

2014

Lesbian Gay Bisexual Transgender: Helpful Information to Better Serve Your Patients

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Objectives of Today's Presentation:

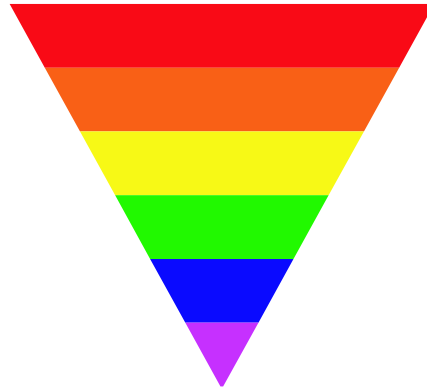
To revise existing practices and to develop new strategies to overcome LGBT barriers to accessing dialysis care and consistent treatment

Disclosure Statement:

I have nothing to disclose

LGBT vs GLBT vs LBGQTQAP vs GAY

What do these terms mean? What's the difference?



OH CANADA!



Consistently ranked as one of the best nations for LGBT Equality with Vancouver as a top city

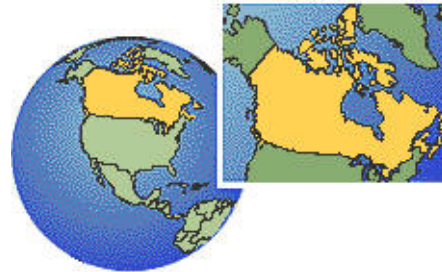
Let's briefly look at other parts of the world



Global News

-81 nations criminalize homosexuality and 7 of those allow the death penalty for consensual same sex relationships. Not included is Russia with its Anti Gay Propaganda law.

-Canada has become an international safe haven for LGBT immigrants



LGBT Barriers to Accessing Healthcare



- Fear of understanding
- Fear of acceptance
- A Kaiser study: -8% of LGB patients report having been refused healthcare based on their sexual orientation. 19% of trans patients report the same. 50% said doctors in their area lacked cultural competency to care for LGB patients 90% of trans patients cited this concern
- 50% of trans patients reported they have had to teach their provider on health needs and resources
- Statistics Canada: Lesbians and Bisexuals were more likely to report unmet healthcare needs than their heterosexual counterparts
- Avoidance of nephrology follow up: differences we see for prepared patients (AVF, expectations, self participation) vs acute new

Top Ten Clinical Mistakes Working with LGBT Patients:

1) Lack of self disclosure if
directly asked

Comfort can be your guide



2) Denying internalized heterosexism or
homophobia

What's the difference between external and internal
heterosexism or homophobia?

Top Ten



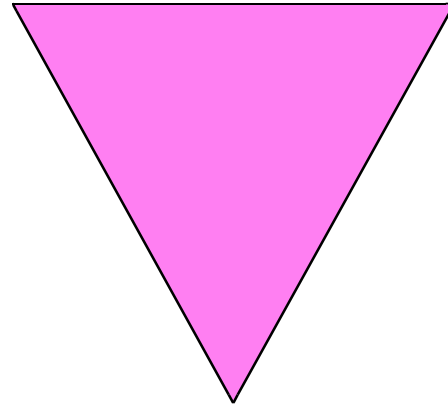
3) **Not knowing LGBT resources:** community centers (Qmunity BC's Resource Center), legal services, media (Xtra Vancouver), counseling, gay friendly businesses, ASO's for dietary, transport, medical support (AIDS Vancouver):

4) **Using wrong terminology:** slang or overclinical words like "The homosexual community" "sexual preference" "qu**r"

Top Ten

5) Not knowing stages of coming out

- Confusion
- Comparison
- Acceptance
- Pride
- Synthesis



Top Ten

6) Not understanding mixed orientation marriages/relationships: bisexuality/ polysexuality

7) Being a blank screen



Top Ten

8) Not acknowledging that gay adults were once gay kids or conversely gay seniors can still have sex or have desires. Gay seniors are twice as likely as straights to live alone. What are the implications of coming out later in life or not at all? What about internalized homophobia? What resources are there?



Top Ten

9) Not having any LGBT friendly literature in your dialysis waiting room or lobby



10) Believing straight and gay couples are the same



Clinical tips for working with Transgender clients

- From a Kaiser study: 26% of transpeople surveyed experienced physical assault/intimidation by a healthcare professional and 10% cite sexual assault
- From a Vancouver Coastal Health study: 72% of transpeople reported difficulty in accessing mental health services and most agencies outside of Vancouver and Victoria have little or no experience in working with transgender issues



Transgendered

Use transgender affirmation language



Expand definition of family when working with a patient's support system

Understand what is transphobia

Transpulse: 75% of Transpeople in Ontario have seriously considered suicide

Transgendered

Acknowledge in Males to Females a loss of societal male privilege

Understand mistrust of professionals

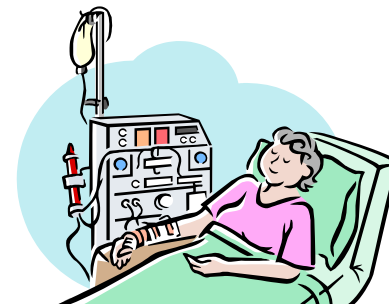


Overall Suggestions to help our LGBT Patients

-Never assume that your LGBT patient is out of the closet. ASK!

-Ask your patient if it's ok to use certain words (like he/she or even LGBT) or for clarification if you don't understand a term

-Incorporate antidiscrimination policies into your practice



Overall Suggestions Continued

- Advocate on behalf of your LGBT patients to others including your other patients and coworkers
- Read up on LGBT current issues and history
- Continue your trainings in cultural diversity. There's always more to know



Case Studies:

- 1) Laura, a dialysis patient in the Okanagan Valley, is transitioning from male to female. She is not open about her transgender status and upcoming reassignment surgery. She had answered “female” to questions of gender on every assessment but her referring physician reports to the staff that Laura is in fact a male and lying to everyone.
- 2) Wanda is a renal social worker in a unit on Vancouver Island. She is a strong believer in celebrating multiculturalism and for Pride month she created a Gay Pride poster for the lobby of her clinic. Several patients complained to her that they were offended by the idea of gay pride and demanded to administration to take it down.
- 3) Choi is a dialysis patient in Vancouver who is questioning his sexuality. He is afraid to discuss this with his family and friends; he feels isolated. He confides in his favorite nurse that he doesn’t know what he is feeling or what is “wrong” with him.

Resources

<https://iglhrc.org/>

http://www.attcnetwork.org/lgbt/Clinicians_GLBTOG.pdf

<http://www.apa.org/practice/guidelines/glbtc.pdf>

<http://www.gayaffirmativetherapy.com/default.asp?id=1172>

www.egale.ca

www.hrc.org

https://healthy.kaiserpermanente.org/static/health/en-us/landing_pages/pride/index.htm?kp_shortcut_referrer=kp.org/pride/

http://www.amsa.org/AMSA/Libraries/Committee_Docs/CounselingAndMentalHealthCareofTransgenderAdultsAndLovedOnes.sflb.ashx

www.transhealth.vch.ca

<http://www.thecanadianencyclopedia.ca/en/article/the-road-to-inclusion-transgender-health-care-in-canada/>

<http://thebridgebrant.com/wp-content/uploads/2014/03/Health-care-among-LGBT-Canada-stats-Can.pdf>

Questions? Comments?

THANK YOU!

