
Inequalities & Inclusion in Healthcare:

understanding & meeting LGBTQ+ needs

Dr Duncan Shrewsbury (they/them)

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

Visiting Professor Equality Diversity & Inclusion, Trinity College Dublin

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

In this talk, we will cover...

- LGBTQIA+ community
 - Specific healthcare needs
 - Why might this be the case?
 - Barriers for LGBTQ+ people
 - So-called conversion 'therapy' and safety
- Inclusion in education and practice
 - Pronouns, microaggressions & microaffirmations
- Three illustrative cases



Content Warning

In this session, we will draw on data that speaks to violence and hatred towards marginalized groups, including women, trans and gender diverse people, and the LGBTQIA+ community.

First thing's first:
what do we mean by 'LGBTQIA+'?

LGBTQIA+ terminology

L = lesbian, **G** = gay, **B** = bisexual, **T** = transgender, **Q** = queer, **I** = intersex, **A** = asexual ('ace')

'gay' is sometimes used synonymously with homosexual

Reclaiming terms (e.g. queer), whilst being a community trait, is very personal

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



INTERNATIONAL
PRONOUNS DAY

3rd Wednesday of October

PRONOUNS.ORG
RESOURCES ON
PERSONAL
PRONOUNS

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



- 3-5% UK, 5-7% Ireland >16y LGBTQ
 - ~200k-500k identify as trans in the UK
- LGBT doctors face discrimination
 - colleagues and patients
 - gender and sexuality identity
- Students 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.

So-called 'Conversion Therapy'

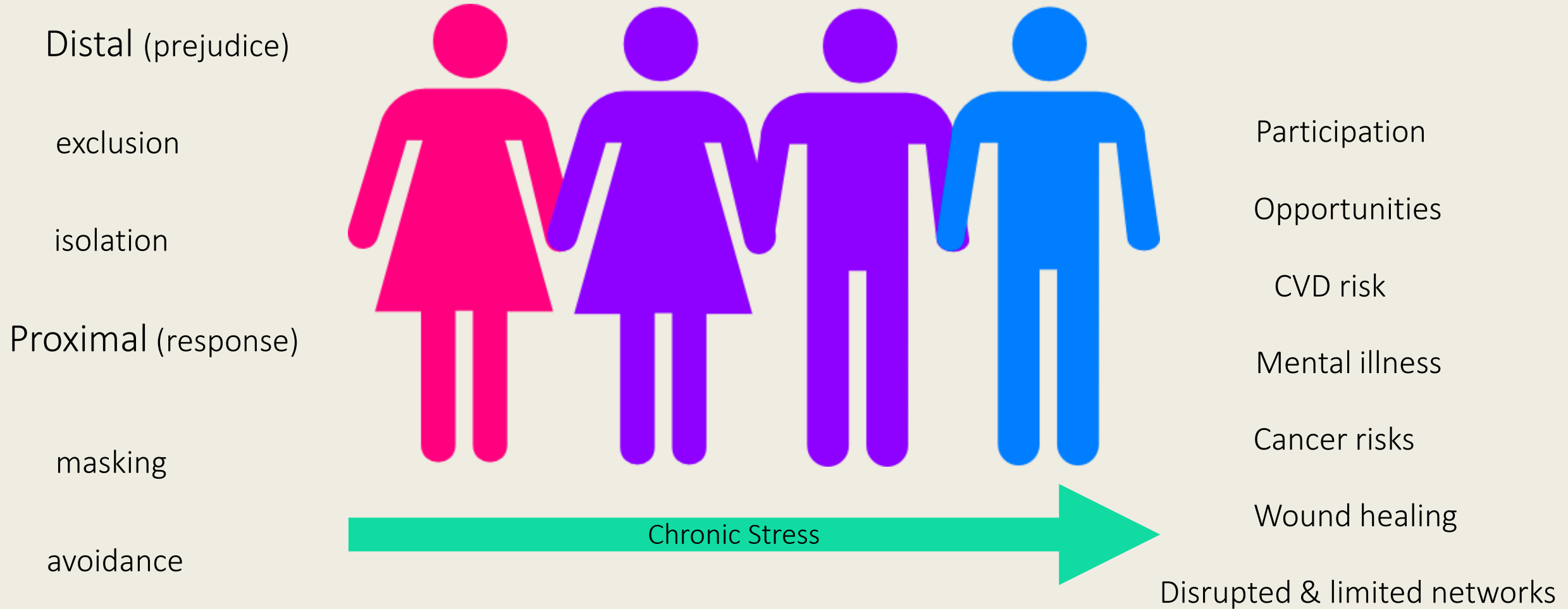
- 1/6 ppl experienced 'conversion therapy' delivered by HCP
- 1/20 ppl felt pressured to access whilst consulting HCP
- Methods vary, but include
 - Religiously charged
 - Starvation from food and / or water
 - Electric shock aversion 'treatment'
- Indisputable
 - Traumatic
 - Long-term damage
- Delays, 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> .

