

# Caring for the Person: LGBTQIA+ Palliative Care

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ELNEC Webinar

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# Objectives

- Define basic terms in LGBTQIA+ populations
- Describe methods to appropriately and respectfully assess needs
- Provide guidance for health care practitioners to best meet the needs of their seriously ill patients

# Supporting a More Effective and Inclusive Palliative and End of Life Care



Identifying challenges



Provider communication



Perceptions of safety



Perceptions of acceptance



Assessing



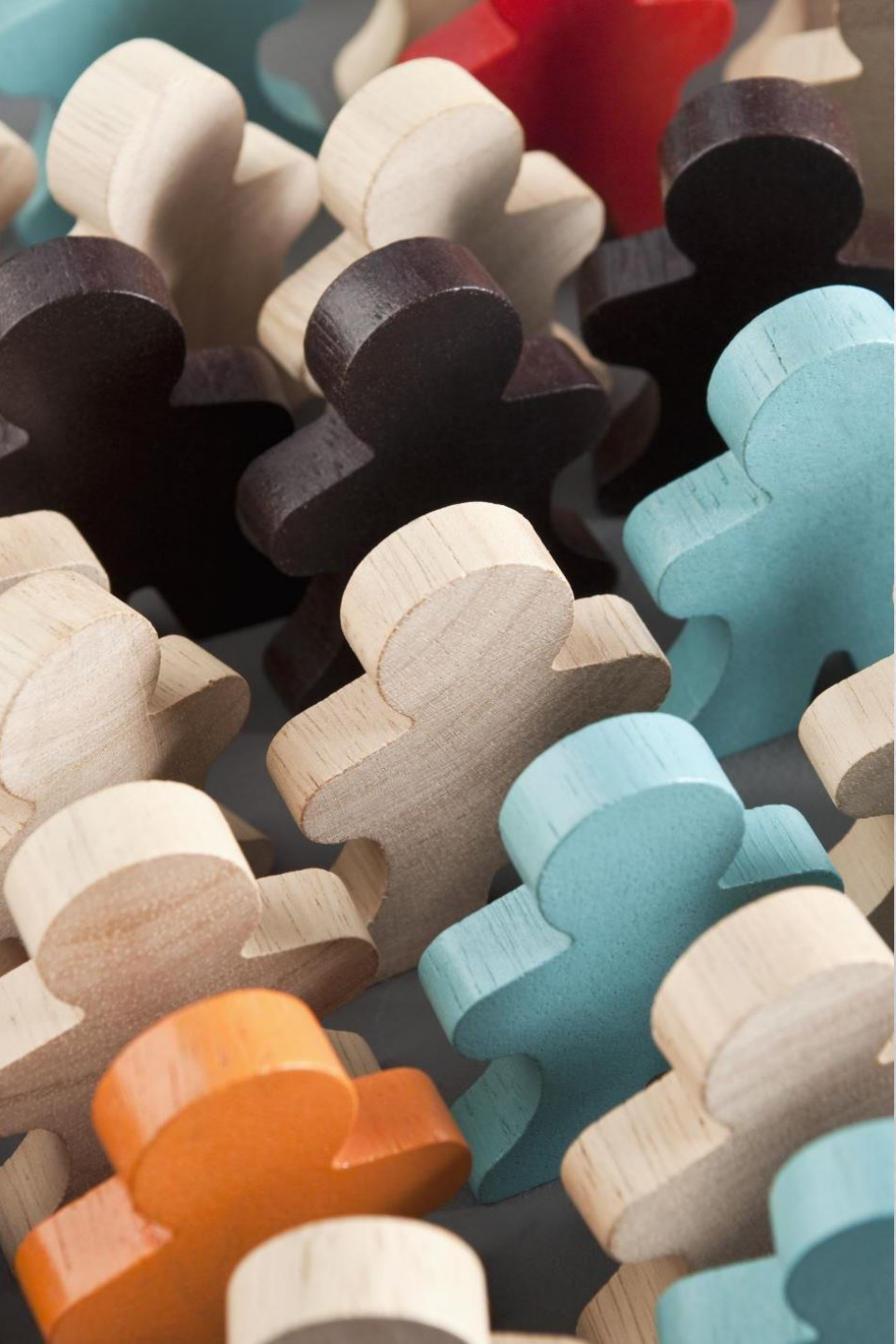
Respecting patient definition of self



# Starting With Definition Basics

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# Allyship

- A lifelong process of relationship building based on trust, consistency and accountability with marginalized individuals and/or groups of people

