Healthcare of the LGBTQ Patient

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POWERS FAMILY MEDICINE

Lecture Goals & Objectives

1: Preventative medicine for LGBTQ People, and how it differs from the general population.

2: Terminology and slang of the LGBTQ community.

3: Creating a Welcoming Environment, Terminology and cultural sensitivity

This lecture DOES NOT include almost ANY information whatsoever on the actual HRT of the transgender population. That population and HRT Is addressed in a separate lecture, “Healthcare of the Transgender Patient and the Powers Method of Hormonal Transitioning” which is available at PowersFamilyMedicine.com. It does however reference concepts relevant to the transgender community.

Please Note

This lecture is designed to be presented to physicians / medical providers in the context that they will be providing medical care to LGBTQ people. If it has ended up in your hands, and you are not one of those, please keep this perspective in mind!

Additionally, language is used in this PowerPoint which is medical in nature. It contains the statements of major medical groups or publications. This language may not be sensitive to the very people this presentation is about. Additionally, there are colloquial terms included that some may find offensive. That being said, these cannot be edited without misquoting the source, so please be mindful of this as well. In short, not all the words here are mine. Some are quoted from other sources.

Part 1:

Medical care of the LGBTQ Patient

Preventative Medicine

- While there are a multitude of different guidelines, they are issued by smaller groups and there is no large nationally accepted list of guidelines for all LGBTQ people. The UCSF guidelines are considered the most accepted for transgender patients, and generally the ones used by most providers (#2 would be WPATH). They are given below along with other recommended guidelines per the CDC. The language used in these guidelines isn't quite PC, so know that they weren't written by me.

- In the event that there is an unusual situation or the clinician seeks further guidance, preventative medicine should be applied as it would be applied by the usual guidelines to a patient whose body has the organs to which those guidelines apply. If the patient no longer has those organs, these screenings are no longer needed. If a screening is designed for a particular behavior or sexual practice, and the patient does not do that behavior, it is not needed despite how they identify. (Example: A mutually monogamous married gay male couple does not need HIV screening every year when they report marital fidelity).

Barriers to Care

- Barriers to Care for LGBTQ People There are many reasons why LGBTQ people have difficulty accessing health care. Most of these problems can be summarized in three categories:

- **Limited Access** - First, they may have trouble with basic access to care. LGBTQ people are less likely to have health insurance, either because they have been rejected by their families when they are young, or because they are unemployed or homeless, or because they require services that are not available to them even when they have health insurance.

- **Negative Experiences** - Second, they may experience discrimination or prejudice from health care staff when seeking care. Bad experiences with inadequately-trained professionals are a big reason why LGBTQ people do not seek medical care; many also report that they look for clues when arriving at a health care facility, such as the way they are greeted by staff, whether non-discrimination policies are posted in public areas, or if there are single occupancy or gender-neutral bathrooms.

- **Lack of Knowledge** - Third, LGBTQ people sometimes discover that providers do not have knowledge or experience in caring for them. These barriers present a challenge for LGBTQ individuals and health care staff throughout the nation. The good news is that overcoming them does not require extensive training or highly technical expertise.

Patient Interactions

- Do not make any assumptions about the gender identity or sexual orientation of any of your patients.
- Reflect terms that people use to describe themselves. If a person says that they are gay, don't say "homosexual" back to them. Use their language and labels.
- If a man is speaking and mentions his husband, address this person in further conversation as his husband and not his "partner" or "friend".
- When taking history, do not use loaded questions. Don't ask "Do you have a boyfriend?" to a young female patient. Instead, ask "are you in a relationship? Are you sexually active with this person?" (My best friend is a lesbian and is lectured on condom usage by her doctor at literally every annual gynecological visit because the doctor never asked her about her sexual preferences, they simply asked "are you sexually active? Do you use condoms?". My friend eventually stopped seeing that doctor as a result).

Patient Interactions

- Even when addressing straight patients, this is a respectful way to handle things. Ask: “What are your parents’ health issues?” Rather than asking about their “mother and father”. Not everyone was raised by two parents, and sometimes those two parents are both mom or dad.

- Ask for only medically relevant information. If a patient is presenting with complaint of springtime allergies, there isn’t any reason to satisfy your curiosity about their personal life. If its not relevant to the care you are providing, you don’t even need to bring it up.

- You are going to screw up. You’re going to mis-gender a patient, you’re going to make an awkward comment. Humans make mistakes. If you realize you’ve said or done something offensive, apologize, correct it and move on.

- The dumbest thing I have ever said in a patient room is the following. Moments before going into a new patient physical I was discussing the movie “Titanic” with my colleagues at the nurses station. Particularly we were talking about the lifeboat scene where the passengers are escaping the sinking ship “WOMEN AND CHILDREN FIRST!”. When doing the sexual history, I asked the patient, “are you sexually active with men, women, or children?”. The line from the movie was primed into my short term memory and just came out like muscle memory when asking the question. The instant this came out of my mouth the patient was furious, and I was mortified at my verbal flub. I was so incredibly stunned at how stupid and offensive what I accidentally said I couldn’t even take stock of it to apologize. I attempted to explain myself, failed miserably, and just laughed it off as an awkward joke. This was 100% the wrong thing to do. I should have immediately apologized and explained my mistake, and then moved on. Don’t worry, you’re unlikely to ever say something that stupid, so the next time you say something awkward to an LGBTQ patient, just remember its not as bad as what Dr. Powers did.

Breast/Prostate/Cervical Cancer

- **Breast cancer screening mammography in patients >50 yrs with additional risk factors**
  - e.g., estrogen and progestin use >5 yrs, positive family history, BMI > 35
  - (In my practice I mammogram anyone over 35 on feminizing hormones for at least 2 years, or any age who has been on hormones for 10 years, we use doses vastly higher than natural estrogens)
  - Lesbians and Bi women are screened per the usual guidelines, though they are far less likely to get it done. This is also true of paps/well woman exam.
  - "Gold Star" Lesbians still need gyn care per ACOG guidelines!
- **Prostate: PSA is falsely low in androgen-deficient setting (Transgender women), even in presence of cancer; only consider PSA screening in high risk patients or those with a complaint, free PSA is a more accurate value.**
  - Use a digital rectal exam to evaluate the prostate in all transwomen.
  - In gay and bisexual men, consider PSA total and free or DRE at annual physical (or both) depending on patient complaints. If you're going to draw the PSA right after the DRE, it will be falsely elevated (Don't do this)

Pronouns / Preferred Names

- Transgender patients more often than not have a legal name that is different from the name they use in their daily life. They refer to their legal name as their "deadname". Do not ever call their legal name their "Real name". This is extremely offensive and implies their identity and preferred name are "fake".

- You cannot assume the gender identity of a person based on the name you see on an intake form. Have a spot on your forms for "preferred name" and incorporate this information into your EMR.

- You can never go wrong with gender neutral pronouns. If you don't know if someone prefers male or female pronouns, use gender neutral (They/them).

- I dictate via dragon right in front of all of my patients. I do this so that they know 100% what their medical record says, and if I make a mistake in history, they correct me. It also reinforces the medical plan we are enacting at the visit by repeating it to them again. In addition, while doing this I exclusively use gender neutral pronouns. "The patient presented today with X. They state that it has been this way since…". As a result, I cannot possibly misgender someone.

