

Inhospitable Healthcare Spaces:

**WHY TRAINING ON LGBTQIA ISSUES IS
NOT ENOUGH**

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Introduction

Outline

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 - ▶ Micromessages and Schemas
- ▶ **Heteronormative Micromessages and Healthcare**
 - ▶ Common Heteronormative Micromessages
 - ▶ Barriers to Standards of Care
 - ▶ Cycle of Perpetuation
- ▶ **Why Training is not Enough**
- ▶ **Solutions**

Micromessages

Micromessages Defined

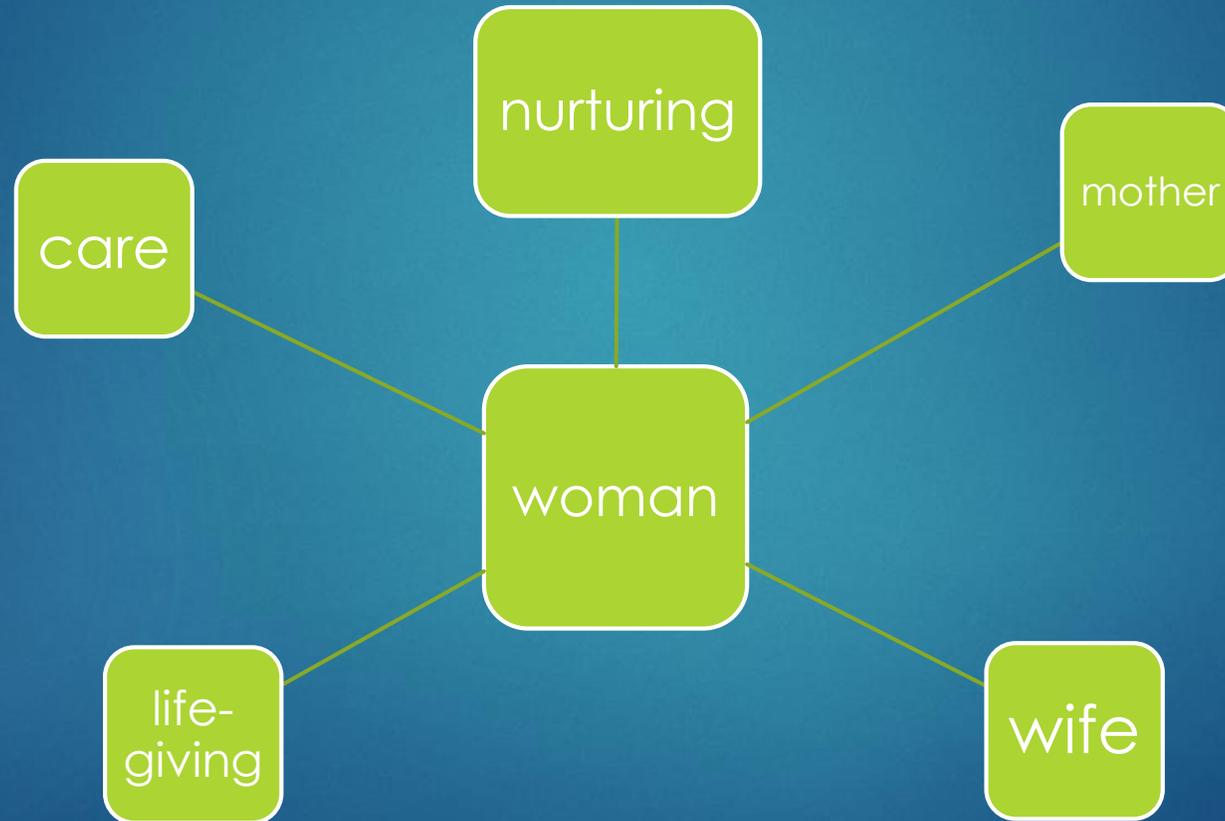
- ▶ **Micromessages** are ongoing, nuanced, often unconscious, behaviors that underlie verbal and nonverbal communication
 - ▶ They are conveyed through various means, including tone of voice, body language, eye contact patterns, word choice, and focus during communication
 - ▶ They can convey hostility, disgust, and other problematic attitudes