# Gender Identity vs Sexual Orientation

## **Gender Identity**

- A person's sense of self as male, female or third sex

## **Sexual Orientation**

- Sexual attraction to males/females/transgender individuals, both or none

# Understanding Basic Terms LGBTQIA+

- **L=Lesbian:** A woman whose enduring physical, romantic, and/or emotional attraction is to another woman.
- **G= Gay:** People whose enduring physical, romantic and/or emotional attractions are to people of the same sex.
- **B= Bisexual:** Person who has the capacity to form enduring physical, romantic, and/or emotional attractions to those of the same gender or to those of another gender.
- **T=Transgender:** A wide ranging term for people whose gender identity or gender expression differs from the biological sex they were assigned at birth.
- **Q= Queer:** An adjective used by some people whose sexual orientation is not exclusively heterosexual.
- **Q=Questioning:** Person who is questioning their sexual orientation or gender identity.
- **I=Intersex:** A person born with biological sex characteristic that aren't traditionally associated with male or female bodies.
- **A= Allies:** A person who is not LGBT but actively supports LGBT.
- **+ =+:** not just a mathematical symbol anymore, but a denotation of everything on the gender and sexuality spectrum that letters and words can't yet describe.

# Understanding Basic Terms: Other

***Pansexual:*** Attracted to people of all gender identities.

***Cisgender:*** Gender identity matches the sex they were assigned at birth

***Gender nonconforming, G.N.C.:*** Expression of gender outside traditional norms associated with masculinity or femininity.

***Nonbinary:*** Identifies as neither male or female and sees themselves outside the gender binary.

***Genderqueer:*** Gender identity is outside the strict male/female binary.

***Gender fluid:*** Identity shifts or fluctuates.

***Gender-Neutral:*** Preference not to be described by a specific gender; prefers “they” as a singular pronoun.

Many more terms: RESOURCE:

Defining Terms: LGBYQIA Resource Center. University of California Davis. Retrieved from <https://lgbtqia.ucdavis.edu/educated/glossary>





# How Do I Ask?

- Hi I am Karla the NP who will be caring for you, I use she/her pronouns.
- To help me to know how to best care for you I am going to ask you several questions. Is that ok.
- What is your preferred name and pronoun?
- How should I address you?
- What is your gender identity?
- What is your sexual identity?
- With whom do you live and how are you related?
- Is there anything else that would help me ensure you get the most out of the visit?
- Thank you for being open with me: this will help me provide better care for you.



# Identity: Understanding Pronouns

- They/them/theirs
- She/her/hers
- He/him/his

# Communication and Relationship Building: Getting to Know Me

- Ask
  - About gender identification
  - About pronoun
  - About sexual orientation
  - Concerns
- Allow safe space
- If you have further questions,
  - ask the person to give you examples of how to use the pronoun
- I said the wrong thing... Apologize and use the requested pronoun
- Honor the patients gender identity and use the terminology the patient prefers

# Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

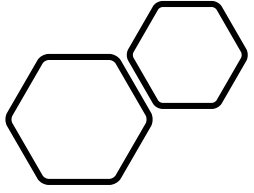


This Is Hard

# Look Inward

- Take an honest look at your personal assumptions and biases
- Do you assume someone is heterosexual? Unless they tell you otherwise?
- Do you assume a female present with a male are husband and wife?
- Do you assume two females present are sisters?
- Do you think you can tell when someone is gay based on their experience?
- Do you think LGBT people are too outspoken about wanting equal rights?





# Did You Know?



You have a right to your own convictions and beliefs



You don't have to agree with the lifestyle or choices



AND provide appropriate and respectful assessment



AND best meet the need of the seriously ill person as an individual

# 4 Things Health Care Providers Agree On

- Persons of all sexual orientation and identity are human beings
- Health Care Providers are charged with caring for human beings
- All human beings have the right to live their lives safe from physical harm, to receive necessary health care and social services and to be treated with dignity and respect by those entrusted to provide their care
- All human beings deserve compassionate care delivered in a manner that is respectful of their personhood, their personal definition of family and their wishes



# Unique Needs of the LGBTQIA+ Patient

# Stop and Consider

- Joe identifies as a gay man. He has been in a long-standing relationship with Jason. Joe has end stage cancer and is in the hospital receiving symptom management for uncontrolled pain and shortness of breath and has been deemed unable to make medical decisions. Joe identified Jason as his primary family unit and has extended family which includes his parents and a sister upon admission 7 days ago. His family knows of his relationship with Jason and does not acknowledge the relationship. Joe does not have advanced directives in place and the providers need to have a goals of care conversation.
- What do you do?



