

End of Life Care for LGBTQ People

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Outline

- Definition of Terms
- Inclusion at the End of Life
- LGTBQ “Chosen Families” at the End of Life
- Best Practices
- Summary

Definition of Terms on Sexual Orientation

- Gay – a man who is attracted to the same sex. (Do not use homosexual unless it is used clinically or medically.)
- Lesbian – a woman who is sexually attracted to the same sex. Some women use the word “gay” otherwise lesbian is the term
- Bisexual – these people are attracted to both sexes. It is also used by people coming out to their friends and family to avoid outright rejection.

Definition of Terms for Gender Identity

- Transgender – Is a person who has the body of their born gender but the way they think feels like they are of the opposite gender. Often there is a need to change physical characteristics suited to their newer gender.

Gender Identity

- **CISGENDER**
- **TRANSGENDER**
- **NON-BINARY (“X”)**
- **GENDER NON-CONFORMING**
- **GENDER QUEER**
- **ANDROGYNY**

Personal Pronouns do matter!

- He/Him/His
- She/Her/Hers
- They/Them/Their

Hospice (and Palliative) Core Values

- Hospice cares compassionately for the “whole person”, individualizing a care plan that is reflective of a person’s goals, hopes, and support needs at end-of-life from a psychosocial, spiritual, and medical approach.
- Affirming a person’s sexual orientation or gender identity is a critical part of establishing trust, honoring who they are, and providing appropriate care to their whole selves.

Marie Curie Report

- The Marie Curie report found that some LGBTQ+ people had experienced discrimination in palliative care settings with staff not being accepting of them. Some LGBTQ+ people said that they don't access palliative care services because they think they will be discriminated against.

Marie Curie Report

- Some LGBTQ+ people anticipate discrimination in other healthcare services too and might not attend screening or have regular contact with a GP. If this happens, people are more likely to be diagnosed at a later stage and have more complex health needs.

Marie Curie Report

- Health and social care staff often make assumptions about people's sexuality or gender identity. For example, they might assume that a man will have a wife or that a female partner of a lesbian patient is her sister or friend. This can make LGBTQ+ people and their partners feel excluded. Carers and partners of LGBTQ+ people are less likely to be offered support while they are carers, and also with bereavement. “

Interview with Stanley Green

- What experiences do you recall or stories you've heard in your network of friends that have demonstrated respectful and inclusive treatment or have not demonstrated these values?

Best Practices

- Place a sign that signals that your office is LGBTQ-friendly, and display brochures that are relevant to LGBTQ-health issues.
- Review your literature and forms to ensure they have inclusive language and questions. Add a transgender option alongside “male/female” in your intake forms.
- Do not assume a patient’s sexuality or gender identity, and do not force a patient to disclose their sexual or gender identity if they are uncomfortable. Instead, introduce yourself with your preferred pronouns, and ask about theirs. Do not assume that a trans patient desires or has undergone surgical or hormonal transition. Make it clear that you are comfortable with their identity, and are willing to learn how to support them through identity-specific issues.
- Try having a conversation, if they are comfortable, about their fears and needs. Be aware of the language you use, and ask about their preferred name and gender pronouns.

Chosen Families

- “Isolation and “non-traditional” family status factor greatly in the delivery and facilitation of care. LGBTQ individuals are more likely to be single, less likely to have children, and more likely to be estranged from their birth families. Many have “families of choice” (also called [“lavender families”](#)), composed of close friends and support groups. But for many LGBTQ elders, these chosen families may be threatened by aging and illness, and face trauma from loss in the HIV epidemic in the 1980s and 1990s.

Best Practices

- “Who are the most important people in your life?”
“Do you have a significant other?”
“Are you in a relationship?”
“Do you live with anyone?”
“Tell me more about yourself?”

Best Practices

- Are you in a relationship?” ...
- If “yes”, then ask, “with who”, and then ask are you sexually active with the person, or anyone else?
- If “no”, then ask, “are you sexually active?”, and “with who?”
- “Do you have your sex with men, women, or both?”
- “Are you in a monogamous relationship?”
- “Have you ever engaged in high-risk sexual behavior?”
- “Do you currently have any worries or problems related to sex?”

Best Practices

- Ask who the most important people in their life are
- Ensure that their partner is recognized as such and feels supported.
- If they bring someone into the meeting that they introduce as a close friend but may in fact be their partner, emphasize that you are comfortable with their identity and are willing to support them.
- Address legal concerns

Summary

Resources

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