

LGBTQ+: Providing Compassionate Care Within the Law

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Learning Objectives:

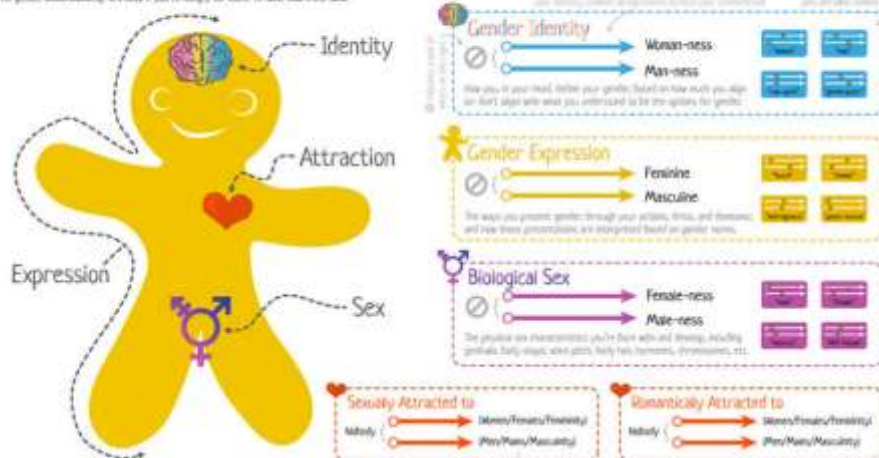
1. Identify key health disparities and unique care needs experienced by LGBTQ individuals.
2. Describe current Oklahoma and federal laws impacting the delivery of care to LGBTQ patients.
3. Apply culturally competent communication techniques to build trust and respect with LGBTQ patients.
4. Navigate ethical and legal challenges when providing care in a restrictive or evolving legal environment.
5. Implement inclusive practices that promote equity and safety for LGBTQ patients within their healthcare setting.

The Genderbread Person v3.3

Gender is one of those things everyone thinks they understand, but most people don't. Like fractions. Gender isn't binary. It's not either/or. In many cases it's both/and. A lot of this, a dash of that. This handy little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.

its pronounced **METROsexual** correct

4





Gay/Lesbian	describes a person whose enduring physical, romantic and/or emotional attractions are to people of the same gender
Transgender	describes a person whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth
Genderqueer	describes a person who experience their gender identity and/or gender expression as falling outside the categories of man and woman
Bisexual	describes a person able to form enduring physical, romantic and/or emotional attractions to those of the same gender or to those of another gender
Pansexual	describes a person attracted to all genders
Polysexual	describes a person attracted to more than one gender, but not all, but doesn't identify as bisexual because it implies that there are only two genders
Asexual	describes a person who is not sexually attracted to any group of people
Demisexual	describes a person who is not sexually attracted to anyone until they form a strong emotional connection with someone

Straight or Heterosexual: sexual orientation describing a woman who is emotionally and sexually attracted to men or a man who is emotionally or sexually attracted to women.

Cisgender (Cis): adjective used to describe an individual whose gender identity aligns with the sex they were assigned at birth

Legal Sex: Sex used for legal/administrative purposes; found on patient's legal ID

Equity and Health Outcomes

Equity

Per the CDC, Health Equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. It means we provide healthcare to whomever needs it without personal bias or prejudice. It means EVERYONE feels safe and respected when visiting their physician's office, and it facilitates positive interactions between providers and patients.

Health Outcomes

When a patient feels respected because they are treated with dignity, the patient is more likely to open up and trust their healthcare providers regarding all aspects of their life.

We want to treat **the whole person**.