Why might healthcare needs be different in this community?



Minority Stress Theory



Adverse Childhood Experiences ('ACEs')

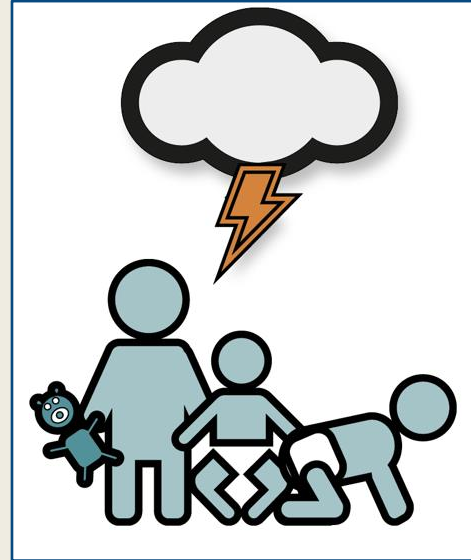
Potentially traumatic experiences

- *Abuse(s) and neglect*
- *Substance abuse*
- *Family disruption, illness, death*
- *Witnessing violence*

Really common:

~ 60% experienced >1 before 18y

Those who *have* experienced >4 ACEs (~15%) will suffer long-term consequences.



In school

- 75% harassment
- 35% physical abuse
- 12% sexual assault

Family

- Dysfunction
- Neglect
- Intimate partner violence

Lasting negative effects

- Impact on brain development
- 2 x chronic & mental illness
- Increased rates of addiction

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’

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)



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’?

Specific needs of TGD people

- Starting or continuing hormone therapy
 - Self-sought, bridging prescriptions, monitoring
- Screening
 - Disruption to tissue-based screening, registers and recall
- Lifestyle and wellbeing
 - Greater rates of smoking, substances, violent relationships
- Mental health
 - Treatment of co-occurring illness with local support
- Sexual health
 - Greater rates of undiagnosed HIV, poor contraception

Gender Dysphoria Services:
no need to be 'trans enough'



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



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’

HIV Prevention and Management



Treatment can suppress the virus to the point of undetectability

- Undetectable = Untransmissible
- Normal life expectancy

PrEP = Pre-Exposure Prophylaxis via NHS by Sexual Health Services (no prescription charge)

- Truvada (Emtricitabine/Tenofovir disproxil)
- Event based dosing: 2 tabs 2-24h before, then 1 tab 24hrs after (OD)
- Regular dosing: 1 a day (takes 7 days to reach therapeutic concentration)
- 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
- Oral, anal, vaginal, all
- Top (insertive), Bottom (receptive), Vers and Side 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....
- Some genuinely fear judgement and blame
- Worry treatment may interfere with / disrupt relationship
- Concern of permanent damage or changes



Check

- Pressure and coercion
- Pain or injury – was the sex consensual, do they feel safe?
- 'Epidemic' of intimate partner violence, sexual assault

Active Bystanding...

Direct action...

Delay...



Distraction...

Delegation...

...in daily practice

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
- Psychological and physical safety 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





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 are there
- How can you align & indicate your values

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!

d.shrewsbury@bsms.ac.uk