

Improving the Healthcare Experience for LGBTQ+ Patients



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My Story

- Gay male
- Trained at Michigan State which emphasized personal interaction skills
- Began medical school in 1983 so was HIV was always a part of my world as a physician
- Started solo practice in 2001 with primary focus on the LGBTQ+ community
- Joined AMG in 2011

Communicating

- Comfort level
 - Take inventory of your background and how this could affect your interaction
 - Acknowledge deficits if needed
 - Be yourself

Learn the language

- Gender identification terms
- Sexual activity terms
- Drug terms

Navigating the “relationship status”

- Best rule is to never assume
- Open relationships, polyamorous relationships, etc. can be common
- STD testing, vaccinations, and HIV prevention should be discussed with ALL patients – not just ones who identify as single

LGBTQ+ Healthcare

It's everything that routine healthcare is plus MORE

How is it different?

- Lesbians since they are largely not on birth control and not becoming pregnant do not access gynecology at the same rate
 - Less mammograms
 - Less pap smears
 - Higher rates of cancer
 - Less preventive health

How is it different? *cont'd*

- Gay men also have differences
 - Increased cancer risk especially anal
 - Higher than heterosexual smoking rate
 - Body image – “manorexia” and steroid usage

Checklist for LGBTQ+ Healthcare

- All the usual you would do for any patients plus make sure to:
 - Check immunizations status for the following
 - Hepatitis A and hepatitis B
 - HPV
 - Meningococcal
(if patients likely to be in crowded face to face gatherings)
 - Influenza
 - COVID-19
 - Substance usage
 - Alcohol, caffeine, tobacco, marijuana
 - GHB, Ketamine, Molly, X, cocaine
 - Poppers

Checklist for LGBTQ+ Healthcare

cont'd

- Behavioral health history
 - Screen for depression and anxiety
 - Assess support system especially family support
 - Look for signs such as cutting
 - Don't be afraid to ask about suicidal thoughts
- Physical examination
 - Signs of trauma (high rates of same sex physical violence)
 - Teach testicular exam
 - Anal issues for gay men (hemorrhoids, fissures, fistulas, etc.)
 - Skin for signs of syphilis, scabies

Labs

- The same ones you would normally order for that age patient PLUS
 - Hepatitis C screening
 - Hepatitis A and B titers if unsure of immune status – remember that the Hepatitis B vaccine does not always take after the first series
 - STD testing
 - HIV
 - Syphilis
 - I tend not to do any blood testing for herpes without long discussion since the utility of the test is limited
 - Gonorrhea/chlamydia -- Urine and depending on activity throat and rectum

Gonorrhea / Chlamydia

- When asking about what tests a patient needs, always offer swabs
- If the patient asks why would they need them....
 - If the patient has performed oral sex since the last visit, they should consider the swab
 - If the patient has had anal receptive sex without a condom, they should consider the swab
 - Lack of symptoms if not a reason not to test

Syphilis

- If patient has had contact with person with syphilis, best to test and treat
- Be suspicious of isolated liver enzymes as it can often signal syphilis
- Warn patients of the Jarisch-Herxheimer reaction
- Make sure patients know they need to follow up

LGBTQ+ Over 50

- Don't assume they aren't having sex
 - Offer the same STD testing and discussions
 - Discuss ED issues
- Low threshold for CAD evaluations
 - Unhealthy lifestyles can be common
 - Early ED can be a subtle marker for early CAD
- Assess for depression – being older in the community can be tough
- Long term planning – many LGBTQ+ do not have children to take care of them so that can be a huge concern to patients

In Conclusion....

- If you ever slip up verbally with an LGBTQ+ patient (and it happens even to me) and make a faux pas that is pointed out – make sure to say something like “Thank you – every day I try to do better so I am glad you pointed that out” – saying “I’m sorry” tends to put the patient on the defensive to have to say, “That’s OK”.

Even after 31 years of doing this, I still learn every day.