LGBTQ+ Health Risks

- Heart disease
- Violence
- Substance abuse, including tobacco/vaping
- Mental health conditions
- Obesity and eating disorders
- Breast and cervical cancer (preventative care)
- Sexually transmitted infections (STI)

LGBTQ+ Health Risks

- Youth are more likely to attempt suicide and be homeless.
- Higher rates of tobacco, alcohol and other drug use.
- Higher prevalence of certain mental health issues.
- Transgender individuals have a high prevalence of attempted suicide and victims of violence.
- Gay, bisexual, and MSM are at higher risk for HIV and other sexually transmitted infections.
- Young MSM and transgender women are at especially high risk for HIV.
- Lesbians and bisexual women are more likely to be overweight or obese.
- Lesbians are less likely to get preventive services for cancer.
- Elderly LGBT individuals face additional barriers to optimal health because of isolation and a lack of culturally appropriate social services and providers.

Access to health care and health insurance

■ Heterosexual ■ LGB ■ Transgender

Health Disparity #1: Heterosexual adults are more likely to have health insurance coverage.

% of adults with health insurance



Health Disparity #2: LGB adults are more likely to delay or not seek medical care.

% of adults delaying or not seeking health care



Health Disparity #3: LGB adults are more likely to delay or not get needed prescription medicine.

% of adults delaying or not getting prescriptions



Health Disparity #4: LGB adults are more likely to receive health care services in emergency rooms.

% of adults receiving ER care



Figure 3

Nearly one in four LGBT+ people report being in fair or poor health

In general, how would you describe your own health?

■ Fair/Poor Health ■ Excellent/Very Good/Good Health

All

Sexual Orientation*



LGBT+

Gender



Income*



Insurance Type*



Education*



NOTE: *Statistical significance is indicated within groups (p < 0.05). The federal poverty level (FPL) in 2022 for a family of four was \$28,000.
SOURCE: KFF Women's Health Survey 2022 (Nov. 19-Dec. 11, 2022) • P142

KFF

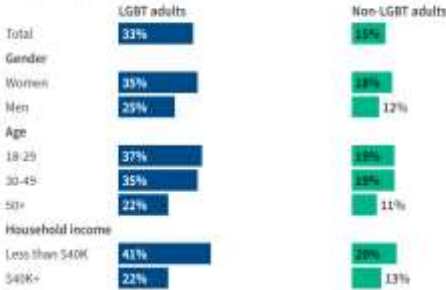
Healthcare system issues:

- Medical forms do not reflect the continuum of sexual orientation, sexual identity, and gender identity.
- Neglect to ask about pronoun preferences.
- Assume all patients are heterosexual and paired with opposite sex partners.
- Limited cultural diversity training
- Medical students average five hours or less on LGBTQ+ training
- Absence of LGBTQ+ health literature or signage.
- Failure to accept same sex partners as health proxies.
- Employment practices lack updates on fair, inclusive, and safe work environments for LGBT people.

Figure 5

One-Third of LGBT Adults Report Experiencing Unfair, Disrespectful Treatment by a Health Care Provider, Including Four in Ten Lower-Income LGBT Adults

Percent who say that a doctor or other health care provider treated them unfairly or with disrespect in the past three years for any reason:



Experienced discrimination[†] at health care visit*



Larger Shares of LGBT+ Adults Report Negative Experiences with Their Providers Compared with Non-LGBT+ Adults

Thinking about your health care visits in the last two years, did you experience any of the following, or not?



Gender-Affirming Care



GAC is healthcare that respects and supports a patient's gender identity, which may differ from their assigned gender at birth. Every American Medical Association currently recognize this care as essential and lifesaving.

How can we provide gender-affirming healthcare to our LGBTQIA2S+ community?

- Avoid gender-specific language until names and pronouns have been confirmed.
- Use a person's chosen or affirmed name and pronouns. (Verify these identifiers have been added to the EHR so everyone can properly address the patient.)
- Center the visit around the whole patient, not just their gender identity.
- Be honest about mistakes and demonstrate a willingness to learn from the patients.

