

# For LGBTQ people, friendly health care is important but can be hard to find

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Lindsey Huie (right) with her children (from left) Kinsley, Rylie, Kaia and Mimi at the University of Portland, where the soccer player was inducted into the school's Athletic Hall of Fame in 2022. Credit: Lindsey Huie

When Lindsey Huie arrived at the hospital that day in 2019, she had already hit peak stress.

The inside of her chest felt ripped apart. She was thinking about her four kids and who would care for them if her wife had to come help her.

But then, one of the first things Huie was asked in the emergency room was, "Can we contact your husband?" It wasn't even really a question, she said, but an expectation.

And it meant that, instead of focusing on treating what turned out to be a torn artery in her heart, she found herself having to explain, "Well, we have a whole different kind of life going on here, friend."

She survived. But Huie, a former professional soccer player who now works as a coach and consultant in Yorba Linda, California, said that such affronts have happened regularly when she's needed care.

Experts in LGBTQ [health](#) say that's a too-common experience that has serious consequences. But they also say that [health care professionals](#) can find easy ways to be welcoming to LGBTQ patients—and that patients have resources to lead them to welcoming professionals.

LGBTQ people face the same issues as everyone else, including access to [health insurance](#) and a shortage of [primary care](#) doctors, said Dr. Carl Streed Jr., an assistant professor of medicine at the Boston University Chobanian & Avedisian School of Medicine, but with an extra burden of discrimination.

A [2020 American Heart Association scientific statement](#), which Streed helped write, said that more than half of sexual minority (a broad term

for people who are not heterosexual) adults and 70% of gender minority (such as transgender) adults reported some form of discrimination from health care professionals.

Meanwhile, roughly one in six LGBTQ people say they have avoided [medical care](#) because they feared being discriminated against, according to a [2017 survey](#) conducted for NPR, the Robert Wood Johnson Foundation and Harvard T.H. Chan School of Public Health.

A [2020 report](#) by the National Academies of Science and Engineering said that anti-LGBTQ discrimination has "direct negative consequences for health and well-being" and exacerbates disparities. Those disparities, according to the AHA statement, include growing evidence that LGBTQ adults experience worse cardiovascular health than their heterosexual peers.

The effects of such discrimination can range from demeaning to life-threatening. Streed said he has worked with patients who, after coming out, were turned away from doctors and had access to vital medications cut off. More common issues, he said, might involve a medical office worker who refuses to use a person's chosen name or asks questions that are irrelevant to medical care.

Huie, 40, came out publicly around age 35.

Non-LGBTQ people may think that the stress of coming out happens one time, she said. "But the reality is that you're coming out over and over and over and over and over again." For example, she's had to explain to many doctors why birth control is not a concern for her.

Dr. Cesar Gonzalez, clinical director of the Transgender and Intersex Specialty Care Clinic at the Mayo Clinic in Rochester, Minnesota, said health care professionals can take many steps to be welcoming to

LGBTQ patients.

It can begin with small cues, Gonzalez said, such as having statements on the office's website or in the lobby that say all individuals are welcome. Similarly, intake forms should ask about gender identity and preferred pronouns.

Gonzalez, a clinical health psychologist who uses both he and they pronouns, co-wrote a [2021 article](#) in the journal *Primary Care: Clinics in Office Practice* that spelled out additional ways for health care teams to signal that they take LGBTQ patients seriously.

"In many regards, it's about trust," Gonzalez said.

Simple measures can have big benefits, said Gonzalez, who teaches medical residents and others about cultural competency. Students receive pins stating they understand LGBTQ health needs.

Attendees who wear the pins report back, "'Gosh, that has been incredible. People spontaneously tell me that they're trans, or they told me about their transgender child,'" Gonzalez said.

Streed emphasized that training on such issues shouldn't stop with the physician. "Front desk staff need to be trained up about being competent, asking questions appropriately and keeping confidentiality in mind," he said.

The benefits of being conscientious that not everybody's families or bodies are the same can help a wide variety of people go beyond LGBTQ patients themselves, Gonzalez said. The family member of a transgender child might need a safe space to discuss fatigue and depression from dealing with harassment. An adoptee might appreciate not having to explain that their family history is not the same as their

genetic background. A woman who has been treated for [ovarian cancer](#) might not want to be subjected to questions about parts of her anatomy that she no longer has.

A health care team that shows awareness of all that, Gonzalez said, tells a patient that "someone really has an understanding of what's going on with their health."

To find such care, both Gonzalez and Streed recommended starting with the LGBTQ+ Health Care Directory. The free, searchable database lists LGBTQ-friendly doctors across the United States and Canada.

Streed said the Human Rights Campaign also offers [a list of welcoming health systems](#) by state. Many cities have LGBTQ-specific health care centers, he said. The Centers for Disease Control and Prevention offers a list of such centers.

Options can be limited in [rural areas](#), Streed acknowledged, but some clinics offer telehealth services, which could be important in states that have passed laws targeting gender-affirming care.

Huie said her current doctor is "very LGBTQ embrative." She has several tactics for finding such care.

She looks at websites that grade physicians, asks questions in a social media group and checks with LGBTQ allies. "That, in my opinion, is a little bit better than just trying to do it on your own or showing up and then hoping for the best."

Huie, who is no longer married, thinks "we still have a pretty long ways to go" before LGBTQ people and their families are not consistently isolated and, inadvertently or not, made to feel unwelcome by health care staff and society at large.

She said the problem is often not maliciousness, but ignorance. People in general "are just so uneducated that there are things outside of our norm. And that's the part where I feel like we need to do a better job."

Provided by American Heart Association

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