

Research aims to reduce health care disparities

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The lesbian, gay, bisexual, transgender/transsexual, queer/questioning and intersex (LGBTQI) population has been largely understudied by the medical community. Researchers at Moffitt Cancer Center found that the LGBTQI community experience health disparities due to reduced access to health care and health insurance, coupled with being at an elevated risk for multiple types of cancer when compared to non-LGBTQI populations.

Gwendolyn P. Quinn, Ph.D., scientific director of the Survey Methods Core Facility at Moffitt, identified physicians largely operate under a, "don't ask, don't tell" policy that prohibits open and honest dialogue between doctor and patient about [cancer risk](#).

The study highlights that LGBTQI populations face barriers to [health insurance](#) such as when partnerships and marriages are not legally recognized; concerns about disclosure in a [health care](#) setting, discrimination, misconceptions, legal and financial barriers and the disenfranchised stress and distress of caregiving same-sex partners.

Additionally, there are higher rates of smoking and substance abuse and low screening rates resulting in poor patient outcomes and survival rates for LGBTQI populations. Her review, The Importance of disclosure: Lesbian, gay, bisexual, transgendered, queer/questioning, and intersex individuals and the [cancer](#) continuum, was published in the American Cancer Society's journal, *Cancer*.

Researchers identified that the real or perceived limited access to care due to fear of discrimination and lack of sensitivity and knowledge of LGBTQI issues stood as roadblocks to patient care. In a study of family physicians only 1 in 80 reported routinely asking patients about [sexual orientation](#), while the majority reported rarely or never asking. The National Institutes of Health and the Institute of Medicine now recognize gender identity and sexual orientation as vital aspects of a health history and the need for improved research in this population.

"For many years, physicians did not ask patients about their sexual orientation. The importance of recognizing gender identity and sexual orientation is critical to ensuring the best quality and evidence-based care is available to patients," explained Quinn.

To improve better dialogue between patients and physicians, researchers suggest training staff in LGBTQI competencies, creating intake forms that are gender-neutral and explaining to patients the need for full disclosure when asking personal questions, as it relates to their cancer risk.

The study also implores the research community to collect and analyze [gender identity](#) and sexual orientation data in cancer observational studies and clinical trials to reveal where advancements can be made.

More information: [onlinelibrary.wiley.com/doi/10.../cncr.29203/abstract](https://onlinelibrary.wiley.com/doi/10.1002/cncr.29203/abstract)

Provided by H. Lee Moffitt Cancer Center & Research Institute

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