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.

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

Mitchell R. Lunn, MD
Clinical Research Fellow in Nephrology
University of California, San Francisco

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Medical Student, MS IV
Stanford University
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

Lack of Knowledge, Bias, Discrimination

SGM Patients

SGM Health Providers
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!


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

Matt

Gabe

Mitch
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

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)

“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
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.

```
cis (Z)               trans (E)
```

**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 Gender Queer Person
# Sexual Behaviors

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Body Part</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth</td>
<td>Vulva</td>
<td>Cunnilingus (“eating out”)</td>
</tr>
<tr>
<td>Mouth</td>
<td>Penis</td>
<td>Fellatio (“blow job”)</td>
</tr>
<tr>
<td>Mouth</td>
<td>Anus</td>
<td>Anilingus (“rim job”)</td>
</tr>
<tr>
<td>Finger</td>
<td>Vagina</td>
<td>Fingering</td>
</tr>
<tr>
<td>Finger</td>
<td>Anus</td>
<td>Fingering</td>
</tr>
<tr>
<td>Vulva</td>
<td>Vulva</td>
<td>Scissoring (“polishing mirrors” “bumping fur”)</td>
</tr>
<tr>
<td>Penis</td>
<td>Vagina</td>
<td>Intercourse</td>
</tr>
<tr>
<td>Penis</td>
<td>Anus</td>
<td>Anal intercourse</td>
</tr>
</tbody>
</table>

... 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

Same-Sex Couples and Race/Ethnicity

Percent of Same-Sex Couples Who are Interracial/Interethnic

Selected LGBTQ Health Disparities

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

References upon request.
Selected LGBTQ Health Disparities

SMOKING IS THE LGBT COMMUNITY'S BIGGEST HEALTH BURDEN

$7.9 billion
Estimated annual LGBT money spent on cigarettes

20%
U.S. Population

33%
LGBT Population

LGBT people smoke cigarettes at rates that are 68% higher than the rest of the population.

12.3
smokers with HIV

5.1
non-smokers with HIV

LIFE-YEARS LOST

64% of new HIV infections
Gay and bisexual men and other men who have sex with men account for 64 percent of new HIV infections even though they make up only about 2 percent of the population.

HIV INFECTION AMONG:

- BLACK TRANS PEOPLE 4.4%
- ALL TRANS PEOPLE 2.6%
- U.S. TOTAL 0.6%

References upon request.
Selected LGBTQ Health Disparities

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

5% of the general youth population

40% of the homeless youth population

References upon request.
Selected LGBTQ Health Disparities

The Affordable Care Act Makes a Difference for LGBT Communities

In 2014, the Center for American Progress found that one in four—26%—of LGBT people with incomes less than 400 percent of the poverty level are uninsured. That’s a big change from 2013, when one in three—34%—did not have insurance. But a lot more remains to be done to make sure the benefits of health reform reach everyone who needs them. That’s where Out2Enroll comes in—we’re working hard across the country to connect LGBT people with their new coverage options.

References upon request.
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.


References upon request.
Patients Want LGBT-Specific Care

When Health Care Isn’t Caring

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

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

Former HHS Secretary Sebelius announces actions to improve LGBT health

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

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 Sex**: Results of a National Survey of U.S. Obstetrician/Gynecologists

#### Routinely ask patients about their sexual orientation or identity

<table>
<thead>
<tr>
<th>Gender</th>
<th>OR (95% CI)</th>
<th>P-value</th>
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<tbody>
<tr>
<td>Male</td>
<td>1.00 (Referent)</td>
<td>&lt;0.001</td>
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<tr>
<td>Female</td>
<td>2.92 (2.09, 4.08)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>OR (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 and over</td>
<td>1.00 (Referent)</td>
<td></td>
</tr>
<tr>
<td>46–69</td>
<td>2.50 (1.28, 4.50)</td>
<td>0.05</td>
</tr>
<tr>
<td>45 and under</td>
<td>2.40 (1.32, 4.73)</td>
<td>0.006</td>
</tr>
</tbody>
</table>

### Bar Chart

- Ask patients about their sexual activities
- Ask patients questions to assess for sexual problems or dysfunction
- Ask patients about their sexual orientation or identity
- Ask patients if they are satisfied with their sexual life
- Ask patients if they experience pleasure with sexual activity
- Express to patients disapproval of or disagreement with their sexual practices

Poor Provider Education

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

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

- 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?
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
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.”
• “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.

Juno Obedin-Maliver, MD, MPH; Elizabeth S. Goldsmith, BA; Leslie Stewart, MD; William White, MA; Eric Tran, BA; Stephanie Brenman, BS; Maggie Wells, BS, BA; David M. Fetterman, PhD; Gabriel Garcia, MD; Mitchell R. Lunn, MD. Lesbian, Gay, Bisexual, and Transgender–Related Content in Undergraduate Medical Education JAMA. 2011;306(9):971-977. doi:10.1001/jama.2011.1255.
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)

<table>
<thead>
<tr>
<th>Strategy</th>
<th>No. (%) [95% CI]</th>
</tr>
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<tbody>
<tr>
<td>Curricular material focusing on LGBT-related health/health disparities</td>
<td>77 [58.3] [49.9-66.7]</td>
</tr>
<tr>
<td>Faculty willing and able to teach LGBT-related curricular content</td>
<td>67 [50.8] [42.2-59.3]</td>
</tr>
<tr>
<td>More time in the curriculum to be able to teach LGBT-related content</td>
<td>63 [47.7] [39.2-56.2]</td>
</tr>
<tr>
<td>More evidence-based research regarding LGBT health/health disparities</td>
<td>61 [46.2] [37.7-54.7]</td>
</tr>
<tr>
<td>Questions based on LGBT health/health disparities on national exams</td>
<td>60 [45.5] [37.0-53.9]</td>
</tr>
<tr>
<td>Curricular material coverage required by accreditation bodies</td>
<td>60 [45.5] [37.0-53.9]</td>
</tr>
<tr>
<td>Methods to evaluate LGBT curricular content</td>
<td>58 [43.0] [35.5-52.4]</td>
</tr>
<tr>
<td>Logistical support for teaching LGBT-related curricular content</td>
<td>40 [30.3] [22.5-38.1]</td>
</tr>
<tr>
<td>Increased financial resources</td>
<td>35 [26.5] [19.0-34.0]</td>
</tr>
</tbody>
</table>

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

*Responses are from question 13: “What strategies do you think are or would be successful in increasing LGBT-specific content at your institution?” (aAppendix).
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.

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.
SGM Identity Disclosure During Undergraduate Medical Education
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

- 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

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
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.
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DOCTOR AND PATIENT | APRIL 28, 2012, 11:56 AM | 276 Comments

Does Medicine Discourage Gay Doctors?

By PAULINE W. CHEN, M.D.
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

Mansh et al, Academic Medicine, 2015
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

Mansh et al, Academic Medicine, 2015
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

Mansh et al, Academic Medicine, 2015
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

Mansh et al, Academic Medicine, 2015
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

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
Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD
A Resource for Medical Educators
The Fenway Institute Briefs

Policy Focus: Why Gather Data on Sexual Orientation and Gender Identity in Clinical Settings

Policy Focus: How to Gather Data on Sexual Orientation and Gender Identity in Clinical Settings
Additional Resources
Welcome to Supporting Health Care Providers in Serving Transgender Patients and Clients: Acknowledging Gender and Sex.
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

Gee-Tong et al, in preparation
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)

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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