



## Health4LGBTI Training

**Reducing health inequalities experienced by LGBTI people: what is your role as a health professional?**

**HEALTH  LGBTI**

REDUCING HEALTH INEQUALITIES EXPERIENCED BY LGBTI PEOPLE



# Communication and practice

## Module 3

## Module 3: Learning Objectives

After this module, participants will have a better understanding of:

- ✓ The relevance of using inclusive language taking into account sexual orientation, gender identities and sex characteristics;
- ✓ How to approach LGBTI people in an inclusive and non-judgmental way;
- ✓ How to make their practice / the healthcare setting more welcoming for LGBTI people by respecting privacy and ensuring trust and comfort.

# MAIN CONTENTS

- 1) Inclusive and non judgemental language
- 2) Inclusive environment and practice

## Language could be a potential barrier ...

- ✓ Practitioners often **assume their patients are heterosexual, cisgender and non-intersex** and use language accordingly
- ✓ Such assumptions **reinforce the invisibility** of LGBTI people, and creates barriers in communication
- ✓ Practitioners sometimes use **pathologising language** with LGBTI people and **incorrect pronouns for trans and intersex people**
- ✓ Practitioners sometimes express **inappropriate curiosity towards the LGBTI identity of patients**, by asking questions or making comments not related to the health concern that the patient sought help for

***LT LGBTI 2: I feel horrible when they refer to me as 'she' only because it is in my documents... There was a situation. I went to see an eye doctor, and they referred to me as 'she', 'she', 'she', 'she'. I felt horrible, I hate to hear this. Hence, I try not to go there.***

Source: Lithuania LGBTI Focus Group

Trans man

<https://www.youtube.com/watch?v=2asPSMg0HDk>

From min 4:30 to min 10:24

## *Activity 1: Video*

**7 minutes: watching the video**

**8 minutes: large group discussion**

## Bias and assumption

*“There is a woman coming to you. She is married to a man”*

*Is she a cisgender woman?*

*Is she a heterosexual woman?*

*“don’t assume that all patients are heterosexual and cisgender”*



<i>Are you married?</i>	<i>Do you have a partner?</i>
<i>Do you have a girlfriend? (If with a male patient) Do you have a boyfriend? (If with a female patient)</i>	<i>Are you in a relationship? Do you have a girlfriend or a boyfriend? Are you in one or more relationships?</i>
<i>What is your wife's name? (If with a male patient) What is your husband's name? (If with a female patient)</i>	<i>What is your partner's name?</i>
<i>Are you having sex change treatments?</i>	<i>Are you accessing gender-affirming healthcare / transition-related healthcare?</i>
<b>Using the wrong pronouns and name with trans people.</b>	<i>What name and pronoun should I use?</i>

## Examples of sexual health history questions:

*Are you having sex?*

*Who are you having sex with? Anyone else?*

## Further language barriers....

Misunderstandings may result from the use of different terms to describe sexualities:

- ✓ “a patient spoke of himself as ‘gay’, but the doctor used the term ‘homosexual’. The patient found this distracting and struggled to follow the conversation” (Mair, 2003).

## Health professionals should

- Use the same terms the patient uses to describe themselves
- Use gender neutral language when discussing partners
- Remember that each encounter is **individual and culturally specific**

*Language should therefore be fluid and reflect openness and sensitivity to create space for plurality and diversity*

## Not knowing and coming 'out'

- Disclosure of sexual orientation, sex characteristics and/or gender identity can bring **health benefits** and greater levels of **satisfaction** with care due to better patient-doctor communication (Fish & Bewley, 2010)
- In some instances LGBTI people may not want to disclose their sexual orientation, gender identity or sex characteristics due to **safety concerns, fear of discrimination** or the need for **privacy and confidentiality** (Fish & Bewley, 2010)

*Help to facilitate disclosure where appropriate in health settings*

## What can health professionals do?

- ✓ Not assume all patients or service users are heterosexual or cisgender or non-intersex

*LGBTI people are more likely to come “out” where:*

- *they feel supported and know that they will be accepted by others*
- *they know health professionals would uphold their confidentiality and privacy*

Please remember this is a  
confidential space!

## *Activity 2: “Role-play”*

**20 minutes: small group discussion**

**10 minutes: large group discussion**

# Role Play

## General Practitioner Setting

Laura, age 42, has been in a relationship for 10 years.

