The British Student Doctor, 2021;5(2):38-46
doi: 10.18573/bsdj.272
Discussion

# Facilitation of sexual and gender identity disclosure and improved healthcare for LGBTQ+ patients: current processes, shortcomings, and recommendations for change

DISCUSSION

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*No conflicts of interest to declare.*

Accepted for publication: 07.04.21

ABSTRACT

Lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ+) people are at increased risk of physical and mental health problems compared to their heterosexual and cisgender counterparts. There are significant barriers to both accessing and maintaining healthcare for LGBTQ+ people. General practitioners (GPs), being the first point of access to healthcare in the UK, should therefore have knowledge of their patients' sexual and gender identity. Safe disclosure of sexual and gender identity should be facilitated within healthcare services to ensure LGBTQ+ people can receive appropriate healthcare. Currently, GPs and other healthcare professionals may not adequately facilitate disclosure of patients' sexual and gender identity because they believe it is irrelevant or they feel unequipped. Moreover, heterosexist behaviours from GPs and worries of experiencing discrimination may reduce the likelihood of sexual identity disclosure in patients. This discussion starter aims to discuss the current processes and shortcomings within the UK healthcare system to demonstrate that disclosure is not adequately facilitated. Evidence-based recommendations for improved practice are provided, focusing on practitioner training and the primary care environment, whilst building upon the recently launched NHS initiatives such as Pride in Practice. Current efforts to facilitate the needs of LGBTQ+ people must be prioritised and extended in order to end the current healthcare inequalities faced by this community.

## The problem

*Lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ+) is an umbrella term that refers to sexual (e.g. lesbian, gay, bisexual, queer) and gender minority (e.g. transgender, nonbinary, genderqueer) populations. (1)*

Increasing numbers of people self-identify as LGBTQ+ with around 3-5% of the general UK population and 10% of 14-19-year-olds identifying as gay, bisexual, or other. (2, 3) These people are at increased risk of experiencing physical and mental health problems versus their cisgender heterosexual counterparts, but their specific healthcare needs remain underserved.

LGBTQ+ people are more likely than heterosexual people to experience mental health difficulties, with higher rates of psychological distress, anxiety, and depression, as well as greater engagement in deliberate self-harm and suicide. (4-8) There is evidence that this is linked to the experiences of heterosexist discrimination, social rejection, lack of social support, and systemic exclusion from healthcare services that permeate the everyday and lifetime experiences of this population. (7, 9, 10) Experiences of heterosexism are exclusive to the LGBTQ+ population and have been found to be the strongest individual predictor of distress among them. (9)

*Heterosexism is discrimination or prejudice against LGBTQ+ people, with the assumption that heterosexuality and cisgender identify is normative, and the expectation of gender and sexual conformity. (9)*

As a possible response to this increased psychological distress, LGBTQ+ individuals are also more likely to engage in risk behaviours, such as substance misuse, smoking, and sexual risk behaviours than their heterosexual counterparts. (1, 6, 8) This, in turn, may contribute to poorer overall physical health within this population. LGBTQ+ people are at greater risk of poor sexual health, and various life-limiting physical health problems, including diabetes, heart disease, and a range of cancers. (1, 6)

Existing inequalities experienced by LGBTQ+ people can be perpetuated and exacerbated by discriminatory experiences within the healthcare system and in interactions with healthcare professionals. LGBTQ+ people may not receive the same quality of healthcare as members of the heterosexual population, as their specific needs are less likely to be adequately recognised or treated. There appear to be specific barriers to LGBTQ+ individuals accessing and maintaining adequate healthcare: 8% of respondents to the UK National LGBT Survey (4) had tried and failed to access mental health care despite significant levels of distress. LGBTQ+ persons have been found not to access healthcare services regularly, if at all, compared to their age-matched heterosexual counterparts. (11) This evidence underlines the importance of prioritising the healthcare needs of members of the LGBTQ+ community in UK healthcare settings.

The first step in adequately meeting the needs of the LGBTQ+ population is to facilitate disclosure of sexual and gender identity within healthcare services.

