Ethical Treatment of LGBTQ+ Patients

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  - Dean, Megan, Elizabeth Victor, and Laura Guidry-Grimes. "Inhospitable Healthcare Spaces: Why Training on LGBTQIA Issues Is Not Enough." *Journal of Bioethical Inquiry*, vol. 13, no. 4 (Dec 2016): 557-570.

- **The ethics education programming I describe was hosted by MedStar Washington Hospital Center in Washington, DC with assistance from their nurse education department.**

Outline

- **Biased Environments: Overt and Subtle**
  - Microaggressions in clinical contexts
- **Clinical Ethics Education** to address bias toward LGBTQ+ patient populations
- **Challenges to Tackle**
  - Push back from HCPs
  - Conscientious objection claims by HCPs
  - Lack of institutional support

As a Preface

- My analysis is based on clinical contexts in the United States.

- Hospitals and clinics vary widely in the ethics support they have *and* could have…
  - **Ethics consultants** with formal background in ethics
  - **Multidisciplinary ethics committees** that meet regularly
    - Ongoing staff education
    - Case review
    - Policy and organizational ethics work
  - **Ethics education programming**
    - E.g., in-services, ad hoc talks, Grand Rounds presentations, formally accredited talks for specialties (nurses, SW, others)

Biased Environments: Overt and Subtle

- In a 2009 survey with almost 5,000 respondents in the U.S., 56% of LGB individuals and 70% of transgender and gender-nonconforming (TGNC) individuals reported at least one of the following:
  - **being refused needed care**
  - **being subjected to harsh or abusive language by HCPs**
  - **HCPs refusing to touch them or using excessive precautions**
  - **being blamed for their medical problems**
  - **being subjected to rough or abusive treatment**

When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV (New York: Lambda Legal, 2010).

Biased Environments: Overt and Subtle

- Among TGNC individuals:
  - **89%** believe **not enough HCPs are adequately trained to care for this patient population**
  - **73%** believe **they will be treated differently in virtue of their gender identity or expression**
  - **52%** are **concerned about being refused services**

When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV (New York: Lambda Legal, 2010).

Biased Environments: Overt and Subtle

- Barriers to access to health care
  - **Personal**
    - Stigma (explicit, perceived, internalized)
    - Barriers due to other traits (education, income level, race/ethnicity, immigration status, geographic region)
  - **Structural**
    - Stigma (formalized procedures/policies)
    - Inadequate or nonexistent provider knowledge/training
    - Inequities in health insurance coverage

Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for a Better Understanding* (Washington, DC: The National Academies Press, 2011).

Biased Environments: Overt and Subtle

- **Microaggressions:** "brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial, gender, sexual-orientation, and religious slights and insults to the target person or group"
  - Communicate that a person's identity or choices are
    - pathological, shameful, disgusting, unwelcome, alien, Other
  - Can reveal *implicit* bias (not always explicit bias)

Sue, D.W. *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation* (Hoboken, NJ: John Wiley & Sons, 2010).

Biased Environments: Overt and Subtle

- Examples in healthcare settings:
  - **improper gendered pronouns**
  - **not acknowledging partners as partners**
  - **avoiding eye contact or touching**
  - **closed body language and physical distance**
  - **staring**
  - **exclusionary language and pictures on forms, brochures, posters**
  - **treating pt as if they are mentally unstable/ill**
  - **treating pt as a curiosity / teaching opportunity without consent**
  - **inappropriate room assignments and bathroom restrictions**

Clinical Ethics Education

- **Formal training**
  - Began as Psychiatry Grand Rounds in response to patient complaints
    - Focus on contract nurses who work in locked psychiatric units
  - Became accredited session for nurses in any unit
    - Partnered initiative with nursing education and ethics department
    - Special invitations to nursing leadership and risk management team
  - Healthcare Equality Index Taskforce
    - Planned expansion throughout hospital

Clinical Ethics Education

- **Formal training**
  - 1.5-hour sessions every quarter and as needed
  - Stated objectives:
    - Define appropriate terms related to gender expression, gender identity, and sexual orientation
    - Identify potential barriers in healthcare
    - Identify how to effectively communicate and work with LGBTQ+ patients
    - Identify how to improve gender sensitivity in healthcare systems and professional interactions

