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How to be good enough GP/FPs for LGBT individuals?

LGBT bireyler için nasıl yeterince iyi GP/AH olunur?

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Dear Editor,

Although most health issues affecting populations generally, individuals who define themselves as lesbian, gay, bisexual or gender incongruent (earlier named transsexual) (LGBT) reported that there are still disparities in healthcare.[1] In a primary care setting not only for management of chronic conditions but also to screen for the preventable diseases, Family Physicians (FPs) should not ignore to understand the patients' sexual orientation and gender identity.[2]

Social determinants affecting the health of LGBT individuals largely relate to oppression and discrimination.[1] Examples include:

- Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits
- Lack of laws protecting against bullying in schools
- Lack of social programs targeted to and/or appropriate for LGBT youth, adults, and elders
- Shortage of health care providers who are knowledgeable and culturally competent in LGBT health

The topic "How to be Good Enough GP/FPs for LGBT individuals?" was presented as a workshop at WONCA Europe in 2016 and 2017. The aim of the workshop was to explore existing knowledge, need for learning, and experienced barriers to providing proper health care to LGBT individuals among the participants. The structure of the workshops was to focus on the conditions of each European country represented by the presenters, and then to present the educational packages and material using case presentations.

Participant characteristics

In 2016, the participants were from Czech Republic (2), Finland (4), Germany (1), Netherlands (5), Norway (1), Portugal (2), Sweden (1), Switzerland (1), Thailand (1), Turkey (1), UK (1).

In 2017, the participants were from Denmark (9), Estonia (1), Finland (3), Germany (1), Italy (1), Japan (1), Lithuania (4), Macedonia (1), Netherlands (2), Norway (4), Portugal (6), Sweden (2), Turkey (1), UK (2) and USA (4). The characteristics of the participants are shown in **Table 1**.

Written answers about the topic

1. When is it difficult to be a good GP for LGBT patient?

Patient factors

- when you do not know that the patient is LGBT, the patient is not open
- when the patient finds it difficult to be open or to talk about it

Medical knowledge

- when the patient has problems due to discrimination from society, family, friends, job and the doctor finds that difficult to handle
- when the consultation concerns sexually transmittable diseases (STDs) and the doctor feels that he/she does not know much about STDs in this population

Doctor factors

- The doctor may feel unsure how to behave and communicate.

"I am afraid of making mistakes because I have never been standing in their shoes"

2. What do you think may make it easier for your

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Table 1: Participant characteristics

		2016 (n)	2017 (n)
Age (years-old)	20-29	9	11
	30-39	7	9
	40-49	0	8
	50-59	4	10
	60-69	0	5
Medical student		2	0
Years as GP	0	0	11
	1-4	12	7
	5-9	1	3
	10-14	1	3
	15-19	0	2
	20-24	1	6
	25-29	1	3
	30-34	1	3
	35-39	0	3
	no info	1	2
GP trainee	Yes	10	10
	No	6	30
	No info	2	3
	Student	2	0
Have LGBT patients	Yes	17	34
	No	1	5
	Student	2	0
	No info	0	4
Total		20	43

patients to bring up sexual orientation or gender identity issues?

Individual strategies in the consultation including doctor attitude to LGBT people, communication techniques, the doctor-patient relationship, and non-verbal signs.

- The participants reported that it is important to demonstrate an open, nonjudgmental attitude towards being LGBT. That the doctor shows that he/she is open to discuss sexual orientation or gender issues in a neutral way without prejudice or stereotypes. Show the patient that you treat him/her the same no matter what.
- Then the participants advised to be active questioning. "Just ask". Use open questions, a neutral tone, and gender-neutral words. You may include questions about sexual orientation and gender identity in routine questions. Let it show that you are positive about being LGBT.
- Non-verbal signs in the room or on your doctor's coat, posters, leaflets are good ways to demonstrate an open accepting attitude and may make communication easier.

Mass strategies include: To promote education about LGBT in the society, to raise society awareness about LGBT people, to make clear that GPs/FPs can help LGBT patients with their problems, to give information in younger ages at school. Improve the education of medical students.

3. What do you hope to learn to improve your skills?

- how to behave and talk to LGBT people, communication skills, communication techniques to be open for disclosure, what I have to do to make

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LGBT feel great in my consultation, what I must do to minimize the bias and stereotypes, open attitude.