Breast/Prostate/Cervical Cancer

- **Pap smears in penile inversion neovaginas are NOT indicated for any transgender women.**
  - Neovagina is lined with keratinized epithelium and cannot b**e** evaluated with a Pap smear. The neovagina has been created from the skin of the former penis and scrotum.
  - Perform periodic visual inspection with a speculum, looking for genital warts, erosions, and other lesions.
  - If STI is suspected, do a culture swab, not PCR.
  - Neovaginal walls are usually skin, not mucosa; when it is mucosa, it is urethral or colon mucosa.
- **Pap smears should be performed per ACOG guidelines on gay and bisexual women.**
- **(I'm going to restate that again, I don't care if its redundant, I want it 100% clear. It does not matter if they have never been sexually active with a man in their entire lives, they still need to get paps per ACOG guidelines. ALWAYS)**
- **I recommend performing anal paps on gay and bisexual men who have receptive intercourse q3 years, usually at an annual physical (or if I happen to need to swab the rectum anyways for a STD screening). The CDC has made no recommendations on this front, but I've diagnosed rectal cancer with anal paps in a patient as young as 27. HPV infection causes cancer in the rectum in a similar way to how it causes it in the cervix. MDL is a local lab in Michigan who runs these for me.**

Transmen and Lesbian/Bi Women

Breast Cancer

Annual chest wall/axillary exam; mammography as for natal females. Not needed following double mastectomy, but perform if only a reduction was performed. Lesbians/bi women who have not birthed a child are at increased lifetime risk of breast cancer secondary to nulliparity.

Cervical Cancer

Following total hysterectomy. If prior history of high-grade cervical dysplasia and/or cervical cancer, do annual Pap smear of vaginal cuff until 3 normal tests are documented, then continue Pap every 2-3 years. This is true of anyone who has a vagina. If the patient had a hysterectomy for any reason other than cancer, they do not need this done EVER.

Cervical Cancer

(if ovaries were removed, but uterus/cervix remain intact)

Follow Pap guidelines for natal females; Inform pathologist of current or prior testosterone use if ASCUS result (testosterone can cause cervical atrophy)

Uterine Cancer

For Transmen, evaluate spontaneous vaginal bleeding in the absence of a mitigating factor (missed testosterone doses, excessive testosterone dosing leading to increased estrogen levels, weight changes, thyroid disorders, etc.) as for post-menopausal natal females; consider hysterectomy if fertility is not an issue, patient is > 40 years, and health will not be adversely affected by surgery.

Do not discourage transgender men from getting an elective hysterectomy if they desire it. Pregnancy in transgender men is rare, though possible. Overwhelmingly they have lower regret rates compared to Cis Female peers.

TLDR: If they still have the organ, screen per natal female rules.

Cardiovascular Disease

- Transgender people who have not used cross-sex hormones require the same screening criteria as persons of their natal sex. The same goes for LGBQ patients. Aggressively screen and treat for known cardiovascular risk factors. Consider daily aspirin therapy in patients at high risk for CAD.
- Transwomen planning to start feminizing hormones within 1-3 years: try to bring BP to ≤130/90, and bring LDL cholesterol to ≤ 135
- Transwomen currently taking estrogen:

  - *Lipids*: annual fasting lipid profile; treat high cholesterol to LDL goal of to ≤ 135 mg/dL (3.5 mmol/L) for low-moderate risk patients, and to ≤ 96 mg/dL (2.5 mmol/L) for high risk patients.
  - Obesity occurs more often in lesbian and bisexual women (as well as smoking). Consider these additional risk factors as part of their overall CAD risk when determining how to screen.
  - HIV+ Patients of any sex are at increased risk of CAD and hyperlipidemia is common (though less so on more modern drug regimens such as Biktarvy/Symtuza/Triumeq/Odefsey

TLDR: Screen per natal sex, consider that hormones increase CAD risk. Maybe screen extra as a result.

Diabetes Mellitus

- **Transwomen currently taking estrogen: consider annual fasting glucose test, esp. if family history of diabetes and/or > 12 pounds weight gain.**
  - Consider glucose tolerance testing and/or A1C test if evidence of impaired glucose tolerance without diabetes.
  - Treat diabetes according to guidelines for non-transgender patients; if medications are indicated, include insulin sensitizing agent.
  - **Consider eliminating or decreasing progesterone treatment for transwomen if significant weight gain ensues after initiation.**

Transgender people who have not used cross-sex hormones require the same screening criteria as persons of their natal sex.

- **Consider screening (by patient history) for polycystic ovarian syndrome (PCOS); diabetes screening is indicated if PCOS is present. PCOS is common in Trans-Men, and increases the chance of same-sex attraction significantly in all women.**
- **38% of women with PCOS identify as bisexual or lesbian. They have a 4x risk of type 2 diabetes. When diagnosed, if their A1c is over 5.0 I start 500mg metformin po qd. Metformin can also help them with weight loss and menstrual cycle regulation.**

Diet and Lifestyle

- **Transmen** who have not had top surgery may intentionally carry extra weight to obscure breast and hip appearance. Some transmen with larger breasts may be hesitant to exercise due to physical discomfort or feeling uncomfortable in tight-fitting athletic apparel. Conversely, some transmen may not realize the increased metabolic demands when taking testosterone. Patients having difficulty gaining weight or muscle mass, with fatigue or anxiety should be screened for dietary protein, calorie and micronutrient/vitamin deficits. Appropriate intake should be adjusted to appropriate male age/activity levels.
- Remember that a patient presenting with chest/rib pain may not be wearing the binder they typically wear to hide breast tissue. Ask if the patient wears a binder.
- **Transwomen** and young gay men have a higher rate of eating disorders such as anorexia or may intentionally take in fewer calories than necessary in order to maintain a slight build. Some transwomen might feel that exercise is a more masculine trait and therefore avoid it. Remind transwomen that exercise does not have to involve bodybuilding and that many non-transgender women exercise regularly.
- **Anorexia Nervosa and Bulemia** occur in greater rates in all population groups of the LGBT population compared to Straight People. (But greatest in young gay men and transgender people)
- Alcohol abuse and Smoking occur at much higher rates in the LGBT population when compared to straight people. Transgender people smoke the most of all members of the LGBT community at 35%, followed by 20% in Gay men and Lesbians and 16% in bisexuals.

Mental Health

- Screen for depression, anxiety, bipolar disorder or history of trauma in all LGBTQ patients. Refer, if needed, to a mental health provider who is capable of assessing and treating transgender people and LGBQ people without denying their gender identity or sexual orientation.

TLDR: LGBTQ people are subject to discrimination and other life difficulties simply because of who and what they are. This seems to produce greater levels of mental health problems while simultaneously making it more difficult for them to obtain quality treatment.

Musculoskeletal Health

- Transgender people who have not used cross-sex hormones require the same screening criteria as persons of their natal sex.
- All trans patients who take cross-sex hormones and/or have had or anticipate gonadectomy are recommended to take supplemental calcium and vitamin D in accordance with current osteoporosis prevention guidelines to help maintain bone density.
- Transgender youth who used Lupron or Histrelin (GNRH blockers) for extended time frames in childhood are at increased risk of osteoporosis.
- LGBTQ Patients are at also slightly increased risk of muscle and bone issues due to their increased BMI compared to Straight controls.