# Unique Needs of LGBTQIA+

- Quality of life
- Disclosure fear
  - Each person chooses how and when to share part of their identity with others.
    - Is it safe to talk to you?
    - How are you going to respond?
    - Are you going to judge me?
- Chosen family and family of origin
- Legal implications



# Why Is Building a Trusting Relationship so Important: Protecting the Person

- If unaware of persons identity providers are unable to help both the patient and caregiver identify knowledge and resources
- Quality of life
- Advanced directives/Goals of Care
- To protect and ensure their wishes and goals of care are honored and followed



# Distinctive Considerations



# Caring for a Transgender Person

- A transgender person's body may have elements, traits or characteristics that do not conform to the person's gender identity
- The anatomy does not define them
- The sex they were assigned at birth does not define them
- Provide usual care for the anatomy that is present
  - Regardless of their gender identification
- Ask before doing

# Surgical Options For the Transgender Person

## **Male to Female transition**

- Male to Female transition
- Orchiectomy
- Vaginoplasty
- Penectomy
- Breast augmentation
- Reduction thyrochronfroplasty
- Voice surgery
- Facial feminization

## **Female to Male Transition**

- Bilateral mastectomy/ reduction
- Hysterectomy/oophorectomy
- Metoidioplasty- construction of male appearing genitalia from testosterone-enlarged clitoris
- Phalloplasty
- Scrotoplasty
- Urethroplasty
- Vaginectomy

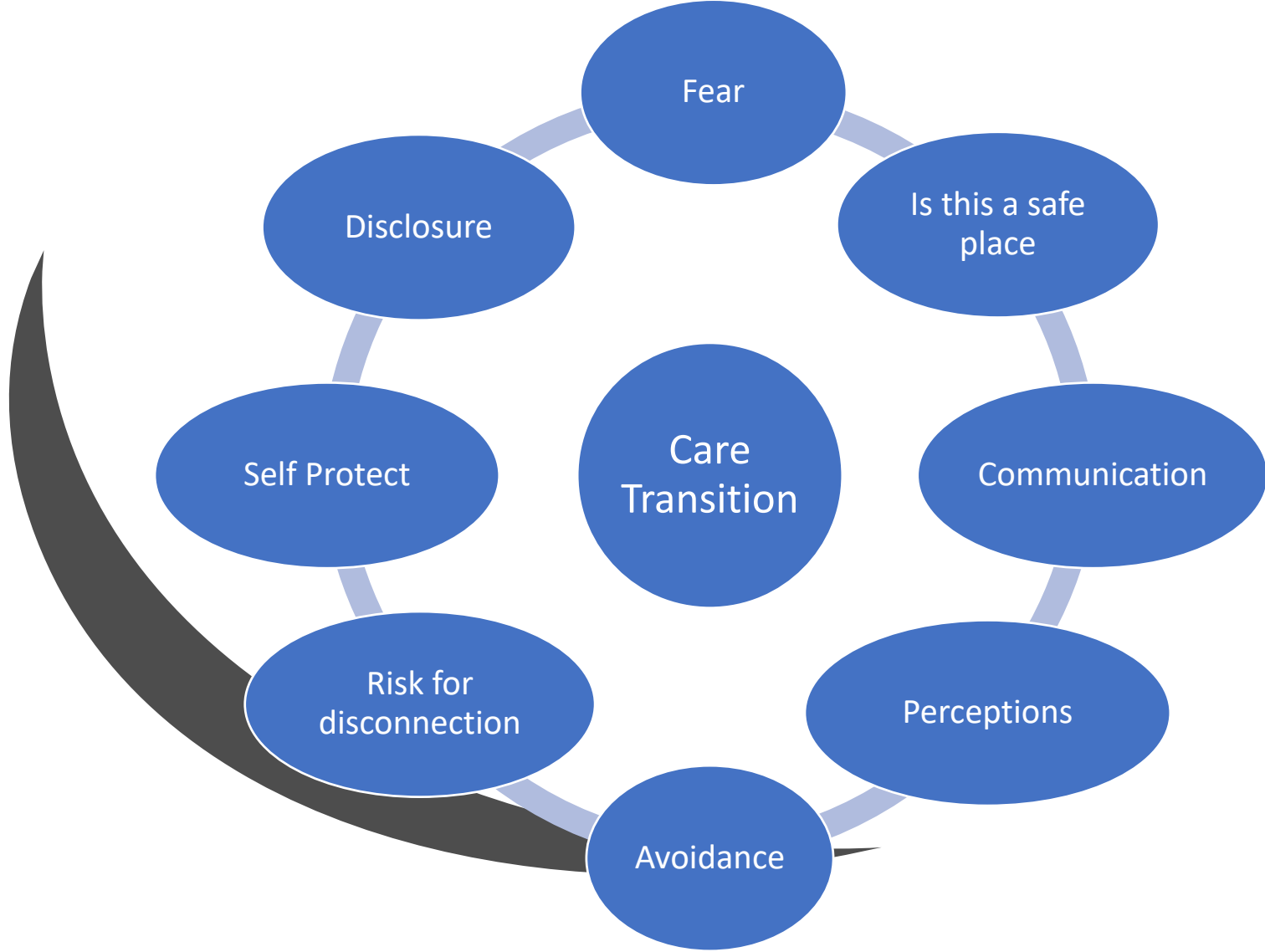
# Quality of Life for Transgender Person

