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### Current state of LGBTQIA+ Healthcare

Jessica Vadas

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## Presentation 1:

### Current State of LGBTQIA+ Healthcare

#### Presenter:

Jessica Vadas, Ph.D. *Medical Physics Resident, Beaumont Health, Royal Oak, MI*  
(She/Her)

#### Slide 1.1: Title Screen

Hello everyone, and welcome to our session on LGBTQIA+ healthcare within Radiation Oncology. My name is Jessica Vadas, I'm a resident at Beaumont Health, and I'll be starting off with a brief introduction to the current state of LGBT healthcare.

#### Slide 1.2: Definitions

To orient everyone, I'll start off with some relevant definitions, the first of which is the acronym **LGBTQIA+**, which stands for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and others that identify as something other than heterosexual or cisgender. This is often shortened to **LGBT** or **LGBTQ** for brevity.

Many people in the community will use the term "**queer**" as an umbrella term for "not heterosexual," which has historically been used as a slur but has since been reclaimed by some and is generally used by people within the community.

Oftentimes in healthcare you might see the acronyms **SGM** and **SOGI** used for patients, which stand for sexual or gender minority and sexual orientation and gender identity, often used in the context of demographic data.

**Transgender** is used to describe someone whose gender identity is different than the one they were assigned at birth, and **cisgender** is used for someone whose gender identity does align with the one they were assigned at birth.

**SAAB** stands for sex assigned at birth, which is often based on apparent sex characteristics and/or genetics.

### **Slide 1.3: The LGBTQ+ Community**

I first want to start off by saying that the LGBT community is colorful and diverse. It's made up of many different people with different identities and experiences that each have different needs.

The concept of intersectionality describes how multiple identities can overlap in often complex ways, and the next presenter in this session will talk specifically about how LGBTQ identities intersect with race.

Identities within the LGBT community are mainly defined by a person's sexual orientation, which describes who they're attracted to, and their gender identity, which is their internal sense of gender.

A person's gender expression is the way in which a person communicates their gender within a culture or societal standard, and this may or may not be the same as their gender identity, for a number of reasons.

It's important to note that everyone has a sexual orientation and gender identity, even heterosexual and cisgender individuals.

### **Slide 1.4: LGBTQ+ Demographics**

According to recent estimates, approximately 4.5% of adults in the US identify as LGBT, and of these, about 1.4 million identify as transgender or gender non-conforming, where the younger generations represent a growing fraction of the LGBT population.

The actual number of LGBT-identifying people is likely much higher than reported, due to the fact that it's difficult to obtain sexual orientation and gender identity demographic information, as well as the stigma and fear people experience when self-reporting whether or not they're LGBT.

The statistics surrounding the climate of healthcare for LGBT individuals is quite frankly alarming. Over half of LGBT patients have experienced discrimination at some point while receiving healthcare.

Worse even, as recently as 2017, 8% of sexual minority people and 29% of transgender people reported being outright refused healthcare due to their sexual orientation and gender identity.

## **Slide 1.5: Human Cost of Refusing Care**

The refusal to provide someone with necessary medical care comes with a heavy cost. This was borne out on a massive scale during the AIDS crisis in the 1980s, where healthcare providers refused to treat patients with HIV or AIDS, even long after it was established that there was a low risk of transmission to the provider. Many objected on moral grounds, since HIV had primarily spread between men who had sex with men, sex workers, and intravenous drug users.

Even as of 2016, over 10% of people living with HIV still report being denied healthcare due to their status.

If they are able to obtain healthcare, providers will often use harsh language, refuse to touch them, or even blame them for their own health status.

The transgender community also faces disproportionately fatal discrimination that persists today. Some more well-known examples of this include the story of Robert Eads, who was a transgender man from Georgia who developed ovarian cancer in 1996. Over a dozen different doctors refused to treat him because they thought doing so

would “harm their practice,” but by the time he found a provider willing to treat him, his cancer metastasized, and he died in 1999.

In a separate incident, Tyra Hunter was a black transgender woman who was the victim of a car crash in 1995. When EMTs arrived on the scene, they refused to treat her and instead shouted racial and transphobic epithets. The posthumous medical report states that she would have had an 86% chance of survival if she had received proper care.

### **Slide 1.6: 2015 US Transgender Survey (n=27,715)**

In an effort to address some of the disparities facing transgender Americans, a survey was conducted in 2015 of nearly 28000 transgender individuals, which represents the largest sample size for a survey of this kind.

In this survey, one out of every four respondents reported being denied insurance coverage for routine care due to being transgender, and over half of respondents were denied coverage for transition-related surgeries, even if they were able to find in-network providers.

One in three transgender Americans has reported at least one negative experience when receiving healthcare due to being transgender, where they were refused treatment, harassed, or assaulted, or had to teach the provider about transgender people in order to receive care in the first place.

These rates are higher for transgender people of color and people with disabilities.

Because of how widespread this discrimination is, 23% of respondents just simply didn't seek necessary medical care because of the fear of being mistreated as a transgender person. More still did not seek care because they could not afford it.

