
Queer inclusive medical education

Dr Duncan Shrewsbury, PFHEA, MRCP, PhD (they/them)

Reader in Clinical Education & Primary Care, Brighton & Sussex Medical School

Visiting Professor Equality Diversity & Inclusion, Trinity College Dublin School of Medicine

d.shrewsbury@bsms.ac.uk | [@DuncanShrew](https://twitter.com/DuncanShrew)

Queer Medicine

Blood, sweat and
tears
Society

• This article is more than 3 years old

I'm a medical student, and I'm gay. Work would be simpler if I were heterosexual

Anonymous

Thu 29 Aug 2019 10:40
BST



504

Does the pledge for doctors to be honest include our sexuality?
If I tell the truth, I risk losing patient trust to homophobia



- 1.1 million over the age of 16 LGBTQ in UK
 - 3-5% of UK, 5-7% of Irish population
- ~200k-500k identify as trans in the UK
- LGBT doctors face discrimination
 - colleagues and patients
 - gender and sexuality identity
- Students have low confidence and readiness
- Students with greater contact demonstrate more holistic history taking
- Medical students *want* more training on this
- Role of queer identity in professional practice unclear, unexplored, unsupported
- Students and trainees vulnerable and unsure

Why worry about LGBTQI health?

Greater health needs, and poorer health outcomes:

- 52% of LGBT people in Britain experienced depression in the past year. Another 10% think they might have done.
- 3 in 5 experience anxiety
- One in eight (13%) LGBT people aged 18-24 said they've attempted to take their own life in the last year
- Almost half of trans people have thought about killing themselves in the past year

For context: *NHS Digital report that fewer than 1% of the general adult population attempted suicide in the past year, and 5% had thoughts of it.*



(Stonewall, 2018)

Health inequalities faced by LGBTQ+ people



- 1 in 7 LGBT people have avoided seeking healthcare for fear of discrimination from staff
- 1 in 8 have experienced some form of unequal treatment from healthcare staff because they are LGBT
- 1 in 4 have witnessed healthcare staff make discriminatory or negative remarks about LGBT people.
- One in 10 LGBT people have been outed without their consent by healthcare staff in front of other staff or patients.
- One in 20 have been pressured to access services supposed to change or suppress their sexual orientation and/or gender identity whilst accessing healthcare services.

The community is still not safe in the UK

CURRENT AFFAIRS

Brighton falls victim to rush of LGBT attacks

REISS SMITH | MAY 27, 2019 | [SAVE FOR LATER](#)

Calls for protection of LGBTQ+ people after spate of hate crimes in Cardiff
Homophobic murder of a consultant psychiatrist in July 2021 was among several crimes recorded at that time

UK news

● This article is more than 5 months old

Spate of attacks across UK sparks fear among LGBTQ+ community

Hate crimes related to sexual orientation and gender identity have increased year on year since 2015

Libby Brooks and
Jessica Murray

Sun 29 Aug 2021 12.24
BST



‘His sexual proclivities were to be his undoing. By engaging in that activity he rendered himself hopelessly vulnerable and was an easy target’

So-called 'Conversion Therapy'

- 1/6 ppl experienced 'conversion therapy' delivered by HCP
- 1/20 ppl felt pressured to access whilst consulting HCP
- Methods vary, but include
 - Religiously charged
 - Starvation from food and / or water
 - Electric shock aversion 'treatment'
- Indisputable
 - Traumatic
 - Long-term damage
- Delays, U-turns and caveats to government action
- Role for profession to protect patients and stamp out

1	Supports the banning of LGBTQ+ so-called 'conversion therapy'
2	Formally calls on the GMC to recognise the harm of 'conversion therapy', and how participation in the delivery of 'conversion therapy' breaches the core idea of a doctor to "do no harm"
3	Agrees medical school students and staff should, under no-circumstances, participate in the provision of any form of 'conversion therapy'
4	Ensure that curricula include authentic and joyful representation of LGBTQ+ people within their curricula to challenge stigma and stereotyping
5	Ensure that curricula include an awareness of 'conversion therapy', its harms and the importance of working with LGBTQ+ patients to respect and affirm their gender and/or sexual identity
6	Support LGBTQ+ students and staff to work in an environment free of hate, discrimination and harassment. This should include the implementation of future guidance on creating fair and equitable medical schools that challenge the exclusion of marginalised people, as outlined by <i>the Medical School Council Equality, Diversity, and Inclusion Alliance</i> .