Clinical Ethics Education

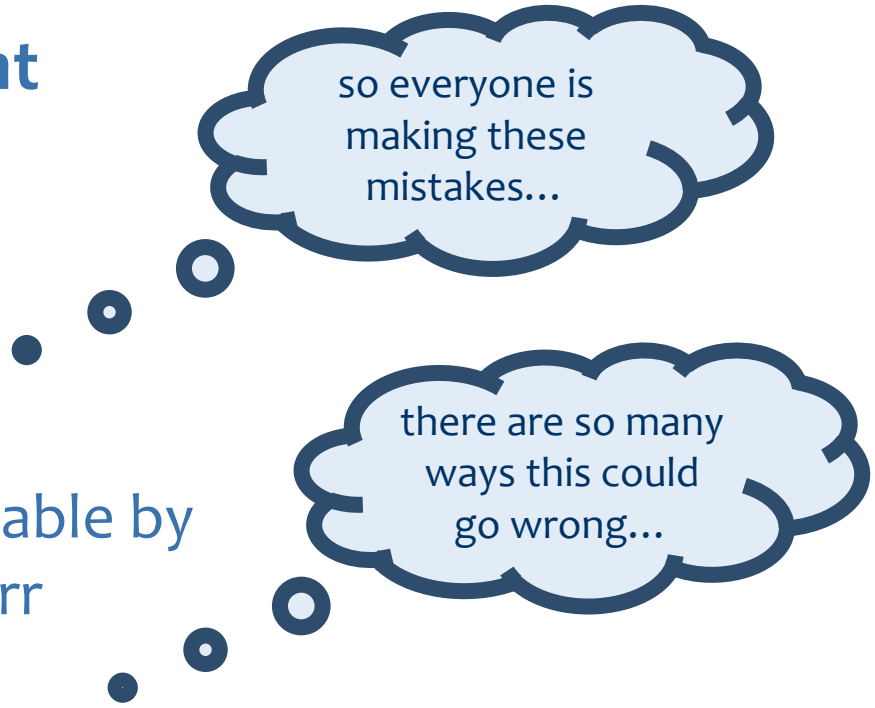
- **Ad hoc talks**
  - Requested special sessions for pre-op areas
  - Based on experiences of moral distress from nurses and upcoming sex reassignment procedures

- **Ethics consultation**
  - 24/7, 365 days per year service, *anyone* can request consult, anonymous help offered
  - In process of consult, will always provide relevant ethics education
    - E.g., explaining to staff how to engage in respectful communication with transgender patient who was firing nurses who used incorrect pronouns

So Hospitals Should Just Invest in Ethics Education?

No!

- **Training is necessary but insufficient**
  - Be aware of the backlash…
    - Breeding complacency
    - Making HCPs even more uncomfortable by revealing the many ways they can err



Challenges to Tackle:
Push Back from HCPs

- **Based on their notions of what is *normal, healthy, respectable, moral***

- **Cultural and religious backgrounds of HCPs can make them more or less receptive to training on this topic**
  - Rejection of "cultural competence" training when applied to LGBTQ+ training
  - Firm belief in gender binary and heterosexuality as the only "natural" categories

Challenges to Tackle:
Push Back from HCPs

- **Cannot take it for granted that HCPs will know, understand, or appreciate the relevant terminology, distinctions, or guidelines for respectful behavior**

- **Work with leadership to become familiar with cultural and religious background of staff (to the extent known) prior to ethics education**
  - Leadership may ask for input on how many "chances" a member of staff should have before being terminated
    - automatic termination is often unfair, depending on the source of the provider's push back

Challenges to Tackle:
Claims of Conscientious Objection

- **HCPs might claim CO in providing standard care or specific care to LGBTQ+ patients**
  - E.g., might refuse to be part of case at all; might refuse to participate in sex reassignment surgery; might refuse to facilitate prescriptions for hormone treatment

- **Many hospitals lack explicit and clear CO policies**
  - What counts as *conscientious* objection?
  - What are the limits of CO by any given HCP?
  - What are the safeguards and protections for the patient when this occurs?

