



Title: Queer Patients: An underserved and at risk population

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Abstract

Queer patients in America have faced a history of discrimination as both a community and as individuals. As such, this marginalization acts as a barrier to resources, including healthcare. Clinicians must be aware of said barrier and actively work towards dismantling it within their interactions with queer patients. This article makes a case for increasing sexual health conversations in order to assess queer patients and encourage a stronger patient-provider relationship for a community that is reluctant to seek medical attention, and also more likely to participate in higher risk behaviours.

Introduction

The American medical community has an unfortunate history of providing substandard care to minority patients. In particular, care for queer Americans is subpar. In a survey of LGBT physicians, 65% of them reported hearing negative or disparaging comments from other healthcare professionals regarding queer patients, and 34% had seen discriminatory care of a queer patient performed by a healthcare professional.¹ This discrimination exists in active and passive forms. It is likely that passive discrimination/discriminatory thoughts give rise to active discrimination. These issues often cause LGBT patients to avoid seeking care as a result of previous discriminatory care.

Mitigating Discrimination Through Education

- A source of discrimination often stems from a lack of education or ignorance, and our current educational systems do very little to combat this. In a 2013 survey of US accredited emergency medicine programs, only 26% of residency programs provided a specific lecture of LGBT health issues
- There continues to be a gap between queer patients, queer health issues and healthcare practitioners.¹
- A study in Switzerland attempted to resolve rather than merely state and understand such rifts. This study was focused on education, and investigated how medical students collected a sexual history on a queer patient before and after getting compulsory education on queer patients. The increased contact with LGBT issues helped the students deal with some of their prejudices and discomfort with collecting a sexual history.

Sexual Orientation Disclosure

- Sexual orientation disclosure is the process in which a patient discusses their sexual orientation with their provider in order to provide competent and appropriate care given the risk factors that face queer patients.
- The provider must be aware of societal and cultural factors that would prompt a patient to be reticent about providing such disclosure, as they are myriad in nature.
- One such example of a cultural factor that would prompt a patient to be reticent would be treating a queer patient in a rural area. Rural LGBT patients tend to face higher rates of discrimination in and out of healthcare settings compared to urban or suburban LGBT patients. As a result of this, these individuals are likely to delay primary and preventive care while in rural areas or even after moving to a different setting.

Resources

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Queer Health Risk Factors

- Being uncomfortable with sexual history, especially in the realm of questioning LGBT patients leaves potential information and understanding out of the grasp of the provider, and leaves queer patients bereft of medical advice on sexual health, which superimposes itself on top of the unique health dangers that these populations are currently facing.
- Although there exists data that demonstrates certain risks and health challenges unique to LGBT patients, our medical society is slow to craft guidelines that incorporate the data that we have.
- LGBT children are more likely to receive physical, verbal, and sexual violence from their peers and others when compared to straight children. This abuse can often lead to the creation of coping mechanisms that are unhealthy as a result of the psychological and physical trauma inflicted on them. Recent research confirms that queer children start smoking, substance abusing and consuming alcohol earlier than their straight peers.
- Queer health is not always used as a risk modifying factor when involved in clinical research. One such example of this is the utilization of HPV vaccinations for females only from 2006 to 2011. It was already understood in 2006 that anal cancers were linked to HPV, and that men who engaged in receptive anal sex were at higher risk for anal cancer- similar to how women were at risk of HPV infections leading to cervical cancer. This delay in access to HPV vaccination for queer men resulted in missed opportunities to prevent anal cancer.

Conclusion

It is more important now than ever to ensure that healthcare continues to develop its approach to serving queer patients as the queer population continues to grow in this nation. Millennials are the queerest generation to date as a result of census data², and as they age they will require more care. This trend in increased queerness in the face of a more socially accepting atmosphere is likely to continue, resulting in more and more encounters with queer patients for healthcare practitioners in our lifetimes and beyond. In order to serve this growing need, our healthcare system needs to redouble its efforts to ensure comprehensive care for this vulnerable population. A multi-level system of reform on research, education and implementation of care is vital to resolve the lack of quality care for queer patients.