Pulmonary Screening

- Screen for asthma, COPD, Tuberculosis (In HIV+)
- Encourage smoking cessation, be aware that LGBTQs smoke far more than the general population.
- Low dose CT scan for lung cancer screening age 55 or older with 30 PYH of smoking.
- Presence of these conditions **may** preclude surgical interventions for transgender patients.
- Starting HRT is a great way to motivate someone to quit smoking.

Sexual Health

Take a detailed sexual history:

- Inquire about past and current sexual contacts/total numbers and gender(s) of partners (Men women or both?) (Top/Bottom/Both?)
- Prior disclosed sexual orientation is not a lifetime guarantee. If a woman or man says they are straight at their annual physical, this doesn't mean they will never have any same-sex sexual activity in their lifetime (or that they even told you the truth)
- Contraception, condom and barrier use/frequency should be asked
- STI history
- Sexual abuse history
- Potentially risky sex practices (e.g., Unsafe BDSM, etc.).
- Self-destructive and high risk behaviors may indicate need for mental health referral and indicate the need to ask about drug use, particularly meth in the gay male community.
- Gay men of color (And Transgender Women of Color) have the highest STD rates of any demographic.

Do not assume the sexual orientation of transgender patients! Furthermore, it can change over time with HRT!

HIV and Hepatitis B/C Screening/Prevention

- If ongoing risk behaviors for sexual or blood-borne transmission (e.g., unprotected penile-vaginal or penile-anal intercourse, history of prior STIs, sharing needles for injection of hormones or illicit drugs), consider HIV and Hepatitis B/C screening every 6-12 months; otherwise consider HIV and Hepatitis B/C screening at least once during lifetime.
  - Treat STIs according to recommended guidelines, it does not change no matter what the sexual orientation is. Offer Hepatitis B vaccination if patient is not already immune if they are a transwoman/gay man/bisexual man.
- HIV is not a contraindication or precaution for any transgender treatment. Treatment with hormones is frequently an incentive for patients to address their HIV disease. This is also true of non-transgender HIV+ patients who require Q3month monitoring of their disease. Use these visits to check other relevant health things, especially as you'll already be drawing blood!
  - Providers of care for LGBTQ people should enhance their HIV expertise, and vice versa.

Screening Considerations

- If patient reports ongoing risk factors (recurrent STIs, unprotected sex with a partner who might be at risk, unprotected anal/vaginal sex with more than one partner, psychosocial cofactors relating to unsafe sex), screen every 6 months for gonorrhea, chlamydia, and syphilis.
  - Treat all patients with STIs and their partners according to recommended guidelines.
- Internal/external genital or rectal exam should be based on patient's past and recent sexual history and comfort with exam, and discussion of the risks and benefit of the procedure. A patient should never be pressured into a sensitive exam, but patients should be made aware of the risks of not having the exam performed.
- Use a gloved finger and/or an appropriate-sized speculum. Vaginal specula are not used to do an anal exam, there are special anal specula designed for that purpose.

Silicone Injections

- Some transgender women may seek or have sought injections of free silicone oil into their hips, buttock, thighs, breasts, lips, or face.
- Rarely, this is also done by other members of the LGBTQ community.
- This may be performed by unscrupulous practitioners and may have happened abroad. Additionally, some laypersons may hold "pumping parties" where transwomen are injected using in some cases industrial grade silicone oil using minimal or absent sterile techniques. (Synthol)
- Risks associated with these procedures include local and systemic infection, embolization, painful granuloma formation, and a systemic inflammatory syndrome that can be fatal.
- Transwomen should be screened for prior or risk of future silicone injections and counseled appropriately. If silicone injections or major cosmetic changes are noted in your patient, be sure to discuss this.

Violence

- Despite increasing social acceptance, violence and victimization related to homophobia and transphobia continue to impact LGBT groups.
- Sexual minority high school students are more likely than their heterosexual counterparts to be threatened or injured with a weapon while at school, be bullied, and avoid school because of safety concerns.
- LGBT adults are also victims of violence; after race and ethnicity, sexual orientation is the most common motivation for hate crimes reported to the FBI.
- Such events often produce an environment of stress and intimidation even for those not directly impacted. While the prevalence of intimate partner violence appears to be similar between same-sex and opposite-sex couples, partner abuse in LGBT relationships has been under-recognized and under-addressed by the medical community.
- Intimate partner violence affects transgender individuals more commonly than those who are heterosexual, gay, lesbian, or bisexual.

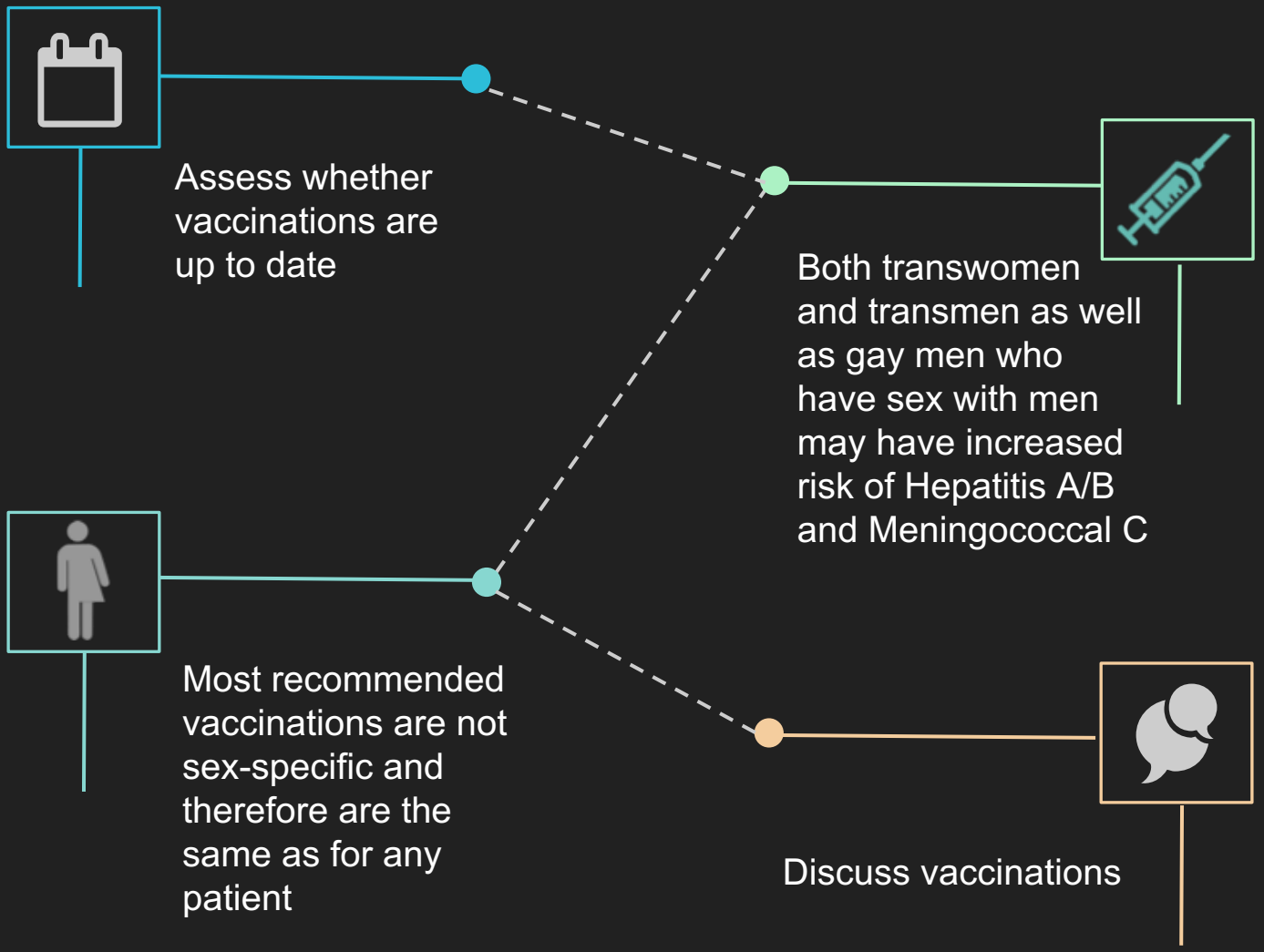
Substance Use

- Assess substance abuse (About 30% of all members of the LGBTQ community are currently addicted to at least one substance).