As patients in the LGBTQ+ community have higher health risks, knowledge of sexual identity can be valuable in understanding patients' concerns within the consultation and providing LGBTQ+ specific healthcare. (6, 12) For instance, when consulting sexual health, pregnancy, mental health, and problems stemming from discrimination, sexual identity would be pertinent to assessments, treatments, preventative measures, and specialist referral. (13) Disclosing sexual identity could also be an important part of forming positive GP-patient relationships. (14)

In this article, discussion of current processes and shortcomings within the UK healthcare system demonstrate that disclosure is not adequately facilitated, and evidence-based recommendations for improved practice are provided. In particular, we will focus on disclosure within general practitioner (GP) consultations, whereby both the practitioner themselves and the environment in which the consultation takes place can contribute to an atmosphere in which LGBTQ+ people feel safe to disclose if they wish to. We recognise that a wide range of healthcare professionals and auxiliary staff members work together within GP surgeries, and therefore many of the recommendations that are made within this discussion may be relevant to other healthcare professionals in primary care.

*Health care needs vary not only between heterosexual or cisgendered people and LGBTQ+ people, but also within the LGBTQ+ population. For instance, transgender people are most likely to attempt or die by suicide within this LGBTQ+ population. (6, 15-17) Experiences intersect even further with other identities; for instance gay and bisexual Black men may experience greater depression symptoms, experiences of physical assault, issues around sexuality nondisclosure, and polydrug use versus gay and bisexual White men. (16) Thus well-informed, person-centred and sensitive care is extremely important to address health inequalities.*

## Current Processes and Shortcomings

GPs are the first point of access to healthcare in the UK, so they are a well-placed target for intervention. 1.3 million GP consultations take place daily, and GPs aim to take a holistic approach by assessing and looking after the 'whole person'. (13) Despite this, two-thirds of cisgender bisexual and one-third of gay/lesbian people have never discussed their sexual and gender identity with medical staff. (4, 18) Within the LGBTQ+ umbrella, bisexual people are less likely to disclose than other members of the LGBTQ+ population and people from ethnic minorities are less likely to disclose than their White counterparts. (1, 6, 7)

In general, GPs and other healthcare professionals do not facilitate disclosure by inquiring about patients' sexual and gender identity. Within NHS services, only 5% of people who disclosed their sexual and gender identity to their GPs did so after being directly asked by them. (12) GPs often avoid inquiring, either because they believe it is irrelevant, they aim to "treat everyone equally" and not to be offensive, or they feel unequipped to address the patient's sexual and gender identity. (18) Therefore, patients are burdened with creating a safe space to disclose within consultations. (12, 19)

*"GPs are often the first point of contact for anyone with a physical or mental health problem and patients can be at their most anxious. Looking after the whole person - the physical, emotional, social, spiritual, cultural and economic aspects through patient-centred approaches - is a vital part of any GP's role." (13)*

GPs themselves recognise that NHS services are not sensitive to the needs of the LGBTQ+ population, and report feeling reluctant to ask about or record sexual or gender identity of patients. (5) Linked to this, GPs do not feel they receive enough LGBTQ+-specific training and that the LGBTQ+-specific issues covered within mandatory diversity training is insufficient.

This lack of education and skills is prevalent even at the baseline of medical school training. A survey study found that 84.9% of a sample of medical students in the UK reported a lack of LGBTQ+-specific training. (20) Interviews with medical students suggested that awareness of health inequalities and LGBTQ+-specific issues, such as gender dysphoria, was limited. (21) This limitation in medical training may result in a lack of skills that are vital for working with LGBTQ+ groups and may lead to further shortcomings in postgraduate education, such as within GP training.

In addition to GPs not facilitating disclosure, they can form a barrier with heterosexist behaviour. Heteronormative assumptions often communicated by GPs regarding contraception and sexual health may make it less likely for people to initiate disclosure themselves. (6)

Some LGBTQ+ people do not believe disclosure is necessary and are therefore less likely to do so. (6, 12, 22) However, in a recent systematic review of sexual identity disclosure, Brooks et al. (6) identified that some people do not disclose because of a fear of potential negative consequences. Concerns around confidentiality and sexual identity information being documented in medical records can form a barrier for some individuals. (6, 12) Other people fear the potential negative personal reactions from the healthcare professionals, and approximately 8% of cisgender LGBT people reported fearing that disclosing their sexual identity could harm the quality and experience of healthcare. (4) These worries around and reluctance to disclose can lead to people concealing sexuality-related health issues or even delaying help seeking. (18, 23) However, there is evidence demonstrating the positive impact of successful, respectful, and affirmative disclosure. One sample of Lesbian women reported being more likely to report issues related to sexual and gender identity, such as experiencing discrimination, sexual health problems, and wishing to become a parent, after such successful disclosure. (18) Given that disclosure can facilitate more specific and sensitive healthcare, GPs should strive to provide a safe space in which LGBTQ+ people can speak openly about their sexual identity if they wish to.