Implicit Bias

- Healthcare professionals should establish solid, trusting relationships with patients in order to promote healthier behaviors.
- When working with LGBTQ (or any minority group) patients, it is especially important to build rapport to counteract the exclusion, discrimination, and stigma that many have experienced previously in health care. Despite our best intentions, however, internal --or implicit--biases may affect the way we talk to and behave with patients.
- For health care professionals, biases can lead to inequitable care, either through biased clinical decisions, or through communicating bias in conversation with patients.
- During these exchanges, a clinician or other staff person may say something or use body language that communicates a stereotype or antagonistic message about LGBTQ people. These “microaggressions” often determine whether a patient follows medical advice or returns for care.
- A constant stream of negative messages can become internalized, adding to an LGBTQ person’s stress and contributing to worse behavioral and physical health outcomes.

Implicit Bias

Start by noticing times when prejudicial attitudes and beliefs arise.

At this point, it is helpful to ask ourselves these questions:

- How do my current beliefs serve me?
- What might I lose if I change my beliefs?
- What are the costs of maintaining my current perspective?
- How might it benefit me to change?

Provide a Welcoming Environment

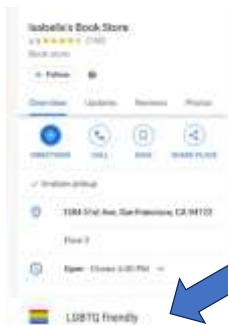
- Lead by example as a physician or APP
- Visual cues/inclusive signage that your practice is a safe space
- Customize patient intake forms
- Display educational materials
- Post a non-discrimination statement
- Use inclusive language
- Engage in training for providers and staff
- Consult guidelines/resources when needed
- Staff badges
- Gender inclusive restrooms

Our physicians and staff support the American Medical Association nondiscrimination policy, in that:

This office appreciates the
diversity of human beings and
does not discriminate based on
race, age, religion, ability,
marital status, sexual orientation,
sex or gender identity.



Your Online Presence



OutCare+



**OKLAHOMANS
FOR EQUALITY**

Inclusive Language

- Review phone etiquette
- Revise patient intake form
- Preferred Name vs Legal Name
- Gender-neutral language
- Avoid: sir, ma'am, etc
- Remember that it's okay to make mistakes, it's the intent and effort that matters most.

Old Language	Recommended update
Mother/Father	Parent(x)/Guardian(s)
Husband/Wife	Spouse/Partner(s)
Marital Status	Relationship Status: Single; Married; Partnered; Separated; Divorced; Widowed.
Living Arrangement	Alone; Spouse/Partner(s); Child(ren); Sibling; Parent(x)/Guardian(s); Group setting; Personal care attendant; Other
Sex/Gender: Male or Female	What is your current gender identity: Male; Female; Transgender Male/Transgender Man/ Female-to-Male (FTM); Transgender Female/Transgender Woman/Male-to-Female (MTF); Genderqueer - neither exclusively male nor female; Other; Choose not to disclose. What sex were you assigned at birth on your original birth certificate: Male, Female, Choose not to disclose
Sexual Orientation	Do you think of yourself as: Straight or heterosexual; Lesbian, gay, or homosexual; Bisexual; Something Else; Don't know; Choose not to disclose.
Family History	Use "Blood relative" in questions.
Nursing Mother	Currently nursing. This wording is inclusive of those who do not identify as a mother (or a woman), but who are currently nursing to be included in this response.
Female Only/ Male Only	Remove sex-specific language and include "Not applicable" as a response option.

Inclusive Language

- We ask everyone the same questions.
- All answers are voluntary. No one MUST answer.
- The more we know about our patients, the better we will be at meeting the individual needs of our patients.
- There is NO agenda. It is strictly about healthcare.
- Only those directly involved with the patient's healthcare and/or anyone the patient specifically authorizes will have access to the answers

If you...		
...make a mistake	➡	Apologize. "I am sorry for using the wrong pronoun. I did not mean to disrespect you."
...cannot locate patient information	➡	"Could your chart be under a different name?" or "What is the name on your insurance/legal ID?"

