

Recommended Best Practices for Working with Lesbian, Gay, Bisexual and Transgender (LGBT) Patients

According to the Gay and Lesbian Medical Association, lesbian, gay, bisexual and transgender (LGBT) patients, in addition to having the same basic health needs as all patients, experience health disparities and barriers related to sexual orientation and/or gender identity or expression. Many avoid, delay, or receive inappropriate or inferior care because of perceived or real stigma and discrimination by health care providers and institutions.

Below is a recommended set of best practices adopted from the Gay and Lesbian Medical Association's *Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients*, as well as some best practice guidelines that were adopted by the Department of Public Health – King County/Seattle. Practitioners are encouraged utilize when treating LGBT patients.

General

- Providers should create a welcoming and friendly environment for LGBT staff and patients and should refer patients to competent providers when follow-up or specialist visits are necessary.
- Sexual orientation and gender identity are, like certain other demographic and personal characteristics, relevant to health care delivery.
- Every person has their own sexual orientation and gender identity. These are two distinct identities that describe a particular person. So, for example, while a non-transgender person can be straight, gay, lesbian or bisexual, so too can a transgender person be straight, gay, lesbian or bisexual.
- Providers should consider modifying data systems to permit the capture of sexual orientation and gender identity or expression information in electronic medical records.
- If a patient does disclose their sexual orientation or gender identity to you, this information is treated with great sensitivity and respect. When a patient discloses this information, it is imperative that this information remain confidential. If a patient's sexual orientation or gender identity is relevant to the care they are receiving, this information should only be disclosed to others on a need to know basis.

Office Environment

- Disseminate or visibly post a non-discrimination statement stating that care will be provided to all patients, regardless of age, race, ethnicity, physical ability or attributes, religion, sexual orientation, and/or gender identity/expression.
- Partners or significant others of LGBT patients should be given the respect and access usually given to a spouse or relative.
- Include LGBT specific media, signs and posters that include relevant information for LGBT patients in public areas.
- Provide in-depth training for staff members on the health impacts of homophobia, LGBT health concerns and providing culturally sensitive care for LGBT patients.

Intake

- Intake forms should use the term “relationship status” instead of “marital status,” including options like “partnered.” When asking—on the form or orally—about a patient’s significant other, use terms such as “partner,” in addition to “spouse” and/or “husband/wife.”
- Respect transgender patients by making sure all office staff – especially staff charged to process intakes - are trained to use a patient’s preferred pronoun and name. The patient should be asked to clearly indicate this information on their medical record in a manner that allows the health provider to easily reference it for future visits.
- Consider adding a “transgender” option to the male/female check boxes on your intake form. This will help capture better information about transgender patients, and will be an immediate sign of acceptance to that person. Do not list transgendered as an alternate sexual orientation (like lesbian, bisexual, or heterosexual). Gender identity and sexual orientation are distinct.

General Patient Care

- As with all patient contacts, approach the interview showing empathy, open-mindedness, and without rendering judgment.
- When talking about sexual or relationship partners, use gender-neutral language such as “partner(s)” or “significant other(s).” Ask open-ended questions, and avoid making assumptions about the gender of a patient’s partner(s), about sexual behavior(s), or about the patient’s gender identity. Whenever possible, use the same language that a patient does to describe self, sexual partners, relationships, and identity.
- Ask patients about a personal history of hate crimes/violence. As you may already know, victims of violence are at increased risk of post-traumatic stress disorder.
- Avoid the assumption that the patients health issues revolve around sexuality, sexually transmitted diseases, or HIV/AIDS. Consider all possible diagnoses for a set of symptoms as you would with any other patient.

Lesbian Care

- If a female patient identifies as lesbian or bisexual, or identifies a female sexual partner, do not assume that she has never had a male sexual partner, has no children, has never been pregnant, or has little or no risk of STDs.
- All women need regular Pap tests, including lesbian and bisexual women. Many women who identify as lesbian have male sex partners or have had male sex partners in the past.
- Be aware that nulliparity is a risk factor for breast cancer, and that many lesbians are nulliparous. Lesbians also have higher rates of smoking and of obesity than heterosexual women and higher rates of alcohol and drug abuse, as well as higher rates of depression and anxiety.

Male Care

- If a male patient identifies as gay or bisexual, or identifies a male sexual partner, do not assume that the patient has never had a female sexual partner or has no children, or has little or no risk of STDs.
- Remember that sexually active gay or bisexual men may need STD screening from the pharynx and rectum as well as genitals, as per their behavior.
- Ask patients if they use drugs or alcohol during sexual activity, as patients may be more likely to report drug use during the sexual history.
- Ask about previous Hepatitis A and B vaccination and/or infection. Vaccinate all sexually-active men who have sex with men with the Hepatitis A and B vaccines.

Youth

- If a teenager or young person does disclose their lesbian, gay, bisexual, or transgendered identity to you, it is imperative that this information is treated with great sensitivity and respect.
- LGBT youth are at increased risk for both suicide and abuse; pay special attention to the mental health of this patient. Ask about the patient's access to support. Isolation from peers and rejection by family are very real risk factors for some sexual minority youth.
- If you are a pediatrician seeing a child with same-sex parents, consider including both in discussions about the child's health care. Health care is compromised when any primary caregiver is excluded. Do not assume that all young people are straight. Discussions of sexual activity and of safer sex methods should include information on safe sex with partners of either sex.

Transgender Patients

- Recognize that not all transgender people have undergone trans-specific surgeries or hormone therapy treatment and that there may be consequent screening exams that need to be performed. For example, it would be common to conduct prostate exams for trans woman or cervical or breast exams for some trans men . If medically relevant, respectfully ask the patient which surgeries, if any, he or she has undergone:
- Transgender men (female-to-male transsexuals) need Pap tests, unless they have had a complete hysterectomy. Never assume that a transgender patient has undergone trans-specific surgeries or treatments; always ask; Transgender men (female-to-male transsexuals) need regular breast exams, as all breast tissue has generally not been removed even after chest reconstruction; Transgender women (male-to-female transsexuals) need prostate exams; Transgender women (male-to-female transsexuals) need regular breast exams if they are or have been receiving hormone therapy treatments.
- Transgender individuals receiving hormone therapy treatments should be monitored carefully by knowledgeable providers. Monitoring should include liver enzyme analysis as well as examination for common side effects of hormone therapy treatment, such as deep vein thrombosis. Transgender patients should be respectfully advised not to smoke if they are receiving hormone therapy treatments.
- Be aware that some transgender people may have received medical care, including hormones, surgery, or implants from non-traditional sources. While it is appropriate to respectfully warn such patients of any dangers associated with these practices or sources, providers should refrain from unnecessary judgment of transgender patients based on how they have received previous medical care.

- Avoid the assumption that a transgender person’s health issues relate to their transition or associated treatments (such as hormone therapy treatment). Consider all possible diagnoses for a set of symptoms as you would any other patient. Do not advise transgender patients to cease hormone therapy treatments or other transgender related medical treatment unless medically indicated.

This document was produced by the Mayor’s Office of Gay, Lesbian, Bisexual and Transgender Affairs. The practices recommended herein are provided for informational purposes only and do not carry the force of effect of law or any other regulation(s). These recommendations do not constitute legal advice.

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