

Question:

In patients who identify as a part of the LGBTQ community, how do current health outcomes compare with health outcomes of patients who do not identify as LGBTQ?

Summary:

The LGBTQ community faces many challenges when it comes to their health. According to Investigation of Geographic and Macrolevel Variations in LGBTQ Patient Experiences: Longitudinal Social Media Analysis, “Health professionals should be aware that the LGBTQ population experiences higher rates of challenges due to discrimination, social pressures, sexual behaviors, and less healthcare access. The LGBTQ populations have higher rates of tobacco use, sexually transmitted diseases, and depression” (Bass, B., Nagy, H. 2020). Depression was not the only mental health challenge listed by Bass and Nagy. The article also lists higher rates of anxiety, stress, and eating disorders, and suicide in some groups. LGBTQ patients are more likely to have physical health problems as well, such as sexually transmitted infections or tobacco and substance abuse. Some groups also have higher rates of certain other health problems, such as obesity, heart disease, and cancer (Bass, B., Nagy, H. 2020). This means that, in many cases, LGBTQ patients may have more health challenges to begin with than other populations, but they certainly have more negative health outcomes than other populations. Although there are many possible causes to this disparity, disclosure of sexuality, avoidance of potential discrimination, and poor access to healthcare for LGBTQ are certainly a big part of the picture (Bass, B., Nagy, H. 2020). LGBTQ patients may feel they are or could be discriminated against, prompting them to refrain from disclosing their sexuality or from seeing their healthcare provider at all, which can lead to large gaps in care. Many groups among the LGBTQ community are also have less socioeconomic stability, or even be homeless, giving them much poorer access to care. This means that even though members of the LGBTQ may need more care than other populations, they receive even less care. A longitudinal study, Investigation of Geographic and Macrolevel Variations in LGBTQ Patient Experiences: Longitudinal Social Media Analysis, compared the experiences of LGBTQ patients with non LGBTQ patients. They found that “discrimination in the health care system contributes to worse health outcomes among lesbian, gay, bisexual, transgender, and queer (LGBTQ) patients” (Hswen et. al., 2020). Macrolevel studies are not the only ones that have found such disparities. “Treat us with dignity”: a qualitative study of the experiences and recommendations of lesbian, gay, bisexual, transgender, and queer (LGBTQ) patients with cancer, a study that involved a survey of LGBTQ patients who survived cancer, asked open-ended questions on their experiences and recommendations. The survey concluded that there were five themes: “(1) are affected by providers’ LGBTQ-specific knowledge and skills, assumptions, and mistreatment; (2) negotiate disclosure of identities based on safety of clinical encounters; (3) have differing experiences based on multiple intersecting identities; (4) receive more effective care when members of their support networks are included; and (5) are self-advocates and undergo transformative experiences in the face of morbidity and marginalization” (Kamen, c., et. al., 2019). While there are several things we can learn from this, perhaps the most crucial is that the experiences of LGBTQ patients are directly and largely tied to healthcare workers’ knowledge, biases, and understanding. Patients in this study greatly desire to be understood. This echoes the findings of Bass and Nagy, who said that, “Learning to take care of members of the lesbian, gay, bisexual, transgender, or queer community involves understanding and being open to multiple special considerations and avoiding unconscious and perceived biases” (Bass, B., Nagy, H. 2020).

Conclusion:

Patients in the LGBTQ population face a multitude of challenges. Not only do they often experience discrimination, in many cases, they also suffer from higher rates certain health problems, such as sexually transmitted infections and diabetes. LGBTQ patients also have higher rates of mental health concerns like anxiety and depression. This leads to a population that has greater healthcare needs, but seek less care due to discrimination. To correct this disparity, healthcare providers should present with a welcoming, understanding attitude, exploring the needs of the patient in a judgment free manner.

Works Cited:**Primary Article**

Bass B, Nagy H. Cultural Competence in the Care of LGBTQ Patients. In: StatPearls. StatPearls Publishing, Treasure Island (FL); 2022. PMID: 33085323.

Secondary Article

Hswen Y, Zhang A, Sewalk K, Tuli G, Brownstein J, Hawkins J
Investigation of Geographic and Macrolevel Variations in LGBTQ Patient Experiences: Longitudinal Social Media Analysis, *J Med Internet Res* 2020;22(7):e17087, URL: <https://www.jmir.org/2020/7/e17087> DOI: 10.2196/17087

Tertiary Article

Kamen, C.S., Alpert, A., Margolies, L. *et al.* "Treat us with dignity": a qualitative study of the experiences and recommendations of lesbian, gay, bisexual, transgender, and queer (LGBTQ) patients with cancer. *Support Care Cancer* 27, 2525–2532 (2019). <https://doi.org/10.1007/s00520-018-4535-0>