In response to health inequalities experienced by the LGBTQ+ community, a number of initiatives are already in place. NHS England have guidelines indicating that healthcare professionals should ask about sexual orientation at face to face interactions with an option to decline an answer if this information is not already within the patient's medical records. (24) However, there remain significant issues around disclosure of sexual and gender identity which will be explored now. Further, the NHS has recently launched Pride in Practice. (25) Pride in Practice provides support services for patients and healthcare providers to voice LGBTQ+ related concerns within the practice. The initiative also offers advice on social prescribing and specialist services, as well as co-producing research with LGBTQ+ stakeholders, and increasing access to training. Additionally, waiting room resources for an inclusive environment are provided. Since its launch in 2016, the initiative has had a large positive impact: 87% of the services that the initiative has reached has implemented sexual and gender identity monitoring and 60% has started trans status monitoring. (26) There is also evidence of increased patient satisfaction and disclosure of gender/sexuality as detailed in the LGBT foundation's patient survey, but further impact is yet to be assessed. The Royal College of GPs (27) has also launched a resource, which provides GPs with access to online LGBT+-specific training. However, this training is optional and takes only 20 minutes to complete. Therefore, it is unlikely to adequately address the current problem.

The evidence presented within this article highlights that the impact of these initiatives may still fall short of what is required to tackle the existing health inequalities faced by LGBTQ+ populations.

## The Solution

*Training*

A vital first step in ensuring facilitation of disclosure and adequate treatment of LGBTQ+ people is to provide all healthcare professionals, including medical students and GPs, with the appropriate training to discuss LGBTQ+ issues. This should begin in medical school and continue throughout practice.

1. **LGBTQ+-specific training needs to be practical**. Students and GPs must be LGBTQ+-sensitive, having both an understanding and experience of treating health issues in LGBTQ+ patients. (28) In order to improve healthcare providers' confidence and competence when approaching and holding conversations about sexual and gender identity, training should include a practical element. This practical training could consist of conversations and/or role-play consultations with LGBTQ+ stakeholders, making sure that LGBTQ+ voices are accurately represented. With adequate training, healthcare providers can improve the sensitivity of their responses to patients' experience and avoid unhelpful reactions, such as embarrassment, which may be perceived as homophobia. (29) This may reduce anxiety and stress in LGBTQ+ patients and foster an environment where patients feel safe and heard, rather than feel discriminated against. (30)
2. **Language is important.** Within training, the importance of

correct language use and its impact should be recognised and focused on. The use of inappropriate language, whether intentional or unintentional, may be harmful and reduce access to health services in LGBTQ+ patients.(14) Students and GPs should use terminology that empowers patients in contributing to shared decision making and should have an understanding of why certain terms are or are not appropriate. For example, "sexual identity/orientation" should be used rather than "sexual preference" as preference suggests choice. (14) In this way, healthcare providers can foster positive and trusting provider-patient relationships, which is a vital first step in ensuring patient engagement with healthcare services and providing optimal care based on patients' individual needs. (14)

3. **Training needs to be iterative, up-to-date, and person-focused.** It is possible that training can become irrelevant and something of a tick-box exercise for healthcare providers. There are several possible solutions to this problem, including, but not limited to the following:
   - LGBTQ+ voices should play a leading role in the co-design, co-production, and coordination of training sessions. This will ensure that students and GPs understand the spectrum of identities, experiences, and unique health needs of this heterogeneous group (14) and can appropriately respond to them.
   - Training sessions should be continually reviewed and developed, as language and specific needs of the LGBTQ+ community evolve. Regular evaluation and feedback from LGBTQ+ patients and stakeholders can be used to inform the continuous development of relevant training sessions. This will allow current and future healthcare providers to understand that incorporating gender and sexual diversity within practice is a reflexive and continuous process.
   - The effectiveness of training sessions should be evaluated continually. Healthcare providers should be assessed on competencies around being empathetic, non-judgemental, caring, an active listener, and employing open-ended questions. (28, 30)

*Environment*

The healthcare provider is one very important component of a patient's experience, but the environment in which a patient interacts with their GP can also play an important role. Therefore, it is crucial to create environments in which LGBTQ+ patients feel accepted and safe to discuss their sexual and gender identity and related health issues.

