

Discrimination against Sexual and Gender Minorities in Hospice and Palliative Care

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Disclosures

- No disclosures to report

Terms

- **Sexual minority** = individuals who identify as gay, lesbian, or bisexual, or who are attracted to or have sexual contact with people of the same gender
- **Gender minority** = individuals whose gender identity (man, woman, other) or expression (masculine, feminine, other) is different from their sex (male, female) assigned at birth¹
- **SGM** = sexual and gender minorities
- **SOGI** = sexual orientation and gender identity
- **Hospice care** = focuses on the care, comfort, and quality of life of a person with a serious illness who is approaching the end of life²
- **Palliative care** = specialized pain and quality of life care for people living with a serious illness, such as cancer or heart failure

Background

- Workplace discrimination in general has been heavily recorded to occur against SGMs³
- Much research has been performed to document SOGI-discrimination against SGM patients in healthcare⁴⁻⁶
- The area of SOGI-discrimination against SGM health professionals (rather than patients) is a neglected research area
- Hospice and Palliative Care is an area where SGM equity has unique value

The SGM patient's perspective

End-of-life care

- Erikson's Stages of Psychosocial Development: Ego Integrity vs. Despair⁷

Stage	Period	Personality Attributes	Age
1	Early Infancy	Trust vs. Mistrust	1–1 ½
2	Toddler	Autonomy vs. Shame and Doubt	1 ½–3
3	Early Childhood	Initiative vs. Guilt	3–6
4	Middle Childhood	Industry vs. Inferiority	6–12
5	Adolescence	Identity vs. Identity Confusion	12–18
6	Young Adulthood	Intimacy vs. Isolation	19–40
7	Middle Adulthood	Generativity vs. Stagnation	40–65
8	Older Adulthood	Integrity vs. Despair	65+

Advance directive

- Langbehn v. Jackson Memorial Hospital^{8,9}



The SGM provider's perspective

- Easier to perform one's job in a welcoming environment
 - Minority stress can have adverse physical and psychosocial effects¹⁰⁻¹²
- Career advancement and success
 - Being denied a match to a desired residency^{13,14}
 - Loss of patient referrals¹⁵

Research question

- Takeaways
 - Important for SGM physicians to be accepted for their own well-being and to encourage personal acceptance for their patients at the end-of-life
 - Minority stress can impair physician performance at work
 - Discrimination can deter career advancement of SGM physicians
- **Is discrimination against SGM physicians pervasive in the Hospice and Palliative Care workplace?**

Method

- Rush University, IRB-approved
- Online survey with yes/no and free response questions about discrimination
- Sent to physician members of the American Academy of Hospice and Palliative Medicine
 - Lesbian, Gay, Bisexual, and Transgender special interest group
 - Bioethics and Humanities special interest group

Characteristic	Participants (N=111) no. (%)
Heterosexual	83 (75%)
SGM	28 (25%)
Sexual minorities	28
Gender minorities	0

