mental health clinicians who routinely treat LGBT patients.

## MEDICAL INTAKE FORM AND INTERVIEW

Another change that physicians can make to their practices is to modify their medical history forms and intake interview questions. Incorporating a diverse range of sexual and gender identities into these instruments will symbolize that a physician is both knowledgeable and open to discussing LGBT patients' concerns. It will also help to put patients at ease and facilitate rapport building. Some examples of this might include using broad and inclusive questions such as "Are you currently sexually active with men, women, or both" and using gender-neutral language such as "partner" or "significant other." In addition, practitioners might consider using human sexuality vernacular, terminology, and concepts to show patients that they are familiar with LGBT culture. This may diffuse LGBT patients' worries and fears that their physician will not understand them.

When completing an intake history form, LGBT patients may not have many opportunities to fully express their sexual and gender identities. For example, transgender patients may struggle with how to describe their gender when there are only 2 options, whereas a bisexual man may not know what box to check to describe his polyamorous relationship with men and women. Thus, modifying an intake history form as delineated in Table 1 to reflect a range of sexual identities, behaviors, and relationships may allow LGBT patients to more accurately describe themselves while alerting the physician to potential risk factors described earlier. It is also important to address whether the patient wishes to have his or her partner be part of the medical encounter. Asking whether the patient has a health proxy in place further indicates the physician's commitment to meeting the needs of the LGBT community.

**Table 1.** Gender Identification and Relationship Preferences

<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Male to female <input type="checkbox"/> Female to male <input type="checkbox"/> Decline to state <input type="checkbox"/> Other <sup>a</sup>
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic partner/civil union <input type="checkbox"/> Partnered <input type="checkbox"/> Involved with multiple partners <input type="checkbox"/> Separated from spouse/partner <input type="checkbox"/> Divorced from spouse/partner <input type="checkbox"/> Decline to state <input type="checkbox"/> Other <sup>a</sup>

<sup>a</sup>An opportunity for a patient to describe his or her unique gender identity or unique way that he or she expresses his or her gender and relationship.<sup>2</sup>

Source: A welcoming environment, staff training and office procedures. Adapted from [http://www.sexualhealthcentresaskatoon.ca/pdfs/p\\_guidelines.pdf](http://www.sexualhealthcentresaskatoon.ca/pdfs/p_guidelines.pdf) (copyrighted material; permission provided).

As your office staff is often a patient’s first encounter with your practice, it is important to implement components to staff training regarding LGBT patients. Appropriate use of language such as the proper uses of the words “gender” and “sex” and being open to gender-neutral terminology and pronouns are important. Examples of these components include asking patients what name and pronoun they prefer to be called as this may differ from their legal name and gender, using preferred names and pronouns when calling patients from the waiting room, or understanding that a patient’s insurance paperwork may not reflect the gender with which the patient currently identifies. Paying attention to these preferences may well make all patients feel comfortable. Training may need to be specific to staff roles; that is, clinical staff may need education on hormone treatments and surgical modification procedures, whereas social service staff may need education on assistance with legal name changes, family matters, and housing concerns.

In addition, your LGBT patients’ impression of your office environment will help to determine how comfortable they will be about

disclosing information regarding their sexual orientation and gender identity, and making a few minor changes may help to put them at ease.

- Provide at least 1 unisex bathroom for transgender patients.
- Subscribe to LGBT magazines or newspapers (eg, *The Advocate*).
- Display posters showing diverse same-sex couples or LGBT organizations.
- Post a nondiscrimination statement noting that equal care will be provided to all patients regardless of sexual or gender identity.
- Offer brochures detailing LGBT health concerns and health risks (Table 2).

In conclusion, you can offer your LGBT patients a practitioner who is (1) knowledgeable of relevant LGBT health care and basic

**Table 2.** Web Resources for Clinical and Psychosocial Issues in Transgender Care

<p>Hormones and general health            Medical Therapy &amp; Health Maintenance for Transgender Men: A Guide for Healthcare Providers  <a href="http://www.nickgorton.org">http://www.nickgorton.org</a></p> <p>Endocrine Therapy for Transgender Adults in British Columbia: Suggested Guidelines  <a href="http://www.vch.ca/transhealth/resources/library/tcpdocs/guidelines-endocrine.pdf">http://www.vch.ca/transhealth/resources/library/tcpdocs/guidelines-endocrine.pdf</a></p> <p>Access to care            World Professional Organization for Transgender Health Standards of Care for Treatment of Gender Identity Disorder  <a href="http://wpath.org/Documents2/socv6.pdf">http://wpath.org/Documents2/socv6.pdf</a></p> <p>American Medical Association Resolution 114: Removing Barriers to Care for Transgender Patients  <a href="http://www.ama-assn.org/ama1/pub/upload/mm/471/114.doc">http://www.ama-assn.org/ama1/pub/upload/mm/471/114.doc</a></p> <p>Gay &amp; Lesbian Advocates &amp; Defenders fact sheet on AMA Resolution 114  <a href="http://www.glad.org/uploads/docs/news/ama-resolution-fact-sheet.pdf">http://www.glad.org/uploads/docs/news/ama-resolution-fact-sheet.pdf</a></p> <p>Miscellaneous            Best Practices for Health Service Organizations to Improve Programs and Services for Trans Clients and Patients  <a href="http://www.transyouth.com/Lydia_Sausa_Best_Practices_for_Health_Service_Organizations.pdf">http://www.transyouth.com/Lydia_Sausa_Best_Practices_for_Health_Service_Organizations.pdf</a></p> <p>Ninth Annual Philadelphia Transgender Health Conference (June 3-5, 2010)  <a href="http://www.trans-health.org">http://www.trans-health.org</a></p>
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human sexuality, (2) mindful and sensitive to the needs of diverse sexual and gender identities, and (3) capable of making inter-

personal and office-related adjustments for the purpose of providing them with the best possible medical care.

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