After years of trying she is currently 5 months pregnant, but she cannot find a gynecologist willing to take care of her pregnancy. This situation is causing her distress so she comes to you for help: she would like to receive support and advice from you.

### Roles

- One participant plays the role of Laura
- One participant plays the role of GP

The rest of the group observes the interaction, takes notes and gives suggestions

### Questions

- Which are your thoughts about the performance of this GP?
- How do you think Laura felt during this conversation?
- As a GP, what would you do differently?
- Which impact do you think this approach by a GP may have on Laura?



# MAIN CONTENTS

**1) Inclusive and non judgemental language**




**2) Inclusive environment and practice**

Please remember this is a  
confidential space!

# *Activity 3: Creating an inclusive practice*

**20 minutes**



		
Inclusive		Non inclusive

***“If health workers made it obvious, for example, through posters or direct contact with me, that patient’s sexuality was not an issue for them and that lesbians were welcome, I might feel easier about visiting the GP for things like smears”***

Source: Guidelines – Ashworth, A. 2012 Sexual orientation: A guide for the NHS. Stonewall UK

*Lesbian woman, UK*

***“I did hear from other doctors, ‘Hmm, that’s a sector I haven’t reached yet. Lets’ put a few ZiZos [a popular LGBT magazine in Belgium] in the waiting room’, whilst they’re not in the least bit open-minded.***

**Source: Belgium LGBTI HCP Interview**

## Documentation and protocols

- ✓ Documentation and protocols developed around assumed heterosexuality (Pennant *et al.*, 2009)

Lack of inclusive and/or appropriate:

- ✓ documentation (e.g. leaflets, flyers, information, marketing materials)
- ✓ protocols (e.g. processes for recording patient information and care pathways) (Pennant *et al.*, 2009)
- ✓ templates for recording of demographic information and health records (e.g.: legal name, preferred name, gender identity and pronoun) (Deutsch *et al.*, 2013)

# *Activity 4: Promising solutions to make your practice more inclusive*

**20 minutes: small group discussion**

**10 minutes: large group discussion**

# Examples of promising practices

## Latvia

“10 Things About LBT Women’s Health” - is a brochure to address LBT women’s health covering topics such as “Coming Out in Healthcare Setting”, “Sexual Health”, “Risk Factors for Cancer”, “Risk Factors for Heart Disease”, “Mental Health”, “Addictions” “Eating Disorders”, “Violence”, “Motherhood”, “Health of Trans Women” and further recommendations for health professionals.

## Italy

**Deliberazione P.G.84587/2014** – CONVENZIONE TRA IL COMUNE DI BOLOGNA, L'AZIENDA U.S.L. DI BOLOGNA E L'ASSOCIAZIONE is an agreement between municipal and local health authorities with the LGBTI association PLUS to provide access to HIV prevention and testing for MSM.

## The Netherlands

“if you understand what I mean” - is a project for ‘Pink Seniors over 65’ that provides a story telling space to keep older lesbian and gay people engaged, optimistic and less isolated.

## Luxembourg

**CIGALE Centre LGBTI refugee** support group meets every week providing social support to reduce social isolation and offers pedagogic counselling when needed.

## Germany

**Queer leben / Schulenberatung** - an independent counselling centre in Berlin for Inter\* and Trans\* people offering a professional peer-counselling service provided by professional therapists who are intersex themselves and employed to support intersex people.





## Final recommendations/1

- ✓ Provide training in all settings to develop LGBTI awareness and cultural competence
- ✓ Develop or re-design services to address LGBTI needs
- ✓ Promote connectedness of LGBTI people to the broader LGBTI community
- ✓ Promote visibility of LGBTI staff to create a comfortable atmosphere facilitating people to come 'out'

## Final recommendations/2

- ✓ Provide information in health settings which features LGBTI people (e.g. leaflets, posters) to help promote the visibility of LGBTI people
- ✓ Include same-sex partners in decision-making about care pathways and treatment options
- ✓ LGBTI people – like any other patients - should be included in decision-making about healthcare delivery and policy to represent their specific health concerns, and by helping to develop progressive services

## Final recommendations/3

- ✓ **LGBTI people believe that health professionals should influence their colleagues and the institutional cultures of healthcare services to be more inclusive of LGBTI people**

Source: State-of-the-Art Synthesis Report (SSR) and Focus Group Studies Report (FGSR)

*Questions and comments?*

# Wrap-up

Think of something that you have learned.

Think of something that you would put in  
place after the training!

Share it with your neighbour.

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