Inclusive LANGUAGE

Avoid	Instead
"wife" "husband"	"spouse" "significant other"
"boyfriend" "girlfriend"	"partner"
"mom" "dad"	"parent" "parent(s)" "caregiver(s)"
"son" "daughter"	"child(ren)"
"ladies" "gentleman"	"everyone" "people"
"guys" "gals"	"colleagues" "team"
"sexual preferences"	"sexual orientation" "sexuality"
"maternity leave" "paternity leave"	"parental leave"
"Mr." "Mrs." "Miss" "Ms."	"Alex" "Sharon" "James" "Blake"
"she" "he"	"they" "them"
"homosexual"	"gay" "lesbian"
"mailman" "policeman"	"mail clerk" "police officer"
"chairman"	"chairperson"

Simply use the patient's name.



Actionable Suggestions and Guidelines for Gynecological Surgical Practice with Queer Patients

Office/clinic	Intake forms and clinical interviews	Sexual history and physical exam	General
Ensure office signs and educational materials are inclusive (e.g. avoiding "women's health" if possible)	Collect information about sex assigned at birth, gender identity, sexual orientation, partner gender(s), and pronouns	Ask if the patient would like to be verbally walked through the exam as you are performing it	Reflect correct pronouns for your patients and partners they refer to; if you are unsure, use gender neutral pronouns (they/them) or ask politely: "Can you remind me of your pronouns?"
Train all care team members, including front desk staff, nurses, and lab techs in using correct pronouns, treating people with respect, and other guidelines included here	Allow patients to select multiple options and include open-ended response options that allow patients to describe their identity in their own words	Ask permission before physical touch, and be specific about what you will touch and why	If you realize you've misgendered a patient, it's ok to acknowledge and correct yourself; demonstrating a willingness to learn and improve can build respect with your patients
Ensure the availability of a gender-neutral restroom	Ask about history with the healthcare system to better recognize hesitance based on previous discrimination	Ask for and use preferred or gender-neutral terminology for body parts before you touch them	Try to reflect the language people use about their bodies or opt for gender-neutral medically accurate language
Ensure that providers you refer to are also inclusive and affirming of queer patients	Ask about sexual organs and sexual behaviors to assess risk, rather than just sexual orientation	Do not assume "sex" refers to vaginal penetration with a penis, assess multiple types of intercourse (such as oral, vaginal, anal, use of shared toys)	Recognize that a patient's healthcare needs and experiences are shaped by the intersection of various identities, including race, gender identity, socioeconomic status, and more

Ask if the presence of trainees would make patients uncomfortable, recognizing that asking a minoritized patient to represent their community as a training experience may be uncomfortable	Conversations around family planning, STI risk, contraception, and abortion should be approached based on patient needs and preferences; providers can present these topics as broad options for all patients, allowing them to follow up directly if they feel the discussion is relevant to them	Approach conversations about sex with open-ended, nonjudgemental questions such as "Is there anything about your identity or sexual health that you think would be helpful for me to understand as we discuss your care today?"	When broaching topics about sexuality, consider statements such as: "We ask all our patients about their sexual orientation to ensure we provide the best care possible," to frame such questions as a standard of high-quality healthcare rather than something exceptional or specific to queer patients
Post a nondiscrimination policy in waiting rooms and online	Implement post-appointment surveys asking for patient feedback on their comfort and experience	Ask patients to tell you if they feel uncomfortable during the exam or if they need to stop at any time	If you feel confident in your team's ability to meet these guidelines, list your practice on queer affirming doctor lists and sites
Have printed materials available on resources such as the Trevor Project and Trans Lifeline	Consider offering alternative options for filling out forms (e.g. online before the appointment instead of in the waiting room) to ameliorate discomfort or fear of stigma	When assessing aberrant or atypical sexual behaviors or experiences, determine the patient's subjective distress to distinguish between sexual dysfunction and desired sexual practice	Dedicate time to continuing medical education surrounding queer identities and health disparities as communities and guidelines continue to evolve
Decorate with artwork depicting diverse couples and families	Include spaces for both legal name (if needed to access records) and preferred name/name they would like the provider to use during their visit	If taking a patient's weight is required, ask if they want to see their weight or offer to cover up the scale to respect patients with eating or body image pathology	Move beyond "allyship": maintain accountability both in the presence and absence of queer colleagues or patients, even when no one is watching

