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Understanding inequalities & being inclusive in healthcare education, training & practice

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Covering

- Example of inequalities faced by LGBTQIA+ community
- Introduce principles of inequity, intersectionality, inclusion
- Structural factors, how they arise and are maintained
- How we can be inclusive in our approach
 - Designing education
 - Training others
 - Treating diverse patients

A bit about me first...

- Queer (they/them)
- GP @ Montpellier, lead for trans* care
- Reader (= Assoc Prof), educator and researcher @ BSMS
- Work with national and regional organisations on inclusive practices



LGBTQI+?

Stands for 'lesbian, gay, bisexual, transgender, queer and intersex'

- Covers approximately 3-5% of UK, and 5-7% of the Irish population.
- So a surgery with a list size of 10,000 patients will have 500-700 LGBT+ patients
- Various other abbreviations used too (e.g. LGBTQIA+) but the intention is to be inclusive of all people who do not identify as heterosexual or cis-gendered



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 experienced 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.

Specific health needs – which may not be met

- 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.

Stonewall: LGBT in Britain – Health (2018). <https://www.stonewall.org.uk/lgbt-britain-health>

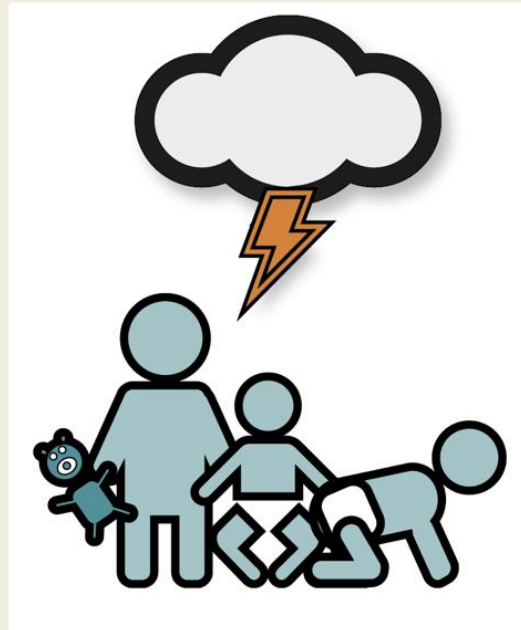
RCGP NI Guidelines: <https://www.rcgp.org.uk/policy/rcgp-policy-areas/lgbt.aspx>

Why might the LGBT community experience a greater rate of mental illness compared to heterosexual cis-gendered people?

The LGBTQ+ community experience more childhood ACEs

Adverse Childhood Experiences ('ACEs')

- Abuse(s)
- Neglect
- Family disruption
- Substance abuse



Impact on brain development

4+ ACEs = association with 2 x chronic disease and mental illness

- In school
 - 75% harassment
 - 35% physical abuse
 - 12% sexual assault
- Family
 - Dysfunction
 - Neglect
 - Intimate partner violence

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’

How consultations may be affected

UK Medical Schools Charter on So-Called LGBTQ+ 'Conversion Therapy'

Created in partnership between The Association of LGBTQ+ Doctors and Dentists (GLADD) and Lancaster University Medical School



The following individuals were key in the authoring of this document and fully support the content of the Charter:

Dr Joseph Hartland (They/He)
Dr Brigit McWade (She/Her)
Dr Callum Phillips (They/He)

We know that people who experience childhood trauma:

- Greater rate of chronic illness
- Delayed presentation
- Multiple, complex, intersecting problems
- Mistrust

Patients from the LGBTQ+ community may

- Fear judgement or 'outing'
- Have been pressured into conversion 'therapy'

Case 1: Chris



Pre-consultation info available:

62 year old natal male

PMHx of anxiety and depression

Infrequent consultations – last seen 6 months ago.

On atorvastatin, amlodipine and sertraline

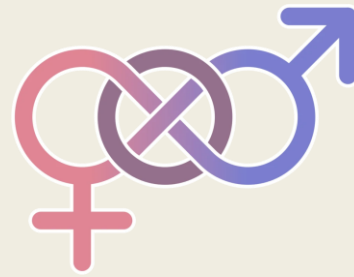
Collects repeats. No previous mental health team input.

Consultation:

‘I think I am trans....and I cannot live like this anymore’

‘Can you tell me how I can access gender identity services’?

A note on language



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

Gender identity – A culturally-bound, socially constructed internal psychological identification as man/woman, boy/girl or neither.

Gender expression – Outward manifestation of gender identity.

Transgender/Trans – An umbrella term used for people whose gender identify and/or gender expression differs from the sex assigned to them at birth. Trans people may or may not decide to alter their bodies hormonally and/or surgically.

Transsexual – A desire to live and be accepted as a member of the opposite sex. Usually accompanied by a wish to have treatment to make one's body as congruent as possible with one's preferred sex.