- Screen for past and present use of tobacco, alcohol, and other drugs

- Refer, if needed, to a LGBTQ-competent chemical dependency program

Vaccinations



Homelessness

- Assess the patient's living situation at every visit.
- Ask deliberate questions, "Where are you living?", "Who do you live with?", "Do you feel safe at home?".
- Transgender people (particularly transgender youth) are at the highest risk factor of any demographic for homelessness.

  - National Transgender Discrimination Survey revealed a 19% homelessness rate

  - LGBTQ youth comprise 40% of all under 18 homeless people despite LGBTQ people being only 5% of the total population (though 8% of all teens identify as LGBTQ compared to the national average of 5% in all age groups.)

HIV/AIDS

- HIV screening should be offered per guidelines based on Exposures/risks.
  - With a past recorded negative result it is completely reasonable to offer HIV screening with a history of any possible new exposure.
  - It should also be offered at annual physicals to anyone who wants one, LGBTQ or not.
  - Patients who have receptive anal intercourse (Female or male) should specifically be offered the test as HIV transmission rates Penile-Anal is about 1/200.
- Transgender women have the highest HIV rates in the country.
  - A 2009 report from the NIH found that nearly 1/3 of transgender Americans had HIV, and a large percentage of this shift is due to transgender women of color who sadly have an HIV positivity rate of 56% in Michigan. The rate is even higher in certain regions of the USA.

Truvada/PrEP

- Truvada, or Pre-exposure prophylaxis is a new therapy aimed at reducing the rate of new infections of HIV in high risk populations.
- Truvada through mathematical modeling demonstrates a 99.9% reduction in hiv infection rate in a population exposed to HIV who have a 100% compliance rate.
- In real life studies (not everyone perfectly compliant with daily dosing) it demonstrated a 92% reduction in the IPREX trial.
- The drug requires renal and hepatic monitoring (CMP) every 3 months as well as HIV testing every 3 months to ensure continued negativity per FDA guidelines.
- The overwhelming majority of patients have zero side effects and feel completely fine on it as if they weren't even taking it.

This drug can be prescribed by a family practice provider in any clinic and does not require any special certifications. Literally any licensed doctor or mid level provider can prescribe it!

Suicide Risk

LGBT Youth:

2 to 3 times more likely to attempt suicide than the general population (Gen pop is about 14 per 100,000)

4/5 people who attempt suicide and succeed are male.

75% of all suicide attempts are committed by women.

(Transgender suicide attempt rate is astronomically higher, approx. 40% attempt by age 30)

Part 2:

LGBTQ Terminology

Terms and Definitions

Ally (Heterosexual Ally, Straight Ally): Someone who is a friend, advocate, and/or activist for LGBTQ people. A heterosexual ally is also someone who confronts heterosexism in themselves and others. The term ally is generally used for any member of a dominant group who is a friend, advocate or activist for people in an oppressed group (i.e. White Ally for People of Color). LGBTQIAA

Androgynous: Term used to describe an individual whose gender expression and/or identity may be neither distinctly “female” nor “male,” usually based on appearance. Sometimes written as “Androgyne”.

Asexual A sexual orientation generally characterized by not feeling sexual attraction or desire for partnered sexuality. Asexuality is distinct from celibacy, which is the deliberate abstention from sexual activity even though desire and attraction is present. LGBTQIAA

Bisexual, Bi An individual who is physically, romantically and/or emotionally attracted to men and women. Bisexuals need not have had sexual experience with both men and women; in fact, they need not have had any sexual experience at all to identify as bisexual. Additionally, if a bisexual person is in a monogamous relationship with a person of the same or opposite sex, they do not stop being bisexual.

Biphobia: The fear, hatred, or intolerance of bisexual people.

Terms and Definitions

Bisexual Erasure: Bisexual erasure or bisexual invisibility is the tendency to ignore, remove, falsify, or reexplain evidence of bisexuality in history, academia, the news media, and other primary sources. In its most extreme form, bisexual erasure can include the belief that bisexuality does not exist.

Cisgender a term used to describe people who, identify as the gender they were assigned at birth. (terms originate from latin, Cis “This side of” Trans “The other side of”.

Closeted Describes a person who is not open about his or her sexual orientation. Can also be applied to a transgender or gender variant person who has not disclosed their gender identity.

Coming Out A lifelong process of self-acceptance. People forge a lesbian, gay, bisexual or transgender identity first to themselves and then may reveal it to others. Publicly identifying one’s orientation may or may not be part of coming out. Coming out never ends as long as a person meets new people throughout their life.

Down Low Slang term used to describe men who identify as heterosexual but engage in sexual activity with other men. Often these men are in committed sexual relationships or marriages with a female partner. This term is almost exclusively used by and about men of color.

Terms and Definitions

Drag Queen/Drag King Used by people who present socially in clothing, name, and/or pronouns that differ from their everyday gender, usually for enjoyment, entertainment, and/or self-expression. Drag queens typically have everyday lives as men. Drag kings typically live as women when not performing. Drag shows are popular in some gay, lesbian, and bisexual environments. Unless they are drag performers, most Trans people would be offended by being confused with drag queens or drag kings.

Gay The adjective used to describe people whose **enduring** physical, romantic and/or emotional attractions are to people of the same sex (e.g., *gay man*, *gay people*). In contemporary contexts, *lesbian* (n. or adj.) is often a preferred term for women. Avoid identifying gay people as "homosexuals" an outdated term considered derogatory and offensive to many lesbian and gay people due to this word having a charged medical and political history.

Gender Expression Refers to how an individual expresses their socially constructed gender. This may refer to how an individual dresses, their general appearance, the way they speak, and/or the way they carry themselves. Gender expression is not always correlated to an individuals' gender identity or gender role. (Consider which colors are "male" or "female" culturally in the USA, is this true everywhere? In the 19th century, baby boys often wore white and pink. Pink was seen as a masculine color, while girls often wore white and blue. Gender expression relates to someone's presentation within the context of those cultural norms.

Terms and Definitions

Gender Identity Since gender is a social construct, an individual may have a self perception of their gender that is different or the same as their biological sex. Gender identity is an internalized realization of one's gender and may not be manifested in their outward appearance (gender expression) or their place in society (gender role). It is important to note that an individual's gender identity is completely separate from their sexual orientation or sexual preference. **Gender Neutral** This term is used to describe facilities that any individual can use regardless of their gender (e.g. gender neutral bathrooms). This term can also be used to describe an individual who does not subscribe to any socially constructed gender (sometimes referred to as "Gender Queer").