Case Scenarios

[file:///C:/Users/jwhitt/Downloads/learning-to-address-implicit-bias-towards-lgbtq-patients-case-scenarios%20\(1\).pdf](file:///C:/Users/jwhitt/Downloads/learning-to-address-implicit-bias-towards-lgbtq-patients-case-scenarios%20(1).pdf)



MAXIMIZING EHR PLATFORMS

The screenshot displays a 'Sexual Orientation and Gender Identity SmartForm' within an EHR system. The form is divided into several sections with tabs for 'Straight', 'Bisexual', and 'Something else'. The 'Straight' tab is selected.

Sexuality

Patient's sexual orientation: ☐ Straight ☐ Bisexual ☐ Something else

Legal information

Legal first name:
 Legal last name:
 Legal sex: ☐ Female ☐ Male ☐ Unknown

Gender identity

Autofill with default responses for: ☐ Cisgender female ☐ Cisgender male

Patient's gender identity: ☐ Female ☐ Male ☐ Transgender Female

Patient's sex assigned at birth: ☐ Female ☐ Male

Patient's pronouns: ☐ she/her/hers ☐ he/him/his ☐ they/them/theirs ☐ patient's name

Organ inventory

☐ Organs the patient currently has: ☐ Organs present at birth or expected at birth to do

Organ	Yes	No	Organ	Yes	No
Stomach	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stomach	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cervix	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cervix	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ovaries	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ovaries	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uterus	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Uterus	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vagina	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vagina	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Penis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Penis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

DOCUMENTING PREFERRED NAME

The screenshot displays a medical software interface with a 'Demographics' tab. The 'Contact Information' section includes fields for Name, Sex, Birth date, SSN, and Aliases. A red box highlights the 'Name' field, which contains the text 'Baldwin Zrtest'. Below this, a 'Name Edit' dialog box is open, showing the same name broken down into components: Title, First name (Baldwin), Middle name, Last name (Zrtest), Suffix, and Academic. A red box highlights the 'Preferred name' field in the dialog, which is currently empty. The dialog also includes a 'Preferred type' dropdown and 'Accept' and 'Cancel' buttons.

Demographics

Contact Information Clinical Information Additional Information Advance Directives

No photo for this patient
Set Photo

Permanent

Address: 123
City (or ZIP): Tul
State: OK
Country: TUL
Country: Un

Patient Contact
contact.no

Employment Information
Occupation:

Name: Baldwin Zrtest SSN: 0000-0000
Sex: Male Birth date: 7/14/1900 Aliases: t

Name Edit

Baldwin Zrtest

Title:
First name: Baldwin
Middle name:
Last name: Zrtest
Suffix:
Academic:
Preferred name: Preferred type:
Accept Cancel

DOCUMENTING SEXUAL ORIENTATION GENDER IDENTITY (SOGI)

Sexual Orientation and Gender Identity SmartForm

Sexuality

Patients sexual orientation: ☐ Straight ☐ Bisexual ☐ Something else ☐ Don't know ☐ Choose not to disclose ☐ Gay ☐ Lesbian

Legal Information

Legal first name:

Legal last name:

Legal sex: ☐ Female ☐ Male ☐ Unknown

Gender Identity

Identify with default responses for: ☐ Cisgender Female ☐ Cisgender Male

Patients gender identity: ☐ Female ☐ Male ☐ Transgender Female ☐ Transgender Male ☐ Other ☐ Choose not to disclose

Patients sex assigned at birth: ☐ Female ☐ Male ☐ Unknown ☐ Not recorded on birth certificate ☐ Choose not to disclose ☐ Intersex

Patients pronouns: ☐ she/her/hers ☐ he/him/his ☐ they/theirs/theirs ☐ patient's name ☐ decline to answer ☐ unknown ☐ not listed

Information kept patient's choice: ☐ ☒ presentation aligned with gender identity ☐ preferred name aligned with gender identity ☐ legal name aligned with gender identity ☐ legal sex aligned with gender identity ☐ medical or surgical interventions

Patients future alternative plans, if any:

Organ Inventory

Organ	Present at birth or acquired at birth or during	Present surgically enhanced or constructed	Present hormonally enhanced or developed
Penis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vagina	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uterus	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ovaries	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Testes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prostate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

What's the benefit?