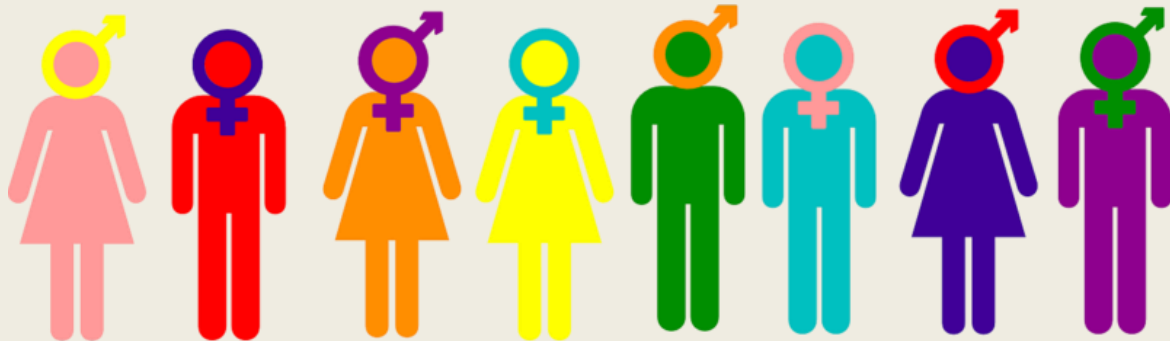
Regulation & Representation

GMC's Outcomes for Graduates:

“newly qualified doctors must be able to recognise the potential impact of their [...] personal biases on individuals and groups”

GMC's Promoting Excellence:

“medical school curricula must give medical students experience in a range of specialties [...] with the diversity of patient groups that they would see when working as a doctor”



Representation in curricula:

Undergraduate

- ~5% schools feel they have a ‘good’ level of representation across the curriculum
 - Most represented: mental health, GUM, gender affirming surgery
 - Least represented: adolescent health, chronic disease management, maternity and fertility
- 95% plan to implement changes to increase in the near future

Postgraduate

- RCPCH > GUM > CSRH > O&G > GP > Psych
- Other specialties – zero
- Often single learning outcome
- Usually associated with sexual health

LGBTQIA+ terminology

L = lesbian = same-sex female attraction

G = gay = same-sex male attraction

'gay' is sometimes used synonymously with homosexual

B = bisexual = sexual attraction to both men and women

T = transgender = refers to people who transition to a gender other than that assigned them at birth

Q = queer = usually used as an umbrella term to refer to non-cisgendered and non-heterosexual people

Reclaiming terms, whilst being a community trait, is very personal

I = intersex = this refers to a group of people who have one of a range of medical conditions that mean they do not have the typical chromosomal (XX and XY) makeup, or have some other condition that affects the effects hormones have on the body, impacting on the development of primary and secondary sexual characteristics

A = agender or asexual (ace) = they do not feel sexual attraction / derive pleasure or intimacy through sex.
Agender (less common use of the letter A) = some people see themselves as lacking a gender (rather than being gender 'neutral')

Sex = refers to biological development and is judged on genital appearance at birth

Gender identity = A person's internal psychological identification as man/woman, boy/girl or neither

Note: some consider this differentiation flawed – even biological sex is *performed* and *socially contrived*