Gender Non Conforming A person who is, or is perceived to have gender characteristics that do not conform to traditional or societal expectations.

Gender Reassignment/Affirming Surgery – Refers to a surgical procedure to transition an individual from one biological sex to another. This is often paired with hormone treatment and psychological assistance. A "Transgender" individual typically goes through several years of hormones and psychological evaluations and lives as their preferred gender in society prior to undergoing "top" or "bottom" surgery.

Gender Role A societal expectation of how an individual should act, think, and/or feel based upon an assigned gender in relation to (most) societies binary gender system.

Heterosexual An adjective used to describe people whose enduring physical, romantic and/or emotional attraction is to people of the opposite sex. Also *straight*.

Terms and Definitions

Homosexual (*Offensive Term*) Outdated clinical term considered derogatory and offensive by many gay and lesbian people. The Associated Press, *New York Times* and *Washington Post* restrict usage of the term. *Gay* and/or *lesbian* accurately describe those who are attracted to people of the same sex.

Homophobia - Fear or hatred of lesbians and gay men

Intersex - People who naturally (that is, without any medical interventions) develop primary and/or secondary sex characteristics that do not fit neatly into society's definitions of male or female. Many visibly intersex babies/children are surgically altered by doctors to make their sex characteristics conform to societal binary norm expectations. Intersex people are relatively common (About 1/300), although society's denial of their existence has allowed very little room for intersex issues to be discussed publicly. Has replaced "hermaphrodite," which is inaccurate, outdated, problematic, and generally offensive.

Kinsey Scale Alfred Kinsey, a renowned sociologist, described a spectrum on a scale of 0-6 to describe the type of sexual desire within an individual. 0 Completely Heterosexual – 6: Completely Homosexual. In his 1948 work *Sexual Behavior in the Human Male*. The Kinsey Scale is often used to describe the bisexual community and describe the differences between sexual orientation and sexual preference.

Lesbian A woman whose enduring physical, romantic and/or emotional attraction is to other women. Some lesbians may prefer to identify as gay (adj.) or as gay women.

LGBTQIA An acronym used to refer to all sexual minorities: "Lesbian, Gay, Bisexual, Queer, Intersex, and Allies/Androgynous/Asexual."

Terms and Definitions

Lifestyle Choice – Offensive and Inaccurate term used by anti-gay extremists to denigrate lesbian, gay, bisexual and transgender lives. As there is no one straight lifestyle, there is no one lesbian, gay, bisexual or transgender lifestyle. (Is your lecturer making a lifestyle choice about living with his Cisgender Wife? Or did he just fall in love with her and then lived their lives together?)

Men Who Have Sex with Men (MSM)– Regardless of if they identify themselves as homosexual or bisexual, this term is used in a public health context to describe men who engage in sexual activity with other men.

Non-Binary – "Enby" A person who does not identify as male or female. Often use "They/Them" pronouns.

Openly Gay Describes people who self-identify as lesbian or gay in their personal, public and/or professional lives. Also *openly lesbian*, *openly bisexual*, *openly transgender.*

Outing The act of publicly declaring (sometimes based on rumor and/or speculation) or revealing another person's sexual orientation or gender identity without that person's consent. Considered inappropriate by a large portion of the LGBT community.

Pansexual – Someone who is attracted to all biological sexes, genders, and gender identity. Distinct from bisexual (which only is an attraction to men or women).

Terms and Definitions

Queer - Historically was a pejorative term, *queer* has been appropriated by some LGBT people to describe themselves. It effectively can be used as an umbrella term to refer to anyone “non-straight” or in the context of genderqueer as “non-cisgender”.

Questioning – The process of considering or exploring one’s sexual orientation and/or gender identity.

Sexual Orientation - The scientifically accurate term for an individual’s enduring physical, romantic and/or emotional attraction to members of the same and/or opposite sex, including lesbian, gay, bisexual and heterosexual (straight) orientations. Avoid the offensive term “sexual preference,” which is used to suggest that being gay or lesbian is voluntary and therefore “curable.” As a phenotypic trait, sexual orientation is coded into a human and cannot be voluntarily changed any more than an adult’s height could change. However, there are documented cases of transgender people experiencing complete reversals of sexual orientation upon initiating hormone therapy. The “development period” of sexual orientation is not yet fully understood.

Sexual Behavior Refers to an individual’s sexual activities or actions (what a person does sexually). Though often an individual’s sexual orientation is in line with their sexual behavior, it is not always the case.

Straight Pop culture term used to refer to individuals who identify as a heterosexual, meaning having a sexual, emotional, physical and relational attraction to individuals of the “opposite” gender/sex. The term “straight” often has a negative connotation within the LGBTQ population, because it suggested that non heterosexual individuals are “crooked” or “unnatural” (Mid 20th century origins of referring to trying to treat non-heterosexual people medically and return them to “the straight and narrow”).

Slang and Colloquial Terms

Terms following this point are slang or colloquial, and some are considered offensive, especially when used by non-members of the LGBTQ community. They are included here for the purposes of enhancing understanding, but I would avoid their use in the context of a medical office visit.

Butch – A masculine appearing lesbian
CisHet – Term used by LGBTQs to refer to the Cisgender-Heterosexual majority or a single person.
Dyke – Pejorative term for lesbians (1800s etymology related to “Dike” for ditch. Slang for vagina)
Binding – Wearing a tight upper garment to flatten the chest and make it appear more masculine.
Baby Butch / Baby Dyke – A young, boyish appearing lesbian.
Bear – A large, hairy, and often overweight gay man, typically middle aged or older.
Bottom/Top – Receptive or penetrative partner in anal intercourse (Sometimes used for BDSM roles)
Versatile – A partner who both tops and bottoms (In the context of BDSM it’s called a “Switch”).
Chapstick Lesbian - queer identified woman who is sporty and athletic but not “butch”. The word denotes that she’s the not the type to wear makeup (aka a “lipstick lesbian”) and goes for a more natural look.
Cub – A young bear.
Beard – The person a LGBTQ person uses to conceal their real identity. (Imagine the gay son of a fundamentalist baptist preacher bringing home his best female friend and she poses as his girlfriend to help him evade persecution from his family. She is his “beard”.)
Gold star – A person who has not had sex with someone of the opposite gender ever.
Lesbian until graduation (Lugs) – A woman who has bisexual/lesbian experiences in academia but then never again afterwards. A pejorative often used in the lesbian community against bi women. (Part of lesbian ostracism culture where lesbians will socially ostracize or refuse to date non exclusively lesbian women).
Heteroflexible - A person who is mostly heterosexual and incidentally/occasionally not.

Slang and Colloquial Terms

Terms following this point are slang or colloquial, and some are considered offensive, especially when used by non-members of the LGBTQ community. They are included here for the purposes of enhancing understanding, but I would avoid their use in the context of a medical office visit.