Challenges to Tackle:
Claims of Conscientious Objection

- **As a bioethical term, *conscientious objection* tends to imply that there is an obligation on the part of the hospital to accommodate as much as possible…**

  …so crucial that the hospital is clear on when someone can and cannot claim CO

- **Might have different standards according to standard care vs. non-standard care**

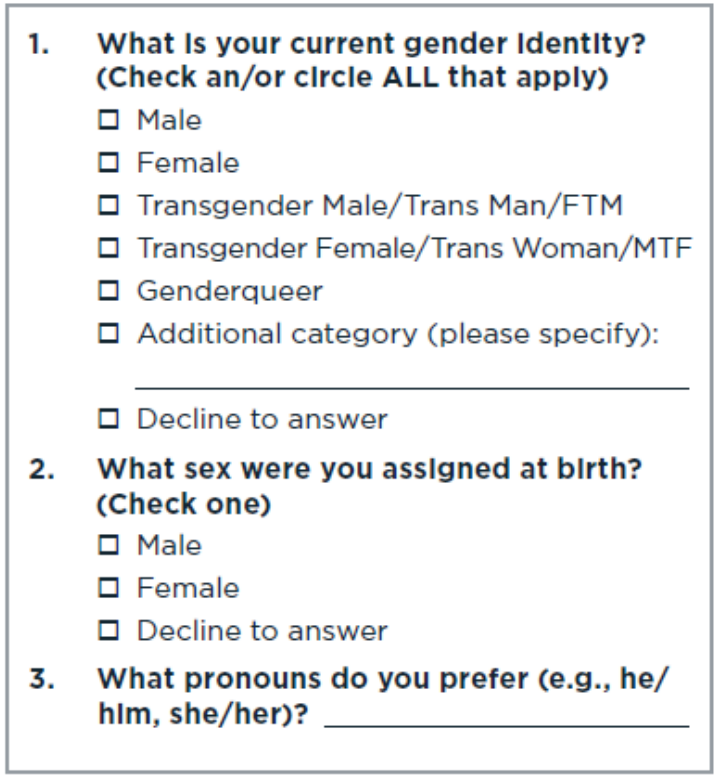
- **Exceptions for when claim of CO is discriminatory (clearly defined), leads to access barriers or violation of rights for the pt, or when care cannot be handed off properly**

Challenges to Tackle:
Lack of Institutional Support

- **Heteronormativity and cisnormativity everywhere!**
  - Only heterosexual couples and cisgender individuals represented
  - Conflation of sex and gender
  - No place to indicate preferred name and pronouns
  - Pt bracelets and prescriptions required to list legal name only
  - Room assignments and restrooms lead to unsafe and/or discriminatory situation for transgender patients
  - Posters and policies on patient rights do not mention gender expression, gender identity, sexual orientation, or same-sex partners
  - LGBTQ+ patients only being mentioned in HIV case studies (if at all)

Challenges to Tackle:
Lack of Institutional Support

- **Creating a welcoming clinical environment**
  - Inclusive forms, signage, posters, brochures
  - Visible non-discrimination policy
  - Unisex bathrooms
- **Better scripts for HCPs**
  - Asking *every* pt for their preferred name and pronoun, whether they have a *partner*
  - Respectfully explaining legal technicalities up front re: pt bracelets and prescription labels



1. **What is your current gender identity? (Check an/or circle ALL that apply)**
   - ☐ Male
   - ☐ Female
   - ☐ Transgender Male/Trans Man/FTM
   - ☐ Transgender Female/Trans Woman/MTF
   - ☐ Genderqueer
   - ☐ Additional category (please specify): _____
   - ☐ Decline to answer
2. **What sex were you assigned at birth? (Check one)**
   - ☐ Male
   - ☐ Female
   - ☐ Decline to answer
3. **What pronouns do you prefer (e.g., he/him, she/her)?** _____

National LGBT Health Education Center. *Improving the Health Care of Lesbian, Gay, Bisexual and Transgender People: Understanding and Eliminating Health Disparities* (Boston, MA: Fenway Institute, 2012).

Challenges to Tackle:
Lack of Institutional Support

- **Policy work**
  - Broaden definition of ‘family’ in visitation policies
  - Work with hospital’s legal counsel to have most inclusive AD forms and policies possible
  - Explicitly protect LGBTQ+ patients in patient rights policies
  - Establish clear guidelines for proper invocation of conscientious objection *with protections* for patients in these situations

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Questions and comments welcome!

THANK YOU!