Gender expression = Outward manifestation of gender identity

Cisgender/Cis = Used to describe anyone who is not transgender. i.e where sex appearance and gender identity are congruent

Trans Man = A natal female, identifies as male

Trans Woman = A natal male, identifies as female

Note: 'transman' and 'transwoman' (unified word) is considered pejorative, and is largely used in anti-trans communications to allude to a different (and non-natural) type of man / woman respectively



Pronouns

- The English language (and several others) is highly gendered (masc, fem, neuter & 'common')
- Pronouns are a linguistic way of referring to someone (singular, usually)
- Our use of pronouns often speaks of assumptions that have been made about the person
- Using correct pronouns shows respect
- Using incorrect pronouns repeatedly, or intentionally, is an act of aggression

Options:

- He / Him / His = masculine pronouns
- She / Her / Hers = feminine pronouns
- They / Them = gender neutral
- He / They, and She / They = plural pronouns
- Ze/Hir = neopronoun, gender neutral
- Prefix / title: Mx
- No pronouns = use the person's name



Microaggressions

- Are verbal and nonverbal behaviours
- Communicate negative, hostile, and derogatory messages to people
- Rooted in marginalized group membership
- Occur in everyday interactions
- Can be intentional or unintentional
- Are often unacknowledged

Brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership

(Wing-Sue, 2010)



Deadnaming...

- Referring to someone (usually a trans person) by their former name, rather than their chosen name
- No requirement for Gender Recognition Certificate, or to prove 'trans enough'
- Risks 'outing' or disclosure
- Gender Recognition Act (2004):
'it is an offence for a person who has acquired protected information in an official capacity to disclose the information to any other person'
- Exceptions for clinically and legally relevant reasons exist



Inclusion & Intervention

Recognizing a potentially harmful situation or interaction and choosing to respond in a way that could positively influence the outcome

- Being an ally does not mean jumping in at the heat of the moment
- The psychological and physical safety of yourself and victim is paramount
- What action would be helpful?
- When would it be most constructive?
- Aim to be supportive, restorative to victim, and to initiate a change in behaviour in *system*