Results: Yes/no questions

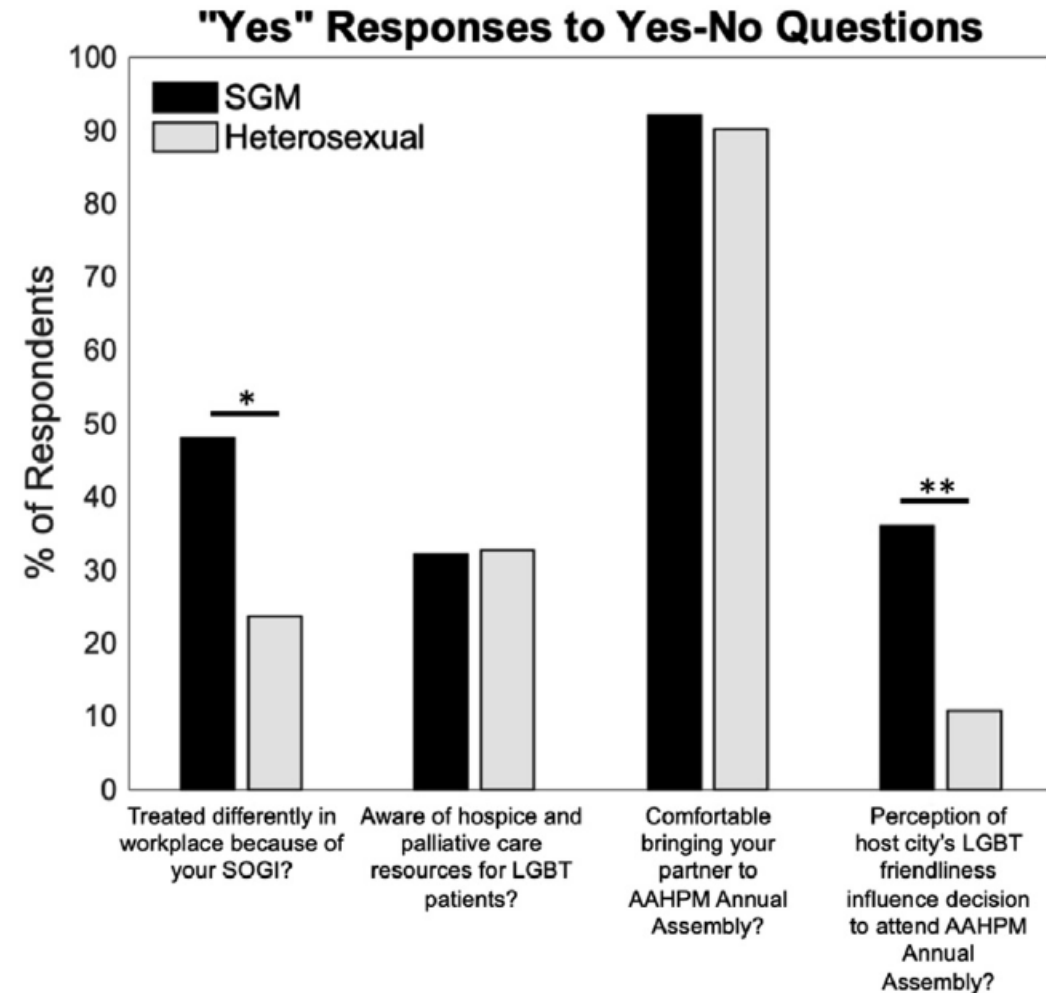


Fig. 1. Affirmative responses to key questions in the authors' 2015 AAPHM survey from both SGM and heterosexual respondents (* $P < 0.05$, ** $P < 0.01$). Demographic questions allowed classification of each respondent as heterosexual or SGM. One hundred eleven AAHPM members in total completed the survey. Roughly half of the respondents identified as male and half as female. Twenty-five respondents reported being sexual minorities (SGM respondents; 11 lesbian, 11 gay, and three bisexual). No person identified as being a transgender person. Abbreviations: SGM = sexual and gender minority; SOGI = sexual orientation and gender identity.

Results: What can we do

- Training for healthcare providers on SGM issues
- Creation of a welcoming, gender-neutral care environment
- Acceptance, awareness, acknowledgement
- Equal treatment and respect
- Identification of SOGI upon intake into care
- Access to competent care
- Education of LGBT patients and families

Results: Types of discrimination

- SGM respondents were socially marginalized and not considered for advancement
- Significant life events such as bereavements or divorces not acknowledged or accommodated for SGM respondents
- Told to conceal SOGI or SOGI not acknowledged
- Pay gap for heterosexual women
- Heterosexual women reported a difference in the level of respect they received at work

Conclusion

- SOGI-discrimination exists in the palliative care workplace, and providers are relatively unaware of SGM resources. Providers must take steps to create an inclusive environment for SGMs by changing attitudes, acting as allies, and engaging in trainings

Publication	Type of SOGI-Discrimination	% of SGM Physicians in Sample
Schatz and O'Hanlan (1994)	Verbal harassment / ostracism	34% / 37%
Eliaison, Dibble, & Robertson (2011)	Verbal harassment / ostracism	15% / 15%
Eliaison; Streed, Jr.; & Henne (2018)	Any form	41%
Present study	Any form	64%

Discussion

- Be an ally to patients and colleagues
- SGM resources
 - SGM training
- SGM issues and their unique health needs
 - Record SOGI in H&P
 - Preferred name and SOGI in medical records and encounters
 - Delayed care
 - Transition
 - Hormone therapy
 - Top/bottom surgery
 - Other options



Future work

- Expanding sample
 - Sample outside of groups which might be more vocal
 - Gender minorities
- Longitudinal studies
- Quantifying impact of cultural competency training on perceived discrimination
- SOGI discrimination vs. other types

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