Packing – Wearing a penile prosthesis. Most commonly stated by FTM persons.
Pillow Princess – Typically referring to a queer woman but not always, a passive sexual partner who "receives but does not give"
Poz - HIV Positive
Bugchaser – A person who is actively seeking to get infected with HIV. (Less common in modern day, but the fear of HIV infection in the 80's and 90's resulted in some gay men who viewed HIV infection as inevitable and wanted to "get it over with" and get infected rather than living in fear of infection.)
Passing – Being perceived by others in society as one's preferred gender identity
Queen – An effeminate gay man, used in compound words and slurs as well such as "Drag Queen" or "Rice Queen" (an Asian effeminate gay man [Racist Slur]). Sometimes inverted as "Drag King".
Stealth – A transgender person who passes and doesn't disclose their transgender status at work/public/etc
Stud - A queer woman, usually a woman of color, who is dominant during sex. Studs are often also butch.
TERF – A Trans-Exclusionary Radical Feminist – A pejorative term used to refer to cisgender women who exclude transgender women from their definition of women and feminism.
Twink – A small, young, handsome, slender gay man with a boyish appearance.
U-hauling – Cohabitating with a partner whom one has just very recently met. Usually used by queer women

Part 3:

How to create a welcoming environment
for the LGBTQ population. Terminology and Cultural Sensitivity.

How Can I Help?

Making an office that is receptive to LGBTQ people disclosing their identity and feeling welcomed and safe is essential to them getting quality healthcare.

Ahead are slides discussing things you can do to improve the care you provide this vulnerable population!

Establishing a Safe and Sensitive Practice

- Educate yourself on LGBT issues
- Assess the office environment and be sensitive to your patient's experience as they enter your office
- Have Relevant and appropriate health information and brochures including:
  - Cancer/HIV/AIDS
  - Screenings
  - Signs and Posters
  - Safe sex
  - HIV/AIDS
  - PrEP
- Advertise your practice as LGBT friendly (This is literally a button you can click on google business)

Establishing a Safe and Sensitive Practice

- Train all staff to use culturally appropriate language!
- Develop and implement appropriate intake and assessment forms (Using a blank that people can fill in is always better than checking a box)
- Provide ongoing training to staff to address basic health issues that affect LGBTQ patients
- Resource list and referral for LGBTQ health concerns

Safe Zones

Written and posted policies, including non discrimination, diversity, and non-harassment policies that explicitly include gay, lesbian, bisexual, queer sexual orientation AND gender identity

Gender identity is NOT protected in Michigan and is cause to terminate someone from employment. In short, someone with 30 years of service and a flawless employee record can come out as transgender and be terminated from their job immediately and it is legal to do this. It regularly happens to my patients.

Intake Forms

Medical providers should have a place for patients to safely and confidentially identify themselves as LGBTQ

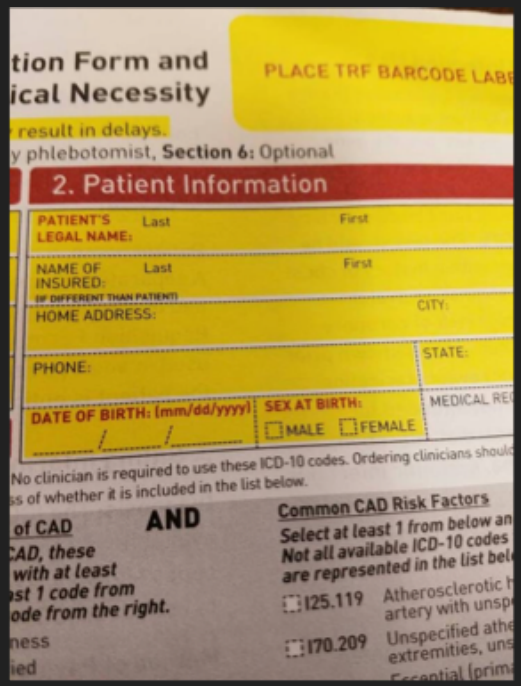
Ideally forms should have these fill-in questions:

- Gender Identity
- “Assigned Sex at Birth”
- Preferred Pronouns/Name
- Sexual Orientation _____

In practice for offices with a small LGBTQ population, simply leave a blank rather than giving two checkbox options

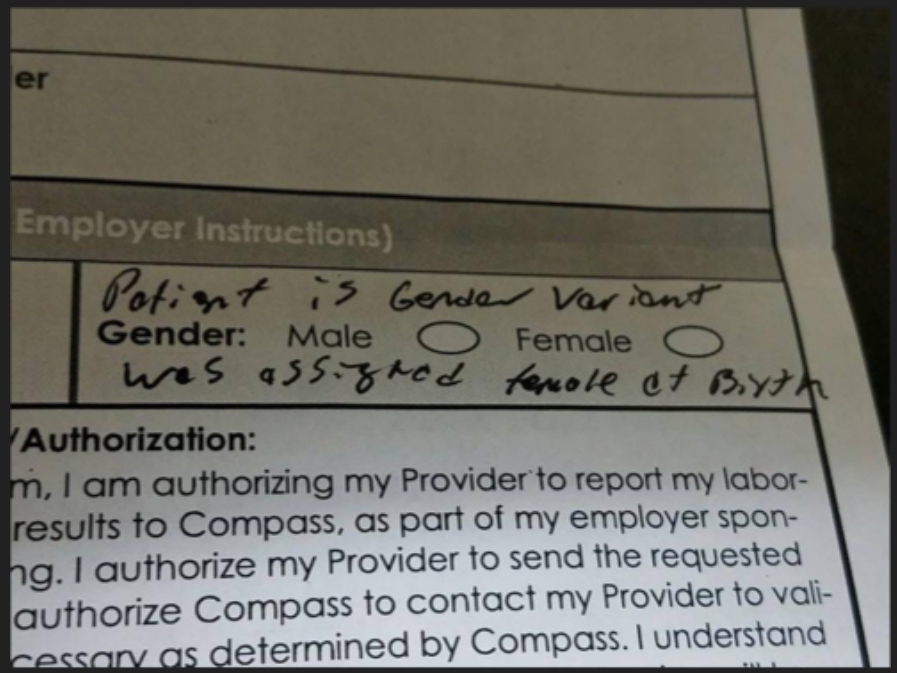
Intake Forms

Good Form



Sex at birth plus space to identify additional risk factors or HRT usage

Bad Form



Gender and not sex listed. No other available qualifying space listed. How do I mark this for my intersex patient?

Basic Concepts

- Sex *(assigned at birth)*

  What is between this baby's legs? What are its sex chromosomes? Male? Female? Inbetween? Intersex?