- learn about what are their specific LGBT problems, know what LGBT patients think are problems, be able to notice problems and deal with it.
- learn more about specific health problems, access problems and how to improve, health screening programs for LGBT, ways to approach sexual risk in homosexual females.
- information about transgenders / trans issues because they are more rare, about the phases patients should go through before a sex change operation, strategy for screening post transition in transgender.
- learn from colleagues, learn from other peoples' experiences, exchange ideas.
- I am not sure.
- it is easy for me to address the topic.

4. What problems do LGTB pats bring up?

- sexual health, STD
- mental health problems, depression, anxiety, identity problems
- discrimination, fear of stigmatization, being bullied, lack of serious attention from their doctors, psychological problems being LGBT.
- job and family issues, conflict relations with their parents
- same problems as everyone else

5. Do you need more LGBT specific medical knowledge? About what?

- sexual and mental health problems specific for the group, and how to address them - STD-risks
- loneliness and depression, mental health issues
- elderly gay and lesbian people
- sensibilization for their problems, to be able to notice that there is a problem - cancer screening.
- trans issues: risks of hormone therapy, transgender surgery and how to follow up, referral options and what is possible
- HIV/AIDS
- during education: LGBT definition and concept, LGBT health, raised awareness of LGBT health problems, help doctors get over stigmatization. What is LGBT orientation / non-conforming gender identity (during medical school). To be able to notice LGBT problems (in the consultation).

The term of "sexual behavior" and "sexual identity" could be different for the patients. Some men could have sex with men although they do not identify themselves as "gay".[2] To advice for the appropriate preventive care is challenging for the family physician. The root reason for this problem could be two sides as patients' perspective (how to define themselves, affected of stigmatization, experience of discrimination) and doctors' perspective (afraid of making mistakes, not to be confident about communication skills and behavior, not to have enough knowledge).

The participants via sub-items defined medical knowledge item such as

- Mental health issues o Elderly gay and lesbian o Loneliness, depression
- Sexual health and Sexual transmitted diseases (STDs)
- Gender change treatment o Transgender surgery o

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How to follow-up o Referral options o Risk of hormone therapy

- Cancer Screening
- Awareness

"Invisible population" could define elderly LGBT people.[3] The elderly lesbians and gays were treated as mentally unhealthy when they were teenagers and young adults (until 1973, homosexuality was in the classification of mental disorders).[4] Most of the elderly

LGBT people did not "come out" with their sexual identity ıf they even sought help from their health provider. "Family" for the elderlies are often close friends and FPs may not find anybody from the biological families to take care of the LGBT elderlies if needed.

"Rights and legacy" could be one of the challenges for decision-making about health issues, too.[3,5,6]

Social isolation is defined as "absence of meaningful and sustained connections" while loneliness is loss of meaningful connection. Social isolation and loneliness affects negatively elderly people.[7] Nowadays, lockdowns and/or quarantines because of COVID-19 pandemics may affect elderly people more, like other vulnerable groups. Online technologies could be an answer to this problem for not only social support but also to be a part of society.[7,8]

Sexual health education must be included the medical education curriculum as well as LGBT health. By this way a common language could be structured.[9,10] Vignettes, case based learning materials, and well-defined role-plays could be used as materials whereas Massive Open Online Courses (MOOCs) about LGBT health could give opportunity to develop the knowledge for lifelong learning.[11]

Gender-affirming surgical services needs multidisciplinary approach that involves FPs. Governmental insurance and/or special insurance companies may pay some health services but not all the items, especially not for the transgender.[12] Some of the countries have regulations such as counselling with departments of psychiatry, endocrine and metabolism, urology, gynecology. The duration could be at least two years to begin the surgery. The other question is "accepting sterilization" according to the legalized surgeries.[13,14]

Sustainability of health should be for all preventing services. Cancer screening is one of these items. No specific definition or recommendations have been reported different from the general guidelines and most of the medical recordings does not involve sexual orientation.[15] "The elephant in the room" sits still for the patient and the doctor.

Such as, breast cancer screening for women begins at 40 years old although Hartley et all revealed that transgender female had got breast cancer risk, too (while there's lack of literature).[16] The ignorance of female-to-female sex transmission is a problem not only for STDs but also for cervix cancer screening.[17] Maza et al revealed that cancer screening is also a problem for LGBT individuals especially in low-income countries. "HPV self-sampling" could be solution to overcome this struggle among transgender men in El Salvador.[18]

Conclusion

To achieve sustainable health for all, curriculum development and new approaches to managing the health needs of LGBT people, as well as improvements to primary care guidelines, are needed. The individual GP/FP can make difference by improving or adjusting his/her existing consultation skills.

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