Micromessages and Schemas



- ▶ **Schemas:** cognitive mechanisms of association that function at a non-conscious level
 - ▶ Schemas include expectations or stereotypes associated with certain groups
- ▶ The particular associations a schema uses derive from social contexts

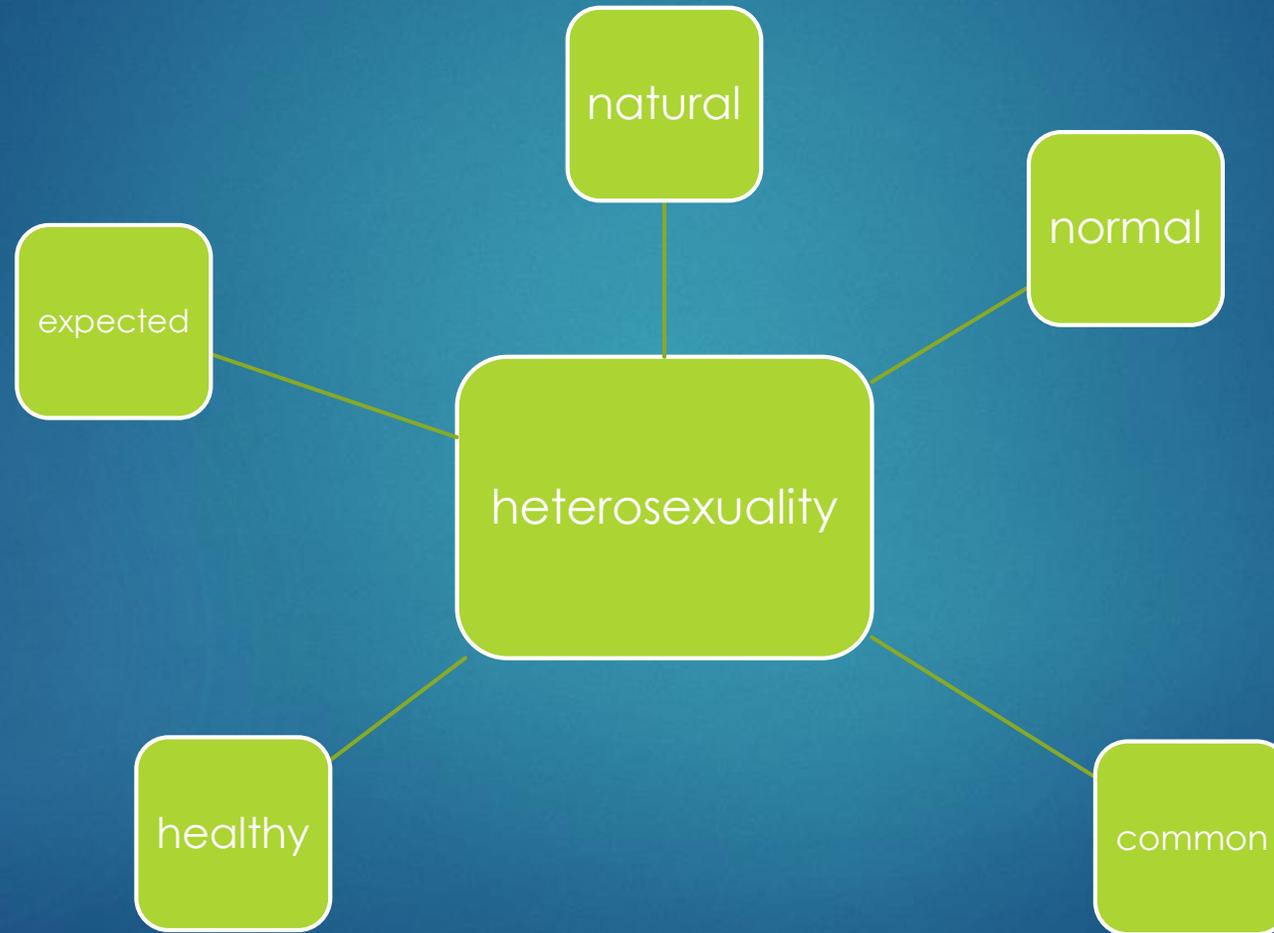
Micromessages and Schemas



Micromessages and Schemas

- ▶ Micromessages that communicate negative attitudes toward members of LGBTQIA populations may express **heteronormative schemas**
 - ▶ **Heteronormative schema:** a cluster of conceptions, beliefs, and attitudes which privilege heterosexuality and heterosexual persons and devalue those who diverge from heterosexual norms