- Sexual Orientation

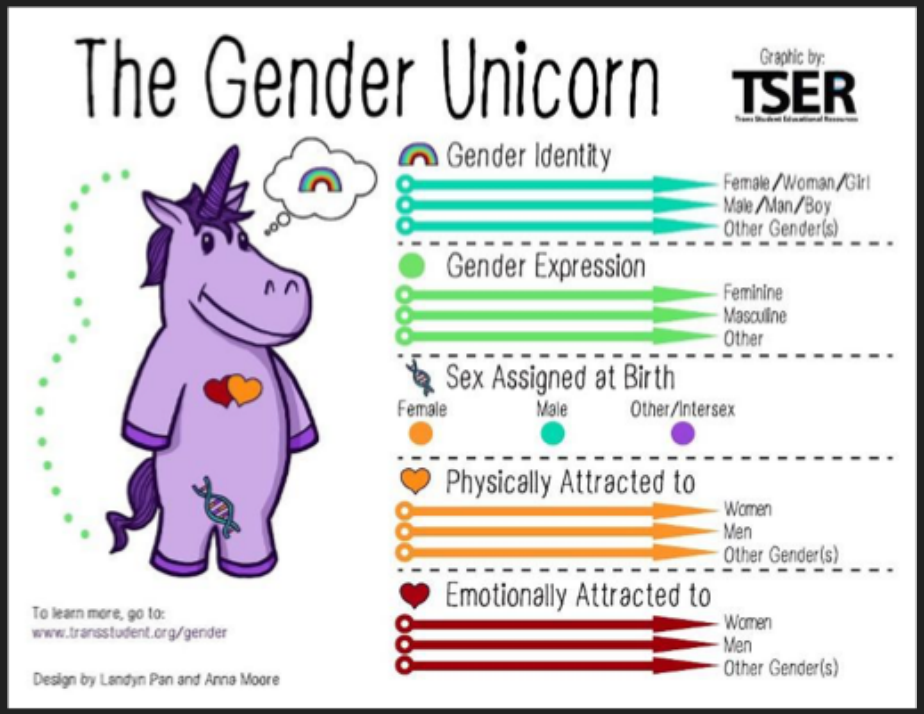
  Sexually attracted to men, women, both, neither, all genders? (This can be further fractured into sexual orientation vs romantic/emotional orientation)

- Gender Identity

  What is my gender? Male? Female? Something else?

- Gender Expression

  How do I express that gender? How do I dress or speak or move?



Insurance

- Policies often exclude treatments for transgender health care needs
- Some policies are beginning to offer transgender-inclusive plans (Starbucks as an employer is incredible for transgender people)
- Insurance coding often provides certain procedures for individuals of one or the other sex
  - Example: A transman is enrolled in his insurance plan as a male – he develops fibroids that require hysterectomy -- insurance will deny coverage as this procedure is only for females. Patient is legally male and underwent legal gender change 15 years ago.
- This may require that the physicians and staff contact insurance processors to insist on coverage of medically necessary treatments. This also commonly occurs for anal paps.

Transgender Etiquette

01 Always call a person by their chosen name and preferred pronoun!

02 If you do mess up a person's preferred pronouns or name, apologize briefly and move on!

03 Odds are you are not the first person to ever misgender this person. You likely won't be the last. Someday someone might misgender you. People make mistakes, and that's okay as long as you recognize it. Apologize, correct your mistake, and continue. This is always the most appropriate response.

04 Respectfully ask someone how they would like to be addressed if you are not sure!

05 Ask appropriate questions! Such as "Which pronouns do you prefer? "How would you like to be referred to, in terms of gender?" Make sure the question you ask is appropriate and not just for your own curiosity!

Transgender Broken Arm Syndrome

As a provider, do ask about family life/support if the patient's complaint is relevant

(Ex: depression/anxiety)

Don't assume that because someone is transgender every complaint is somehow related to them being on HRT. Transgender people get sick, can have high blood pressure, and get the flu. Rarely is this relevant to their gender or HRT. Transgender people are surprisingly…people! People get sick. (AKA Transgender Broken Arm Syndrome, the idea that if someone breaks their arm, it's due to hormone use or related to being transgender.)

Transgender Etiquette for Medical Providers

- Do recognize that patients will still continue to need screening labs/procedures relevant to their biological sex.
  - Trans men will need a pap every 3 years if they have a cervix and a mammogram if they have not had top surgery and are of an appropriate age/risk profile.
  - Trans women will need a PSA if they complain of nocturia or have a strong family history of prostate cancer with screening following the normal guidelines for Cisgender men.

How to be an Awesome Ally and Provider

01 Remember the etiquette tips!

02 Be mindful of if your office is welcoming or threatening to sexual minorities.

03 Don't police public restrooms – provide a carry letter for transgender patients who would benefit from one!

04 Someone's gender identity and sexual orientation are not always relevant. You don't need to ask about it for treating sinusitis.

05 Don't discuss LGBT sexual activities as "risky". High risk sexual behavior is present in all populations regardless of orientation.

06 Remember, being LGBTQ is not a choice or "lifestyle".

07 Transgender medical therapies are not "cosmetic", they can be life saving.

How to be an Awesome Ally and Provider

HOMEWORK

Be willing to do your homework! (I openly admit I'm still learning every day how to be a better trans provider)

HIPPOCRATIC OATH

Never deny a LGBTQ person urgent care or treatment because of your personal beliefs. You are entitled to your own beliefs, but bound by the hippocratic oath as well.

COURTESY

Treat LGBTQ people with the courtesy and respect you would like to be treated with.

INSURANCE

Be sensitive that most transgender medical needs are not covered by insurance. Some LGBTQs are also affected for some procedures such as anal pap smears.

AWARENESS

Be aware that LGBTQ people may have a name or other info on records that may be incongruent with their appearance or preferred name and pronoun.

Be aware that over 50% of transgender youth will attempt suicide by age 20 at least once. (41% for all transgender people)

- Success rate is about 20% for transgender patients.
- Gender dysphoria has the highest suicide rate of any diagnosis. (Alcoholism, schizophrenia and major depression have a rate of about 15%)

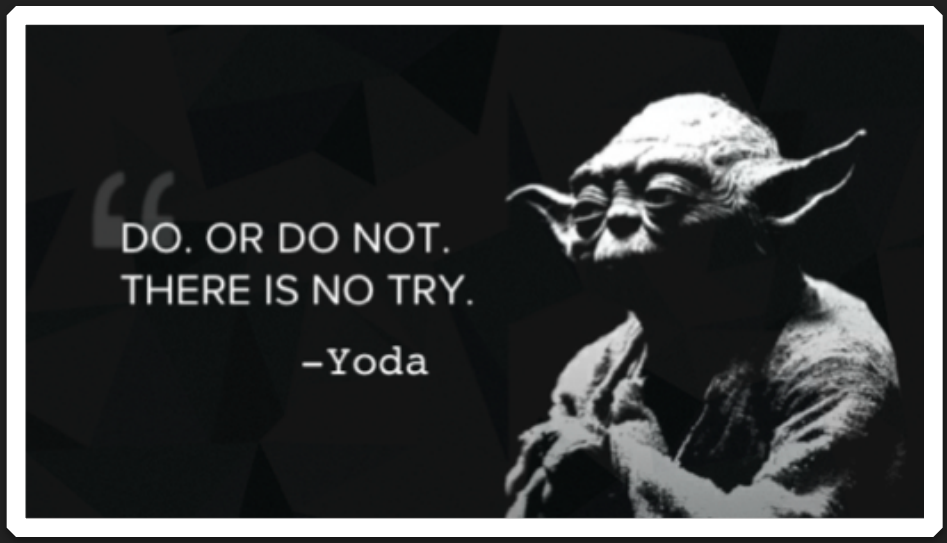
How to be an Awesome Ally and Provider

- Become an active ally for lesbian, gay, bi and trans people in your community.
- Call out trans-phobic and homophobic remarks and jokes.
- Resist the urge to place others into a male box or female box. Gender stereotypes suck for everyone, not just trans people! Some transwomen can be masculine, some transmen can be feminine, just like cis-men and cis-women.
- You've likely assumed your lecturer as a Cis-Het-Male. If you did, why did you assign me this stereotype? Remember that stereotypes can be applied to majorities as well as minorities.
- Learn the WPATH guidelines and offer informed consent transgender care to your patients. (WPATH.org)

For Those Who Prescribe HRT

If you're going to prescribe hormones for transgender people, prescribe them effectively. Do not allow someone to spend years stuck halfway in their transition because of gentle dosing of hormones.

