

# Survey questions cancer doctors' awareness of LGBTQ issues

January 16 2019

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Most oncologists say they don't know enough about how to treat patients with differences in sexual orientation or identity, but most are also interested in learning more, a new study finds.

Led by researchers from NYU School of Medicine and Moffitt Cancer Center, the study reported that the majority of oncologists were comfortable treating individuals who identify as lesbian, gay or bisexual, but only half expressed confidence in their knowledge of these [patients'](#) health needs. Fewer of those surveyed (nearly 83 percent) said they were comfortable treating transgender individuals, and only 37 percent felt they knew enough to do so.

Members of the lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) community are at greater risk for certain [types of cancer](#) such as, cervical or oral, say the study authors. Furthermore, they cite studies showing that LGBTQ individuals are less likely to get screened for [cancer](#) but more like to engage in behaviors that increase cancer risk, such as drinking or smoking.

"Cancer care within the LGBTQ community is a largely ignored public health issue," says Gwendolyn Quinn, Ph.D., a professor in the Departments of Obstetrics and Gynecology, and Population Health at NYU Langone Health. "To address this problem, we have to start by understanding the gaps in knowledge among physicians."

Published online Jan. 16 in the *Journal of Clinical on Oncology* - the first-

of-its-kind study surveyed 450 oncologists from the 45 NCI designated cancer centers in the United States to assess their knowledge, attitudes, behaviors, and willingness to be educated about LGBTQ cancer patients.

Interestingly, oncologists' confidence in their ability to treat LGBTQ patients—when asked about it at the start of the survey and again at the end—dropped 20 percent, with the survey- serving as a process of identifying knowledge gaps.

Political affiliation and having LGBTQ friends or family were associated with both higher knowledge and interest in education. However, the authors did not see any regional or age differences among the oncologists.

One limitation of the study, researchers caution, was that most of the oncologists surveyed were non-Hispanic, heterosexual males.

As a result of their findings, researchers recommend cancer centers not only create an environment safe for patients to disclose their [sexual orientation](#) and [gender identity](#), but also establish protocols for treating LGBTQ cancer patients.

"Oncologists and other [cancer care](#) providers need to consider sexual orientation and gender identity when assessing the needs of a patient," says Quinn. "At the institutional level, education and further training should be offered to physicians so they can be both culturally sensitive and clinically informed about LGBTQ cancer issues."

Quinn and colleagues also call on other investigators to include more LGBTQ individuals in their research so they can start to better understand LGBTQ health risks and needs.

Provided by NYU Langone Health

Citation: Survey questions cancer doctors' awareness of LGBTQ issues (2019, January 16)  
retrieved 11 May 2024 from <https://medicalxpress.com/news/2019-01-survey-cancer-doctors-awareness-lgbtq.html>

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