Micromessages and Schemas



Micromessages and Schemas

- ▶ Micromessages expressing heteronormative associations may be unintentional
 - ▶ They may be expressed by individuals who hold egalitarian beliefs
- ▶ An individual's schemas may or may not accord with her conscious beliefs and attitudes



Heteronormative Micromessages and Healthcare

Common Heteronormative Micromessages

- ▶ Improperly gendered pronouns
 - ▶ Heteronormative words for partners
 - ▶ Insistent questions about birth control
 - ▶ Intake forms with no space for preferred name, gender, or queer relationships
 - ▶ Heteronormative brochures, posters, reading materials
- ▶ Provider discomfort around and avoidance of LGBTQIA patient



Barriers to Standard of Care

- ▶ LGBTQIA patients may be reluctant to disclose to providers
- ▶ When LGBTQIA patients do disclose, micromessages undermine trust
 - ▶ Erasure of identity
 - ▶ Explicit or implicit pathologization of gender, sexual orientation, and/or body presentation
- ▶ Lack of disclosure and lack of trust make a strong therapeutic relationship difficult
 - ▶ Different health risks/needs not recognized or met
 - ▶ Avoidance of healthcare system

Cycle of Perpetuation

- ▶ **Double bind:** “situations in which options are reduced to a very few and all of them expose one to penalty, censure or deprivation,” (Frye, 1983, 2).
- ▶ **Disclosure** risks prejudice, discrimination, and improper care
- ▶ **Lack of disclosure** risks improper care, exclusion of partners in care, and inadvertent outing

Why Training is Not Enough

Limitations of Training

- ▶ Backlash
- ▶ Micromessages are habitual, and often unintentional and unconscious
 - ▶ Policy cannot easily address habits or unconscious actions

Solutions

Solutions

- ▶ Individuals should be **held responsible** for negative micromessages, **not blamed** for them
 - ▶ **Blame** is backward-looking
 - ▶ **Holding responsible** is future-oriented

Solutions

▶ **Individual strategies**

- ▶ Engaging in positive activities with members of LGBTQIA population
- ▶ Exposure to non-stereotypical LGBTQIA individuals
- ▶ **Limitations:** requires significant time and resources, heteronormative associations are also institutionally embedded

Solutions

► Institutional strategies

- Procedural changes: intake forms, scripts with behavioral cues

Sample intake forms from the Fenway Institute lgbthealtheducation.org

While this clinic recognizes a number of sexes/genders, many insurance companies and legal entities do not. Please understand that the legal name and sex listed on your insurance must be used on documents pertaining to insurance and billing. If your preferred name and pronouns are different from these, please let us know.

Please print all responses.

Name: _____	Date of Birth: _____
Address: _____	Sex/Gender: M F Intersex Transgendered
_____	Race (eg, African-American, Latino, Asian, etc) _____
Home Tel (____) ____ - ____	Ethnicity (eg, Mexican, Hawaiian, Irish, etc) _____
OK to leave a message? Y N	_____
Work Tel (____) ____ - ____	Education Level: _____
OK to leave a message? Y N	_____

OK to contact by email: Y N	Religious/Spiritual Beliefs: _____
Insurance Type: _____	Relationship/Marital Status: (eg, single, married, partnered, living together, divorced) _____
ID#: _____	_____
Subscriber: _____	Name of Your Partner or Spouse: (if applicable) _____
Secondary Insurance: _____	_____
ID#: _____	Do You Live with Anyone? Y N
Subscriber: _____	_____
Language Spoken Most Often: _____	Number of Children: ____ Ages ____
At Home: _____	_____
At Work: _____	Do You Feel Safe at Home?: Y N Sometimes
Do You Need an Interpreter? Y N	Have you felt threatened, controlled by, or afraid of a partner, family member, or caregiver? Y N

Solutions

▶ **Educational strategies**

- ▶ Education about LGBTQIA experiences and health care needs
- ▶ This may undermine false and harmful associations of non-heterosexual persons and relationships with pathology, abnormality, and unnaturalness

Continue the conversation

Visit our website for resources and more...

<http://lgbtqia-healthcare-spaces.weebly.com>

