

Inhospitable Healthcare Spaces: Why Training on LGBTQIA Issues Is Not Enough

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Terminology

(LGB) Lesbian Gay Bisexual: Sexual orientation/partner attraction

(T) Transgender: Gender of person does not match that which corresponds with sex assigned at birth¹

(Q) Queer: an umbrella term encompassing those who depart from gender and/or sexuality norms

(I) Intersex: Anatomy does not fit with typical definitions of male/female

(A) Asexual: Sexual orientation/partner attraction often (inappropriately) treated as a mental disorder

Heteronormativity: A set of assumptions and beliefs privileging heterosexuality, including beliefs that:

- People fall into distinct and complementary gender roles (man/woman) which match the sex they were assigned at birth
- Heterosexuality is the most common and/or natural sexual orientation
- People should be heterosexual and sexual/marital relations should be based on heterosexuality

Structural Heteronormativity: Rules, regulations, institutions that favour heterosexual persons and relationships

Micromessages: On-going, nuanced, often unconscious, behaviors that underlie verbal and nonverbal communication. Common heteronormative micromessages in healthcare contexts include:

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

Each LGBTQIA group has distinct health needs, but they can all be grouped together because all depart from gender norms and sexuality norms bundled into heteronormativity

Barriers to Standards 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

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

¹We are indebted to Alison Reiheld for the LGBT definitions here.

Suggestions

- **Individual:** Form positive associations with members of an out-group
- **Institutional:** In addition to procedural changes (e.g., intake form modification, ensure diverse representation in posters), clinics/hospitals provide scripts to structure all patient encounters to draw attention to behavioral cues, such as voice, body language, eye contact
- **Educational:** Change narratives in bioethics to expand clinician education and knowledge

Selected Bibliography

- Banks, Christopher, Nazeem Muhajarine, Kate Waygood, Laurel Ducek, and Gens Hellquist. *The Cost of Homophobia: Literature Review on the Human Impact of Homophobia in Canada*. Community-University Institute for Social Research, 2003.
- Ben-Asher, Noa. "The Necessity of Sex Change: A Struggle for Intersex and Transsex Liberties." *Harvard Journal of Law and Gender* 29 (2006): 51–98.
- Bogaert, Anthony F. "Toward a Conceptual Understanding of Asexuality." *Review of General Psychology* 10, no. 3 (2006): 241–50.
- Chambers, Tod. "Closet Cases: Queering Bioethics through Narrative." *Literature and Medicine* 25, no. 2 (2006): 402–11.
- Fredriksen-Goldsen, K. I., H. Kim, C. A. Emler, A. Muraco, E. A. Erosheva, C. P. Hoy-Ellis, and H. Petry. *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults*. Seattle: Institute for Multigenerational Health, 2011.
- Frye, Marilyn. *The Politics of Reality: Essays in Feminist Theory*. Crossing Press, 1983.
- Goldberg, Lisa. "Understanding Lesbian Experience." *AWHONN Lifelines* 9, no. 6 (December 1, 2005): 463–67.
- Greenberg, Julie A. "Health Care Issues Affecting People with an Intersex Condition or DSD: Sex or Disability Discrimination?" *Loyola of Los Angeles Law Review* 45 (2012): 849–908.
- Guasp, April, and James Taylor. "Bisexuality." *Stonewall Health Briefing*, 2012.
- Haslanger, Sally. "Social Meaning and Social Justice." presented at the Philosophy Department Speaker Series, Georgetown University, Washington DC, February 21, 2014.
- Hunt, Ruth, and Adam Minsky. "Reducing Health Inequalities for Lesbian, Gay, and Bisexual People: Evidence of Health Care Needs." *Stonewall Health Briefing*, 2012.
- Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. National Academies Press Washington, DC, 2011.
- JSI Research and Training Institute. *Access to Health Care for Transgendered Persons in Greater Boston*. Boston: JSI Research and Training Institute, 2000.
- McDonald, Carol, Marjorie McIntyre, and Beverly Anderson. "The View from Somewhere: Locating Lesbian Experience in Women's Health." *Health Care for Women International* 24, no. 8 (October 1, 2003): 697–711.
- National Center for Transgender Equality. "Factsheet: Transgender Sexual and Reproductive Health: Unmet Needs and Barriers to Care," 2012.
- The Sex Information and Education Council of Canada. *Understanding Asexuality*. Sexualityandu.ca. The Sex Information and Education Council of Canada, February 2012.
- Stevens, Patricia E. "Structural and Interpersonal Impact of Heterosexual Assumptions on Lesbian Health Care Clients." *Nursing Research* 44, no. 1 (1995): 25–30.
- Young, Iris Marion. *Justice and the Politics of Difference*. Princeton: Princeton University Press, 1990.

Resources & Feedback Website:

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

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