Most shockingly, these statistics are drawn from the experiences of transgender individuals during just the 12 months prior to the survey. Lifetime statistics are much higher.

### **Slide 1.7: Effect of Discrimination on Seeking Medical Care**

Experiencing discrimination has a huge effect on whether LGBT people will seek necessary or preventative care. Having experienced at least one instance of discrimination is enough to increase healthcare hesitancy by a factor of 2 to 3, for fear of experiencing further discrimination

### **Slide 1.8: LGBT Experience with Health Care Providers**

Over 10% of LGBT individuals often experience this discrimination directly from their providers, where the doctor is uncomfortable with their patient's sexual orientation or gender identity, and just doesn't know how to treat LGBT individuals.

Transgender patients face even higher rates of provider mistreatment, especially transgender people of color, where the doctor is uncomfortable, abusive, or just simply refuses to see or treat the patient.

### **Slide 1.9: LGBTQ+ Healthcare Legislation**

Unfortunately, there is often little recourse for patients experiencing this kind of mistreatment, because the healthcare of the LGBT community is even still being legislated. These headlines are just from the past 12 months of legislation that revokes protections, legalizes medical discrimination, and even makes it illegal for doctors to provide necessary care to the LGBT community.

## **Slide 1.9(b): LGBTQ+ Healthcare Legislation (con't)**

Only as of May of 2021 have federal healthcare protections for the LGBT community been restored, but this is not guaranteed nor secured since it can and has change depending on whichever administration is in power.

## **Slide 1.10: Barriers to Health Care for LGBTQ+ Patients**

Discrimination represents a major barrier in receiving healthcare as I've described previously in this talk, which can take the form of treatment by providers, insurance practices that are set up to deny claims, or unnecessary requirements and gatekeeping before being able to receive treatment.

There's even an expression used for a common experience among transgender individuals, called "transgender broken arm syndrome," which is a tongue-in-cheek expression describing a hypothetical scenario where a transgender patient present to the ER with a broken arm, and the doctor says, "I think your problem is your hormones!" Oftentimes providers look to use a patient's sexual orientation or gender identity as a reason or cause for their ailment.

This represents another unique barrier for LGBT patients, namely the provider's lack of knowledge. LGBT patients often have to teach their providers about LGBT people in order to receive care. This is largely due to how little teaching of LGBT issues there is in medical school, averaging about 5 hours of didactic information over a 4-year curriculum.

This means that most of a trainee's experience with LGBT patients comes from clinical exposure, so if their attending physician is discriminatory or biased towards LGBT patients, that will be perpetuated by the trainee.

Our last presenter of this session will go into more detail about medical training.

Another common barrier to LGBT healthcare is socioeconomic since LGBT people are more likely to be uninsured or unable to afford care.

### **Slide 1.11: Cancer in the LGBTQIA+ Community**

For us as medical physicists, it's important to recognize that younger generations are increasingly more likely to identify as LGBT, and as they age, we will encounter more of them in our clinics.

This is especially relevant, since LGBT people are at higher risk for developing certain kinds of cancer than the heterosexual or cisgender population.

Nearly one in three LGBT adults smoke, which is 68% higher than other adults, increasing the risk of lung and head and neck cancers.

Gay and bisexual men experience an incidence rate of anal cancer 3-4 times higher than heterosexual men, and this rate increases to 30 times higher for individuals living with HIV.

Lesbian and bisexual women have higher risk factors for breast cancer, due to higher rates of nulliparity, substance use, and obesity.

Unfortunately, not enough data exists on transgender-specific cancer risks and incidence rates

### **Slide 1.12: Cancer-Related Health Disparities**

Despite these higher risks, LGBT patients are less likely to access care and seek out preventative cancer screening, largely due to fears of discrimination, and also the

general lack of awareness of their health, which is perpetuated by provider lack of knowledge.

Lesbian women are 3 times less likely to initiate the HPV vaccine than heterosexual women, and gay men are no more likely to either despite being at higher risk of transmission.

Lesbian women are less likely to have pap tests, and a majority of gay men aren't even aware that an anal pap test exists

Bisexual women and transgender individuals are also about half as likely to meet mammography guidelines.

### **Slide 1.13: Cancer Survivorship for LGBTQ+ Patients**

Cancer survivorship is another important factor in the LGBT patient population. LGBT patients often create families that aren't always recognized by law or by healthcare systems, and we all know how important it is for patients to have support systems.

Many LGBT cancer survivors report that their partners weren't permitted in the emergency room with them, or otherwise involved in care and treatment decisions.

This is especially important for palliative care, where a patient has to question whether their provider will treat them with the same amount of compassion as a heterosexual or cisgender person, and whether their chosen family can be involved in their care and end-of-life decisions.

Patient support is extremely important for better clinical outcomes and quality of life. If an LGBT patient's support network is prevented from being involved in their care, they will suffer.

I'll leave you with this: it is important to recognize the health care disparities facing the LGBT community so that we can work to eliminate the inequity and remove

the barriers that prevent this community from accessing the quality health care they rightfully deserve.

## **Listed References:**

### **Presentation 1:**