- Consistency across the chart
- Ability to print paperwork with preferred name and pronouns
- Prevention of medical errors/duplicate charts

Becca Zztest

Male ⓘ 122 y.o., 7/4/1900

MRN: 0001708794

Code: Not on file (has ACP docs)

Emerg Contact: contact,no

Search

COVID-19 Vaccine: **Overdue for booster dose**

Chart Review

Becca Zztest (Preferred Name)

Baldwin Zztest (Legal Name)

Pronouns: she/her/hers

122 y.o., 7/4/1900

Gender identity: Transgender Female

Legal sex: Male

Sex assigned at birth: Male

Marital status: Divorced



FEDERAL LAWS AND THEIR IMPACT

Bostock v. Clayton

- 2020 Supreme Court case
- Gerald Bostock, was fired from his county job after he expressed interest in a gay softball league at work
- Bostock believed his employer used a claim of misspent funds as a pretext for firing him for being gay
- Held Title VII of the Civil Rights Act of 1964 protects employees against discrimination on the basis of sexual orientation and gender identity



Affordable Care Act Section 1557

- On 1/20/21, an Executive Order was issued
- Prohibits discrimination in healthcare, including denial of insurance coverage or care, based on sex, gender identity, and sexual orientation
- Prohibits health facilities, programs, and activities receiving federal funding from discriminating based on these factors
- Requires providers to treat individuals in a manner consistent with their gender identity, including access to healthcare facilities



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Ongoing Challenges

- While insurers are generally prohibited from denying or limiting coverage for gender-affirming care, there are still situations where insurance plans may have exclusions or limitations
- Despite federal protections, LGBTQ individuals still face barriers to accessing healthcare, including stigma, discrimination, and difficulty in finding competent and welcoming providers





OKLAHOMA LAWS AND THEIR IMPACT

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Oklahoma Senate Bill 613

- A law banning gender-affirming care for transgender youth under 18
- Threatens medical providers with felony charges, civil action, and license penalties for violating the law
- Has led to lawsuits challenging the law and concerns about the potential harm to transgender youth





Health Insurance

- No state law protecting LGBTQ individuals from discrimination in private insurance
- Oklahoma's state Medicaid plan has exclusions for transgender-related care, potentially limiting access to necessary medical services
- Has state employee health plans that explicitly exclude gender-affirming care

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Oklahoma House Bill 1224

- Could allow medical practitioners to refuse health care to a patient if the service violates their conscience
- Recently passed on the House floor in a 70-28 vote
- The bill now moves to the Oklahoma Senate for consideration, where a similar bill, SB 959, failed in committee earlier this year
- Critics say the proposed law would adversely affect LGBTQ Oklahomans seeking gender-affirming care



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Navigating ethical and legal challenges
when providing care in Oklahoma

Uphold Patient Rights and Confidentiality

Respect for Autonomy

Recognize and respect the patient's right to make their own decisions about their healthcare, including their gender identity and sexual orientation.

Confidentiality

Maintain the privacy of patient information, especially in situations where individuals may feel vulnerable or face discrimination.

Non-discrimination

Ensure that all patients receive equitable and respectful care, regardless of their LGBTQ status.

Know the Law

Stay Informed

Be aware of current legal protections and evolving laws related to LGBTQ rights, including nondiscrimination laws, privacy protections, and access to healthcare.

Understand Legal Obligations

Ensure you understand your legal and ethical obligations in providing care, particularly in areas like informed consent, confidentiality, and mandatory reporting.

