

Health Care Practices and Relationships: The Experiences of LGBTQ Women and Primary Care Providers



Questions:

1. When I'm meeting with a patient, the best way to determine her sexual orientation and gender identity is:
A) It doesn't matter so I don't need to know. B) Wait for her to bring it up. C) Ask her how she identifies.
2. True or False: Even if I know a patient's sexual orientation and gender identity, I might not know what types of behavior she engages in.
3. I'm worried about offending LGBTQ women patients when I don't know what questions to ask or what language to use. The best thing to do in this situation is:
A) Say nothing. B) Tell the patient I'm not sure what to ask or say. C) Ask the same questions I would ask a heterosexual, female-identified woman.
4. True or False: The best way to provide good care to LGBTQ women is to set aside my own biases and treat them the same as everyone else.
5. How does being LGBTQ affect patients' health?
A) Their experiences as members of a social group may affect their health in many ways. B) Their sexual behavior and corresponding risk factors are different. C) It doesn't, every patient is an individual and has unique needs.
6. True or False: I know that an appointment with an LGBTQ woman patient is going well when I feel comfortable.
7. Clinical knowledge about care for transgender patients is:
A) A specialized field that I'm not required to understand. B) Something I should learn more about. C) Unnecessary for me—I never see those patients.
8. Assumptions about sexual orientation and gender identity affect my practice in the following ways:
A) They usually don't, but sometimes I say the wrong thing. B) They don't because I don't make assumptions. C) They affect all aspects of my practice, including forms, office design, and interactions.
9. True or False: Improving my practice with LGBTQ patients is something I can and should do on my own.
10. Making some assumptions about LGBTQ women's experiences as members of a social group is:
A) Helpful, it's an important part of providing quality care. B) Wrong, that's stereotyping. C) Impossible, because everyone has unique experiences.



Answers:

1. C) It is important for providers to know patients' sexual orientation and gender identity. Most health care provider participants would have answered B). This places the responsibility for starting these discussions on LGBTQ women. Health care providers should be starting this discussion with their patients.

2. True. Different women may understand their sexual orientations and gender identities in different ways. If health care providers want to know about behavior, they need to ask patients about it directly.

3. B) Worrying about offending patients was a common concern amongst health care provider participants. LGBTQ women participants said they would prefer their health care providers to tell them when they're not sure what to do. At the same time, providers have a responsibility to learn about the language, health, and health care needs of LGBTQ patients.

4. False. Most of us have biases about gender and sexual orientation. Pretending these biases can simply be set aside is ineffective. Instead, health care providers can learn to recognize their own biases and how these affect their practice with patients.

5. A) Many health care provider participants answered B) or C). Both of these responses overlook social differences—the ways in which LGBTQ women face different social barriers to health and health care. Acknowledging social difference is an important part of providing safe and responsive care to LGBTQ patients.

6. False. Feeling comfortable can signal that everything is “business as usual.” That often means using taken-for-granted assumptions regarding gender and sexual orientation. In fact, challenging norms and assumptions may raise discomfort—which can be a good thing!

7. B) Many health care provider participants would have answered A) or C). By viewing this knowledge as inaccessible or unnecessary, health care providers are discouraged from improving their ability to care for transgender patients. Transgender patients are far too often turned away from health care.

8. C) Assumptions about “normal” gender identity and sexual orientation are institutionalized in the health care system. All aspects of health care provision are shaped by these assumptions. For health care providers, the first step in addressing the effects of assumptions is to recognize the ways they affect care provision.

9. True ... and False. It takes courage to identify the ways in which biases and assumptions affect care provided to LGBTQ patients. It is important to seek support and information from others. (Not only from LGBTQ patients!)

10. A) Assumptions aren't all bad. When someone is a member of a social group that faces barriers to health and health care, this information can inform the questions asked and the types of care and advocacy provided.

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