## Example:

- Continuation of hormone therapy?
  - The only contraindication to hormone therapy is estrogen or testosterone sensitive cancer
- Understand the risk vs benefit
- Provide information
- Why does this effect quality of life? Hormone therapy induces and/or maintains the physical and psychological characteristic of the sex that matches the persons gender identity.



# Transitions of Care: High Risk



## Stop and Consider

- Jane has been diagnosed with cancer for the last 10 years she is a transgender female with a diagnosis of lung cancer. She has built a trusting relationship with her oncologist who knows her and her case very well. All the staff in the office know her well and she feels that her care is continually delivered to her as an individual with no judgements. She is not afraid to go to the oncologist office because of these relationship. At this visit the oncologist would like to refer her to palliative care. She refuses and the oncologist reassures her. How can we help support Jane and ensure her transition of care from only seeing the oncologist to the inclusion of palliative care?

# Pearls

- Avoid assumptions
- Use inclusive language
- Identify family
- Involve partners
- Ask and get to know the person
- Use preferred name
- Be aware of potential for fear
- Familiarize yourself with terms
- Build trusting relationship

# Additional Resources

- Project Implicit The Implicit Association Test (IAT) measures attitudes and beliefs that people may be unwilling or unable to report  
<https://implicit.harvard.edu/implicit/education.html>
- Defining Terms: LGBTQIA Resource Center. University of California Davis. Retrieved from <https://lgbtqia.ucdavis.edu/educated/glossary>
- Where can I find more information? Killerman, Sam Its pronounced metrosexual a free online resource for learning and teaching about gender, sexuality, and social justice <https://www.itspronouncedmetrosexual.com/>
- LGBTQ-Inclusive Hospice and Palliative Care. A practical guide to transforming professional practice. Kimberly D. Acquaviva. New York New York: Harrington Park Press (2017)

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- Hospice and Palliative Care Nurses Association: <http://hpna.advancingexpertcare.org>
- Hospice Foundation of America. Lesbian, Gay, Bi-sexual and Transgender (LGBT)Resources <https://hospicefoundation.org/End-of-Life-Support-and-Resources/Coping-with-Terminal-Illness/How-to-Choose/LGBT-Resources>
- Human Rights Campaign: <http://www.hrc.org/hei/for-lgbt-patients>
- LGBT Hospice and Palliative care network. <https://lgbthpm.org>
- Merriam-webster online dictionary. Define allyship. Retrieved from <https://www.merriam-webster.com/dictionary/allyship>
- National Comprehensive Cancer Network: [https://www.nccn.org/professional/physician\\_gls/pdf/palliative.pdf](https://www.nccn.org/professional/physician_gls/pdf/palliative.pdf)
- National Hospice and Palliative Care Organization: <https://www.nhpco.org/tools-and-resources>
- National LGBT Cancer Network: <http://cancer-network.org>
- National Resource Center on LGBT Aging: 10 tips for finding LGBT-affirming services. [https://www.lgbtagingcenter.org/resources/pdfs/10%20Tips%20for%20Finding%20LGBT%20Affirming%20Services\\_Final-new-logo.pdf](https://www.lgbtagingcenter.org/resources/pdfs/10%20Tips%20for%20Finding%20LGBT%20Affirming%20Services_Final-new-logo.pdf)
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