Consult with Experts

If you encounter complex legal situations, seek advice from legal professionals or organizations specializing in LGBTQ rights.

Provide Culturally Competent Care

Inclusive Language: Use affirming and respectful language when referring to LGBTQ individuals and their relationships.

Respect for Identity: Respect patients' self-identified names, pronouns, and gender identity.

Awareness of Specific Issues: Be aware of the unique health challenges and barriers faced by LGBTQ individuals, such as discrimination, mental health concerns, and access to care.

Create a Welcoming Environment: Make your practice or facility a welcoming and inclusive space for LGBTQ+ individuals, potentially through signage, policies, and staff training.

Partner with Community Resources: Connect patients with community organizations and support networks that can provide additional resources and advocacy.

Address Ethical Considerations

Objectivity

Maintain objectivity and avoid allowing personal beliefs or biases to influence your clinical judgment.

Advocate for Patients

Advocate for your patients' rights and ensure they receive the care they need, even in the face of legal or social challenges.

Consider Potential Conflicts

Be aware of potential conflicts between personal beliefs, professional ethics, and legal requirements.

Seek Guidance

If you encounter ethical dilemmas, consult with colleagues, ethics committees, or other professionals for guidance.

Addressing Specific Challenges

Restrictions on Care

If you encounter restrictions on providing certain types of care (e.g., gender-affirming care), explore all available options to ensure your patient receives the care they need, potentially involving referrals to other providers or advocacy.

Discrimination

If you encounter discrimination or denial of care, document the situation and consider reporting it to appropriate authorities or organizations.

Evolving Legal Landscape

Stay up-to-date on legal developments and adapt your practices accordingly, while continuing to advocate for equitable access to care.

We all just
need a safe
place to take
care of
ourselves and
our health
needs.

WE ARE ALL
HUMAN
HUMAN
HUMAN
HUMAN
HUMAN

Be a good human
and a good physician
providing good
primary care.

Citations

1. [Health Equity | Health Equity | CDC](#)
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3. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10002390/>
4. <https://cdn.americanprogress.org/wp-content/uploads/issues/2009/12/img/lgbtweb-1.jpg>
5. [LGBT+ People's Health and Experiences Accessing Care - Report - 9761 | KFF](#)
6. [Caring for the LGBTQIA+ Patient: A Best-Practices Primer on Language, Sexual Function Considerations, and Health Disparities in Gynecologic Care - ScienceDirect](#)
7. [Bostock v. Clayton: en.wikipedia.org/wiki/Bostock_v._Clayton_County](#)
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 - www.kff.org/affordable-care-act/issue-brief/the-biden-administrations-final-rule-on-section-1557-non-discrimination-regulations-under-the-aca
9. [SB 613: oklahoma.gov/governor/newsroom/newsroom/2023/may2023/governor-stitt-bans-gender-transition-surgeries-and-hormone-ther.htm](#)
10. [Health Insurance](#)
 - www.lgbtmap.org/img/maps/citations-nondisc-insurance.pdf
 - www.mapresearch.org/img/maps/citations-healthcare-state-employees.pdf
11. [HB 1224: https://www.oklahoman.com/story/news/politics/2025/03/31/oklahoma-hb1224-health-care-providers-deny-care-conscience-lgbtq/82687661007/](#)

Resources

- The National LGBTQIA+ Health Education Center
 - <https://www.lgbtqihealtheducation.org>
- Health Equality Index from the Human Rights Campaign
 - www.hrc.org/hej
- Center of Excellence for Transgender Health
 - www.transhealth.ucsf.edu
- World Professional Association for Transgender Health
 - www.wpath.org
- The Fenway Guide to LGBT Health, 2nd Edition
 - <https://store.acponline.org/ebizatpro/Default.aspx?TabID=251&ProductId=21572>
- All-Inclusive Information
 - <https://www.mapresearch.org/equality-maps>

QUESTIONS?

