

Gay and Lesbian Medical Association (GLMA)
Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients

The GLMA is a national organization committed to ensuring equality in health care for lesbian, gay, bisexual, and transgender (LGBT) individuals and health care professionals. GLMA achieves its goals by using medical expertise in professional education, public policy work, patient education and referrals, and the promotion of research.

www.glma.org

Chapter 1: Creating a Welcoming Clinical Environment for LGBT Patients

• Background

- While having the same basic health needs as the general population, LGBT populations experience health disparities and barriers related to sexual orientation and/or gender identity or expression.
- Fear of homophobia in a physician's office can keep LGBT individuals from seeking treatment or from revealing information that may be pertinent to their health.
- Developing rapport and trust is crucial
- Definitions
 - LGBT: Lesbian, Gay, Bisexual, Transgender/Transsexual
 - Transgender – an individual who identifies as a gender other than their anatomic gender, this does *not* imply sexual orientation.
 - Transsexual – a person who desires to change/ is in the process of changing/ or has changed their gender from their assigned gender.
 - Emphasize that the patient-provider discussion is confidential

• Specific Health Concerns

- Depression, stress and anxiety are more prevalent in LGBT individuals due to phobias, harassment, discrimination and isolation.
 - This causes an increased incidence of suicide in the LGBT community.
 - Be sure to screen patients for depression and other mental health issues.
 - Explore the social support network of patients—one's level of identification with community strongly correlates with decreased risk for STDs and improved mental health
- Increased stress levels can translate into increase in tobacco, alcohol or drug use.
- Ask all patients about intimate partner violence (IPV)
- Be knowledgeable about safer sex practices as they relate to LGBT individuals, also be able to answer questions about STD transmission rates which differ based on various sexual practices.
- Do not assume lesbian patients have never had male sexual partners, are not at risk for STDs or do not have children. Do not make similar assumptions for other LGBT individuals. In short, do not make assumptions about past, current, and future sexual behavior.
- The CDC recommends that men who have sex with men be vaccinated against hepatitis A and B and receive yearly syphilis, gonorrhea, chlamydia and HIV screening.
 - In addition gay and bisexual men may be at increased risk for anal cancer which is associated with HPV infection.
- Not all transsexual individuals have the means to undergo gender reassignment, an expensive process.

- Ask about hormone use, which has been prescribed or obtained on the black market.
 - Ask about procedures that may have been completed as part of gender transformation.
 - Use respectful language—listen to your patients and how they describe their own sexual orientation, partners, and relationships
 - Circulate these guidelines to all administrative, nursing, clinical staff.
- Creating a Welcoming Office Environment
 - There are various ways of indicating to LGBT patients that your office is LGBT friendly, and thus create a welcoming and safe environment for all patients.
 - Some possibilities are:
 - Posting rainbow/pink triangle symbols
 - If brochures are provided, offering ones which are relevant to GLBT individuals
 - Disseminating or posting non-discrimination statements
 - LGBT Friendly Forms
 - Instead of using “marital status” use “relationship status” and use the phrase “partner” as well as “husband” or “wife”.
 - When asking gender, add transgender as an option as well as male or female or leave a blank space next to gender instead of a check box.
 - A sample intake form is included in the Guidelines
 - Ask open-ended questions
 - Avoid making assumptions about the gender of a patient’s partner or about sexual behaviors
 - The sexual behavior of a bisexual person may not differ significantly from that of a heterosexual person or lesbian/gay people—ex: they may be monogamous for long periods of time, but identify as bisexual
 - Do not be afraid to tell your patient if you are unaware of a particular issue/term—be willing to become educated

Chapter 2: Caring for Lesbians and Bisexual Women & Chapter 3: Caring for Gay and Bisexual Men

- These chapters outline the diversity within these groups and emphasize
 - Risk factors (homophobia, stigma, lack of health insurance, etc.)
 - screenings and health concerns
 - other recommendations
- which will enable health care providers to offer the best care to their patients

Resources

- The Guidelines include a wealth of resources on topics, including:
 - General LGBT health
 - National LGBT Rights
 - Media (for waiting room)
 - General Lesbian Health
 - General Gay Men’s Health
 - General Bisexual Health
 - Transgender Health
 - Intersex Health
 - Sexually Transmitted Diseases

- HIV/AIDS
- Intimate partner violence
- Substance Abuse
- Youth issues
- Elderly issues

Source:

Gay and Lesbian Medical Association, “Guidelines for care of lesbian, gay, bisexual and transgender patients”

http://ce54.citysoft.com/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf

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