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MEDICAL LEARNER

How to Build an Inclusive Clinic for 2SLGBTQIA+ Patients

BARRIERS TO ACCESSING CARE FOR 2SLGBTQIA+ PATIENTS[1,2]

1. **Hetero- and cis-normativity**: puts a burden of disclosure on patients → increased stress
2. **Discrimination**: societal stigma and discrimination → patients avoid healthcare
3. **Healthcare system barrier**: limited healthcare access and insufficient training for healthcare provides → decreased access to high quality healthcare

1. HETERO- AND CIS-NORMATIVITY[3,4]

Medical intake forms should be inclusive to 2SLGBTQIA+ patients. EMR should include:

- Chosen name
- Legal name (if different)
- Chosen pronouns
- Two-step gender identity:
  - Gender identity
  - Sex assigned at birth
- "Partner" rather than "spouse"

2. DISCRIMINATION[3,4]

Establish and advertise a community of inclusion and safety for patients:

- Visual allyship symbols (flags, office posters, pronoun pins)
- Waiting room magazines that include 2SLGBTQIA+ community
- Brochures available that address 2SLGBTQIA+ health issues
- Awareness of local resources and community groups
- Gender-neutral bathrooms or a policy that patients may use a bathroom of their choice

3. HEALTHCARE SYSTEM BARRIERS[2,4]

On-boarding and continuous education for all clinic staff on:

- Discussing sexual and gender orientation
- Discussing sexual practices
- 2SLGBTQIA+ terminology
- Common health concerns for 2SLGBTQIA+ patients (including gender-affirming care)

REFERENCES

1. Ramsey et al., 2022: An etic view of LGBTQ healthcare: Barriers to access according to healthcare providers and researchers
2. Gentile et al., 2020: Clinician's Experience and Self-Perceived Knowledge and Attitudes toward LGBTQ + Health Topics
2. Deutsch, 2016: Creating a safe and welcoming clinic environment
4. Bass et al., 2023: Cultural Competence in the Care of LGBTQ Patients