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

Enby / NB / Non-binary / Gender Diverse – where someone's gender identity does not fit into a categorical notion of one type of masculinity or femininity,

Healthcare for Transgender People

Diversity versus Diagnosis

The expression of gender characteristics, including identities, that are not stereotypically associated with one's sex assigned at birth is a common and a culturally diverse human phenomenon that should not be seen as inherently negative or pathological. Unfortunately, gender nonconformity and diversity in gender identity and expression is stigmatized in many societies around the world. Such stigma can lead to prejudice and discrimination, resulting in "minority stress."

- Barriers, discrimination & exclusion
 - Society, family, services
- Problematic history of medicalisation
 - e.g. 'gender identity disorder' → gender dysphoria (2013)
- Proportionally higher rates
 - Suicidality, domestic abuse
 - Some cancers
 - HIV

Case 2: Pash



Pre- consultation info available:

27 year old female.

PMHx of asthma and eczema, not currently using medication

Infrequent consultations – last seen 11 months ago.

Consultation:

‘I am a bit worried about HIV and wondered if I can get a test’

‘I am non-binary and am in a polyamorous pansexual relationship’

Intersectionality and risk

- We know that within some marginalized communities (e.g. LGBTQIA+) there are some who are at even greater risk of poorer health outcomes.
- This is especially true for people who are Trans and Gender Diverse as well as people who are bisexual (and bisexual women even more so).
- This is thought to be in part due to differential access: many queer spaces are more oriented towards gay men, so others may not feel as comfortable there.
- Age (older heterosexual adults currently have the greatest rate of HIV transmission in the UK)

HIV Prevention and Management



- Treatment can suppress the virus to the point of undetectability
 - Undetectable = Untransmissible
 - Normal life expectancy
- PrEP = Pre-Exposure Prophylaxis, provided 'on' the NHS by Sexual Health Services (no prescription charge)
 - Truvada (Emtricitabine/Tenofovir disproxil)
 - Event based dosing: 2 tablets 2-24hrs before, and then 1 tablet 24hrs after (OD)
 - Regular dosing: 1 a day
 - For people of all genders, licensed in adults only

Case 3: Lex



Pre- consultation info available:

19 year old man

Previous history includes acne, taking lymecycline

Last consultation 9 months ago

Consultation:

‘I have been bleeding from my bum’

‘I am a bit embarrassed because I think it’s my fault’

Sexual Practices

- Penetrative versus non-penetrative
 - With or without condoms
- Oral, anal, vaginal, all
- Top (insertive) and Bottom (receptive) roles
- Toys (varying sizes) and other body parts (e.g. fisting)
- Should not hurt or bleed
 - Natural mucous production and muscle relaxation
 - Lubricant (silicone, water based, hybrid)
 - 'Poppers' (nitrates)
- ChemSex: swallowing, snorting, smoking, injecting.... (www.avert.org = good resource)



Patient Concerns

- Some genuinely fear judgement and blame
 - ‘if you didn’t have sex with men / so much sex this wouldn’t happen’
 - ‘if you had ‘normal’ sex you wouldn’t need this medication’
- Worry treatment may interfere with sex-life and disrupt relationships
- Concern of permanent damage or changes
- Important to check
 - Pressure and coercion
 - Pain or injury – was the sex consensual, do they feel safe?
 - ‘Epidemic’ of intimate partner violence, sexual assault

Inclusion & Intervention

Active bystandership:

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

Allyship:

