Primary Care & LGBTQ Patients

Presented by:

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Introductions

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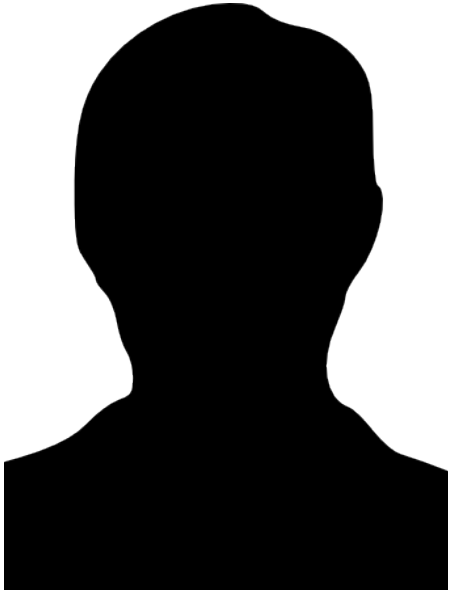

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Learning Goals

- To become aware of the results of a pilot study done in Mississauga to evaluate competence and acceptance of LGBTQ patients by the family medicine community.
- To identify, with session attendees, potential strategies for improvement.
- To identify opportunities to implement these strategies in practice.

Terminology

- Romantic
- Cis
- Trans, Queer etc, etc

Introduction

- Family medicine exists as a portal to virtually all other healthcare avenues
- We often hope that primary care exists unbiased, offering a safe space for anyone from any walk of life to start
- Arguably, full equality for all subsets of people has not yet been achieved, and this is especially true for GSMs

Introduction (cont.)

- Some discussion of anecdotal evidence led us to initiate a study to evaluate patient perceptions of family medicine in LGBTQ patients
- We measured, among other things, these:
  - Patient satisfaction
  - Feeling of being "understood" as a person
  - Understanding in terms of both mental and physical health

Methods for the Pilot Study

- 20-question electronic survey with 84 participants
- Survey was promoted via social media in both LGBTQ-centric and general population-centric groups
  - Consequently, prevalence of LGBTQ identities cannot be measured by this study
- Questions were formulated carefully to avoid leading bias
  - Especially important in a study with polarizing questions

Methods (cont.)

- Patients were stratified first by GSM or non-GSM
- Proceeded to sub-stratify based on sex assigned at birth (MAAB or FAAB) and on out status
- Out status: whether the patient disclosed their GSM identity to their primary care provider
- The student's t-test was used for each measured difference, with significance set at <5% and a 95% CI

Results (Quantitative)

- More than two thirds of respondents were female (n=52 vs. n=25), and as such, detection of variances in men was often impossible
  - Additionally, only 6 men identified as being LGBTQ, whereas 17 women did
- GSM patients reported their primary care providers as having a better personal understanding (mean score 4.30 vs. 3.59, *p=0.038*; max score was 7)

Results (Quantitative)

- Satisfaction with care was also reported as statistically superior in GSM women, with a mean score of 5.24 vs. 4.40
- Perhaps most interestingly, though, is that a potential confounder was revealed: out status
- GSM patients who were closeted reported a lower level of perceived personal understanding (3.85 vs. 4.90, *p=0.008*)
- Also reported a lower level of confidence in their family physicians' understanding of their mental health (3.62 vs. 4.80, *p=0.039*)

Potential Interpretations

- LGBTQ patients may be more likely to come out if they are reasonably confident in a good outcome from their primary care providers
- Alternatively, LGBTQ patients who are not out may have self-imposed fears that are being projected onto their perceptions
- In either case, we must develop a way to respond to the issue

Potential Further Study

- To test whether either of the previous potential interpretations are real, we propose a survey administered over a large geographical region using questions like these:
- *Thinking about if you were to come out to your doctor right now, how confident are you that your doctor would respond in an appropriate, accepting way?*
  - 1 (not at all confident) to 7 (extremely confident)

Small Group Discussion #1

- Break into groups
- 10 minutes: Try to brainstorm 1-3 ideas of how to make coming out easier for LGBTQ patients in a family medicine setting. How would you implement them?
- Something to help get you started:

In your experience, what hinders LGBTQ patients from coming out to you?

Small Group Discussion #1

- Someone from each group: please take 1 minute to tell us what your group came up with!
- Discussion & comments – at end of presentation
- And now, onto the qualitative section

Qualitative Results

- Bisexual homoromantic cis-female:
  - "Assumption of heterosexuality, but never felt safe coming out to [my family doctor]"
- Homosexual heteroromantic cis-female:
  - "My previous family doctor said he 'wasn't sure if [I] needed a Pap smear' because I was having sex with only women"
- Bisexual homoromantic cis-female:
  - Brings up my sex life a little more than he should

Qualitative Results (cont.)

- Homosexual homoromantic cis-female:
  - "Did not comprehend lesbian sex and fluid transfer which could potentially allow for std transfer. I am lucky to be studying to be a health care practitioner or else I would not have explained it, because I used to be afraid of physician authority."

Qualitative Results (cont.)

- Bisexual heteroromantic cis-female:
  - "We are about to switch family doctors because my parents feel she greatly mishandled my brother's mental health situation and contributed to him being in the hospital for suicidal ideation. I am unaware of if my brother was out to her (he's trans) but if he was she did NOT handle it well."
- Homosexual heteroromantic cis-female:
  - "As a feminine cis female, I experience much less homophobia than my transgender and g[e]nderqueer friends, in all areas of life, including healthcare."

Small Group Discussion #2

- Same groups as for the first discussion
- 5 minutes: Brainstorm some reasons that may have led up to the individual patient experience assigned to your group. What are some strategies for preventing these negative experiences?
- Someone from each group: please take 1 minute to tell us what your group came up with!

Question & Answer Period

- **Questions may be directed at us (the presenters) or at others from the small group discussions**

Thank you!

- Feel free to contact us:

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