This is unethical.



Make Good Use Of The Time You Get

Current Age	Weeks left to live on average
20 years old	3016 weeks
25 years old	2756 weeks
30 years old	2496 weeks
35 years old	2236 weeks
40 years old	1976 weeks
45 years old	1716 weeks
50 years old	1456 weeks
55 years old	1196 weeks
60 years old	936 weeks
65 years old	676 weeks
70 years old	416 weeks
75 years old	156 weeks
80 years old	**You're in the BONUS ROUND**

Resources

Resources The National LGBT Health Education Center, lgbthealtheducation.org, has online webinars and learning modules, as well as the following publications:

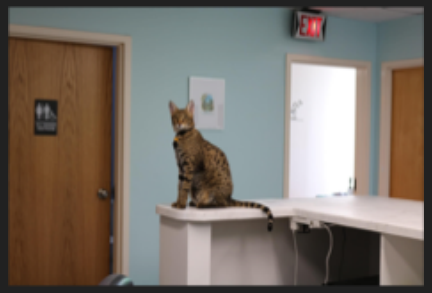
- Ten Things: Creating Inclusive Health Care Environments for LGBT People
- Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records: Taking the Next Steps
- Do Ask, Do Tell: Talking to your provider about being LGBT
- The Fenway Guide to LGBT Health

The following websites also provide helpful information:

- Human Rights Campaign: www.hrc.org
- Center of Excellence for Transgender Health: www.transhealth.ucsf.edu
- A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings: doaskdotell.org
- National Gay and Lesbian Task Force: www.thetaskforce.org
- CDC: Lesbian, Gay, Bisexual, and Transgender Health: www.cdc.gov/lgbthealth
- Gay and Lesbian Medical Association (GLMA): www.glma.org
- World Professional Association for Transgender Health: www.wpath.org
- National Center for Transgender Equality: www.transequality.org
- Parents, Families, and Friends of LGBT People (PFLAG): www.pflag.org
- Family Acceptance Project: www.familyproject.sfsu.edu
- Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE): www.sageusa.org
- LGBT Aging Project: www.lgbtagingproject.org ▪ Bisexual Resource Center: www.biresource.net
- National Network of STD Clinical Prevention Training Centers (NNPTC): www.nnptc.org
- AIDS Education and Training Centers: www.aids-ed.org
- GLBTQ Domestic Violence Project: www.glbtqdvp.org

About Me

<u>Biography</u>
B.S. U Pittsburgh 2007 – Neuroscience
U Carlos III de Madrid – W.Euro Language / Spanish
Lake Erie College of Osteopathic Med – 2013
Residency – FM – DWCHA 2016
Boarded in Family Med, Specializing in LGBT Care
HIV Care, Transgender Medicine



<u>Organizations</u>

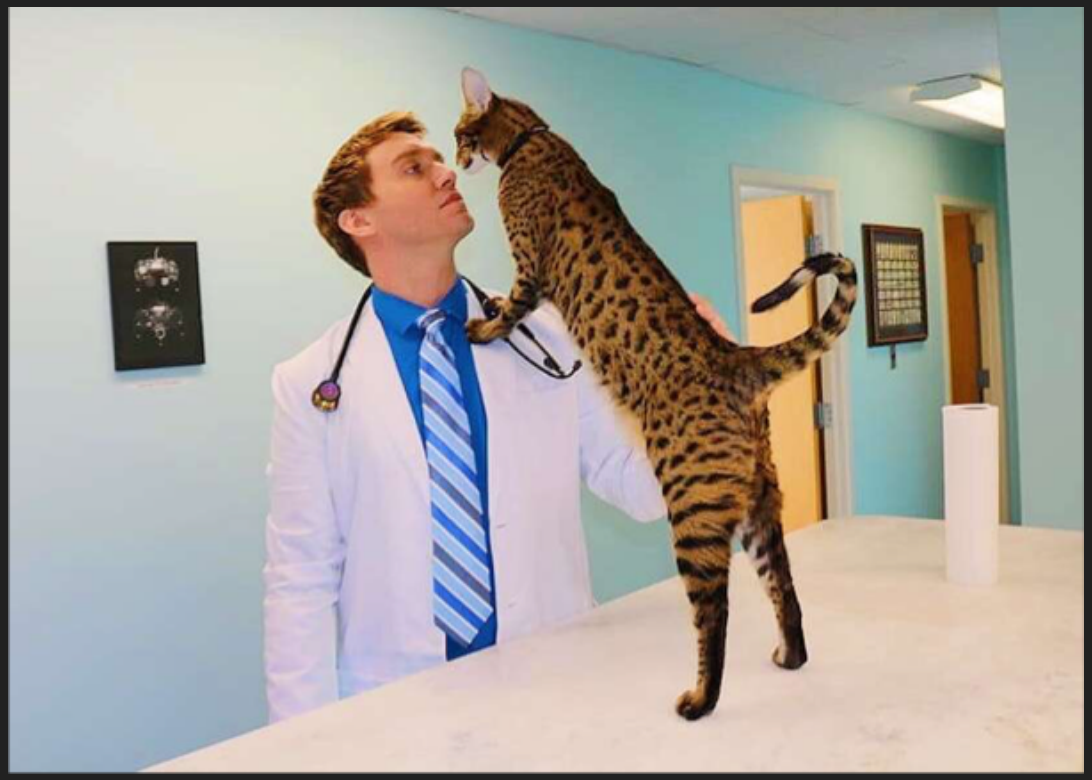
Powers Family Medicine
23700 Orchard Lake Road Suite E
Farmington Hills, MI, 48336
DoctorPowers@Powersfamilymedicine.com
P: 248-482-6222 F: 248-987-2958

Fire Safety

On November 12th 2017 I awoke to smoke alarms. My living room was a raging inferno. I couldn't get to where our one fire extinguisher was in time. It was unfortunately on another floor. I spent as much time as I could in the blaze trying to find my cats. Ultimately I was dragged from the property by the Fire Dept, and taken to the hospital in rough shape. My 3 cats did not survive, and my wife and I lost literally everything we ever had owned in our entire lives on that day. It took me 15 months to fully recover from my injuries and return to work.

Please let me take this opportunity to let you know that it could happen to you. A massage chair decided to spontaneously burst into flames (plugged in but off). Any number of electronic devices in your home could catch fire and take away everything you hold dear. Prepare accordingly beyond smoke alarms. Multiple fire extinguishers on all floors. Practice fire drills in your home. I also recommend "fire masks" purchasable from gotimegear.com. I had one that I had bought 8 years earlier and wore it that day as I searched for the cats in the blaze. It saved my life. We lost our world record cats Arcturus and Cygnus, our lovely Bengal Sirius, and everything we ever owned but our lives. Be prepared.

Thank you!



Phoenix Arcturus Powers (Half brother of the late Arcturus Aldebaran Powers)
at Powers Family Medicine in Farmington Hills, Michigan where
he serves Mondays and Tuesdays as resident therapy cat.

Download the latest version of this lecture:
(its always pinned to the top of the page)

Facebook.com/DrWillPowers