- 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

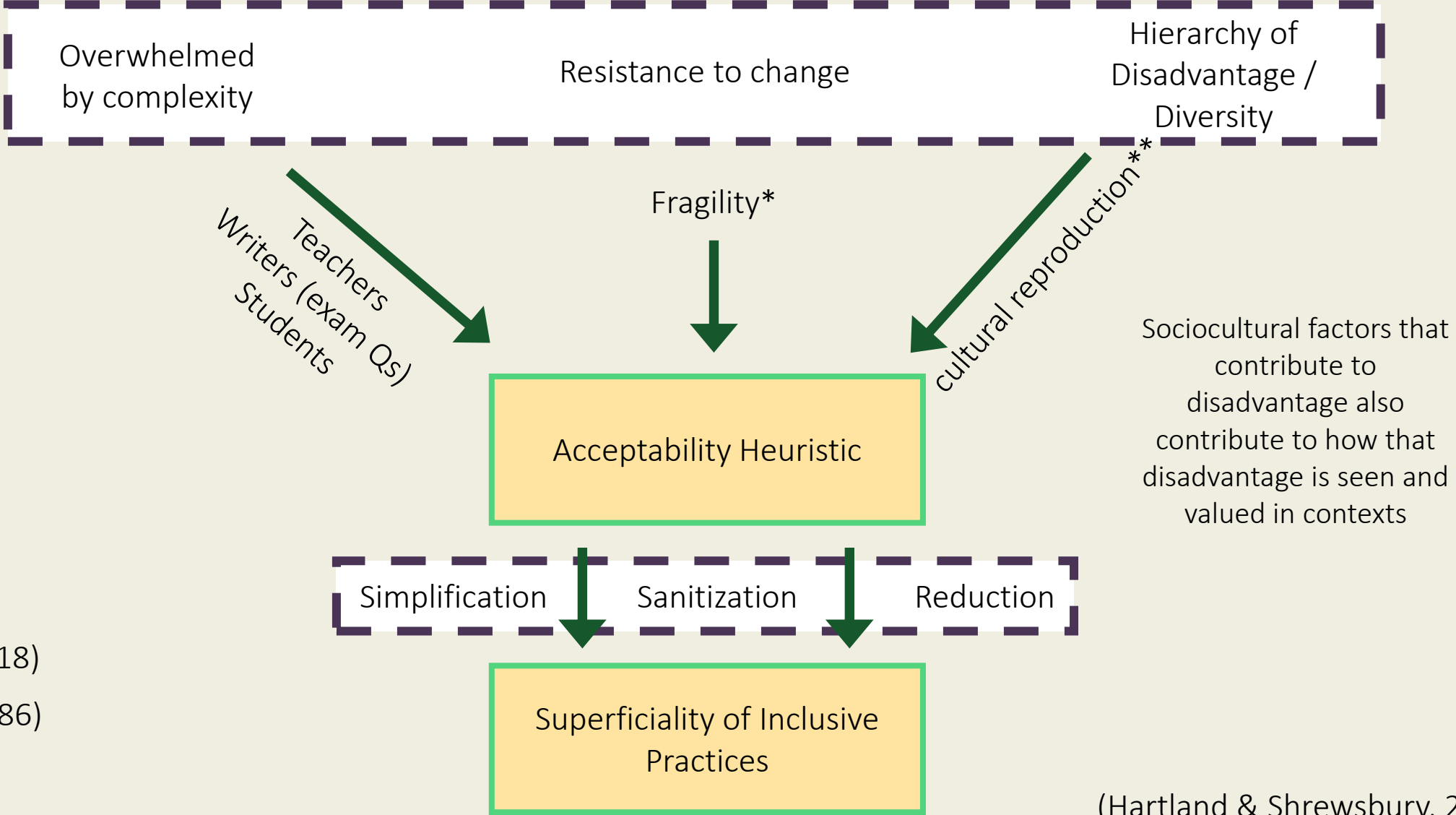


Inclusive Education

- As well as patients, LGBTQI+ healthcare students and professionals
 - Experience discrimination and prejudice
 - Feel their working lives are harder because of their sexual orientation or gender identity
- Consistent call from contemporary students to
 - Improve education and preparation
 - Decolonise and destigmatise pedagogical practices
- 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, stigma and shame
 - Active engagement and proactive change

(Arthur et al, 2021; Tollemache et al, 2021)

How are inequalities maintained?



*Diangelo (2018)

**Bordieu (1986)

Start by examining our own
positionality, privilege and
practices

Change can be slow, incremental
networked and revised



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.

Q & A

Sources of support:



- Mermaid Foundation: www.mermaidsuk.org.uk
- The Clare Project: <https://clareproject.org.uk>
- MindOUT: <https://mindout.org.uk>
- LGBT Switchboard: www.switchboard.org.uk
- Also worth noting that both the GIDS (<https://gids.nhs.uk>) and GIC (<https://gic.nhs.uk>) have pages with very good summaries of evidence and information too.
- 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.

Further Training and Learning



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>

RCP Gender Identity Healthcare credentials: <https://www.rcplondon.ac.uk/education-practice/courses/gender-identity-healthcare-credentials-gih>

World Professional Association for Transgender Health (WPATH) <https://www.wpath.org>

LGBT Foundation (especially Pride in Practice training): <https://lgbt.foundation/howwecanhelp>

Resources

RCGP NI Guidelines: <https://www.rcgp.org.uk/-/media/Files/RCGP-faculties-and-devolved-nations/Northern-Ireland/2017/RCGPNI-Trans-Patient-Guidelines-for-GPs-2017.ashx?la=en>

RCGP position statement: <https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2019/RCGP-position-statement-providing-care-for-gender-transgender-patients-june-2019.ashx?la=en>

NHS Gender Identity Clinic: <https://gic.nhs.uk>

I Want PrEP Now: <https://www.iwantprepnnow.co.uk/about/>

Stonewall (2018) Health Report: https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

Inclusion Health: <https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health/inclusion-health-applying-all-our-health>

Inclusion Health Education:
<https://www.hee.nhs.uk/sites/default/files/documents/Inclusion%20Health%20Education%20Mapping%20and%20Review%20-%20Full%20Report.pdf>