Medical education

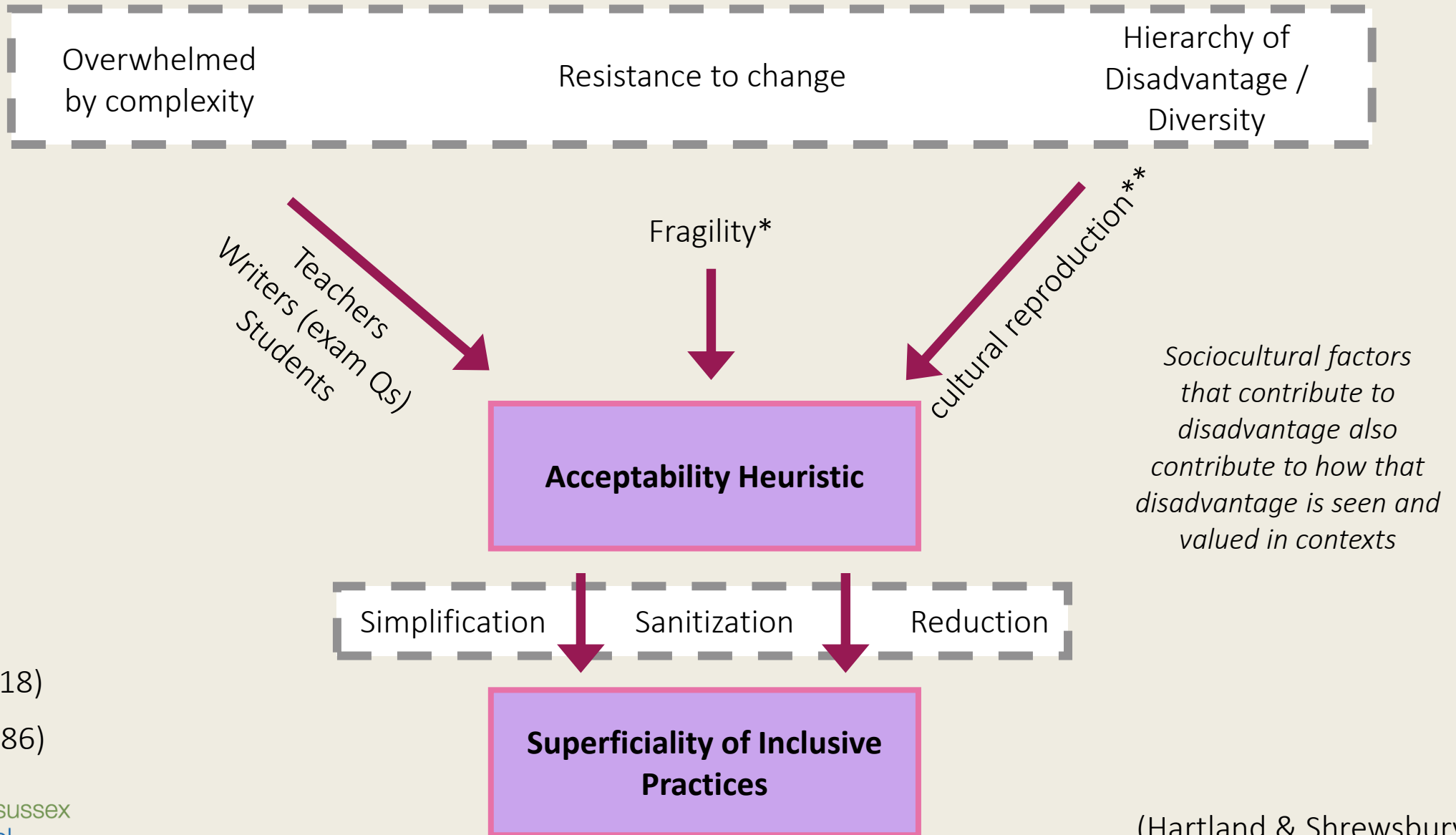
- Where and how represented
- Teaching and assessment
- Association or alignment of issues
- How is the community engaged
- How are students nurtured and valued

Clinical practice

- Adaptive and holistic care
- Sensitive to diversity
- Active engagement and proactive change



How are inequalities maintained?



*Diangelo (2018)

**Bourdieu (1986)



Understand how your privilege positions you...

...blind spots

...immunity

...power to speak up

You don't see what you don't
shine a light on!

Your own characteristics, such as age, race, gender empower you to speak up and be vocal about harassment – especially when you are not the target or representative of the target group.

Inclusive practices



Inclusive practices

- Consider environment
- What implicit signals of heteronormativity are there

Allyship

- Active bystander
- Reflective of privilege
- Use it to support and platform others

What next?

- Seek to actively raise awareness
 - Self and others
 - Engage in culture, literature, community
- Work collaboratively
 - Critical reflection on own practice
 - Joyful representation in teaching
- Normalise
 - Inclusive values and behaviors
 - Standing up , challenging and changing



- Mermaid Foundation: www.mermaidsuk.org.uk
- The Clare Project: <https://clareproject.org.uk>
- MindOUT: <https://mindout.org.uk>
- LGBT Switchboard: www.switchboard.org.uk
- All About Trans has a directors of support organisations: <https://allabouttrans.org.uk/about/support-organisations/>
- The Terrence Higgins Trust also offers a lot of different services, advice, and guidance to people from the LGB and T community/ies.
- RCGP LGBT Hub: <https://elearning.rcgp.org.uk/course/view.php?id=584>
- RCGP – Allyship: <https://elearning.rcgp.org.uk/enrol/index.php?id=559>

Thanks!

Keep in touch / send in your
questions:
d.shrewsbury@bsms.ac.uk