1. **Environmental facilitation of disclosure, continuity of care, and feedback.** Disclosing one's sexual or gender identity to one's GP directly is one avenue for disclosure, but it would be helpful if more avenues were available. For example, GP registration forms which inquire about sexual identity can facilitate disclosure and would be welcomed by many LGBTQ+ patients. (6, 23) These forms should also use an inclusive range of gender pronouns and open text options, allowing patients to communicate aspects of their identities that are important to them. (14, 28). Visual signposts could also be used as a means of improving access to complaint systems which may promote a sense of safety and accountability. In line with the Sexual and Gender Identity Monitoring Information Standard, (31) GPs are currently being guided to competently monitor sexual identity and trans status. Keeping record within electronic systems means that patients do not have to unnecessarily disclose every time they access health services, reducing stress and ensuring continuity of care. However, practitioners should also be conscious of the fluidity of sexual identity; and it will be important for electronic systems to allow for changes in patients' identities over time. (14)

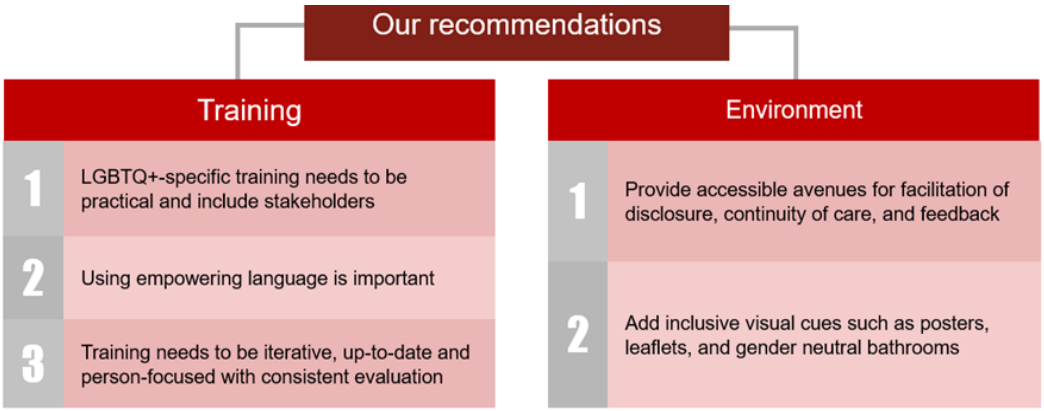


**Figure 1**

*Summary of recommendation*

2.

2. **Inclusive visual environments** Aspects of patients' physical environment can facilitate disclosure, such as using inclusive language and displaying LGBTQ+-friendly leaflets and posters within the primary care environment. (6) Posters that are already being rolled out by initiatives like Pride in Practice should avoid portraying heteronormative messages, such as only depicting heterosexual relationships; posters should include LGBTQ+ families and people too. Other forms of visual language like leaflets and resources in waiting rooms should include affirmative information on LGBTQ+ health. This may improve awareness of LGBTQ+-specific health needs (28) and facilitate referrals to LGBTQ+-specific services and support, like support groups. (29) Primary care centres could also be made more accessible by providing inclusive facilities, such as having gender neutral signs on bathrooms. (30)

## CONCLUSION

There is a lot of fear surrounding sexual and gender identity disclosure which may not be adequately addressed by healthcare systems, despite disclosure having the potential to impact the quality of healthcare received by LGBTQ+ individuals. Healthcare providers and the surrounding systems need to acknowledge this and ensure factors are in place to facilitate sexual and gender identity disclosure. (28) Research in the area has highlighted this problem, and recent clinical initiatives, such as Pride in Practice, have demonstrated positive change. However, further positive impact could be made at the front-line of healthcare through sufficiently training GPs to be sensitive to the needs of LGBTQ+ people and creating environments which are inclusive and foster a sense of safety. Recommendations extend to a range of healthcare providers, with the aim of maintaining safe and inclusive patient-provider relationships throughout the healthcare system. Current efforts to facilitate the needs of LGBTQ+ people must be prioritised and extended in order to end the current healthcare inequalities faced by this community.

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Journal DOI
10.18573/issn.2514-3174

Issue DOI
10.18573/bsdj.v5i2

The **British Student Doctor** is published by **The Foundation for Medical Publishing**, a charitable incorporated organisation registered in England and Wales (Charity No. 1189006), and a subsidary of **The Academy of Medical Educators.**



Cardiff University Press
Gwasg Prifysgol Caerdydd

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