



# The Effects of a Lack of LGBTQ+ Competency in Medical Curricula and Medical Personnel

Monica Bañuelos

champurradorain18@gmail.com

Global Health Program

University of California at San Diego, La Jolla CA 92092



UC San Diego



## Introduction

Global health has been defined as “an area for study, research, and practice that places a priority on improving health and achieving equity in health for *all* people worldwide[1].” This definition insinuates that there is not equity in health for everyone globally and that there is still work to be done.

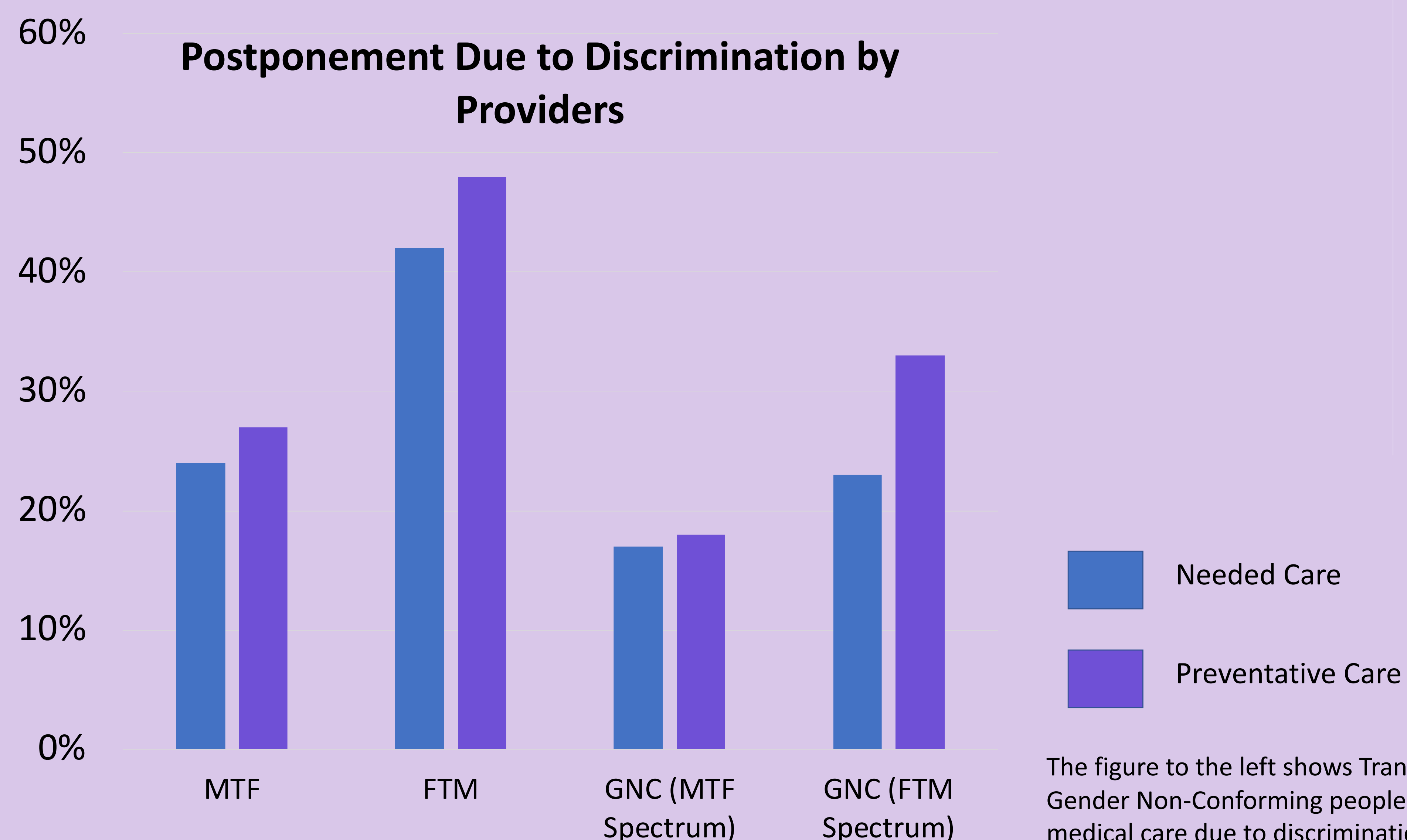
Lesbian, gay, bisexual, transgender, queer, + (LGBTQ+) people are some of the people that are currently marginalized in broader society and in the medical field as well. Centuries of advancing the medical field have shown us that larger societal and political views affect the way that physicians interact with their patients and make some groups less privileged, and therefore medical schools and physicians are faced with the task of addressing these inequities. LGBTQ+ patients are not receiving equitable care because of medical personnel’s biases, stigma, and lack of cultural competency towards this vulnerable population. Addressing these factors and providing training for medical personnel would help close the gap in health inequities for the LGBTQ+ community.

## Methods



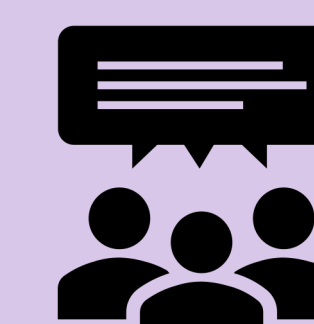
This project consisted of collecting, analyzing, and reviewing research on social determinants of health, the doctor-patient interaction, stigma, bias, LGBTQ+ testimony, gender studies, health insurance access, medical school curricula, and statistics on the LGBTQ+ population to critically analyze how all of these factors intersect to create inequitable care for the marginalized population being studied. Reviewing scholars’ claims of how stigma and unconscious bias present themselves in the physician-patient interaction, I argue that physicians’ attitudes are contributing to the health inequities of their LGBTQ+ patients.

☆This review aims to highlight the importance of addressing biases and incorporating LGBTQ+ competent care into medical school curricula.



“TRANS RIGHTS ARE HUMAN RIGHTS[6]”

*“Denial of health care by doctors is the most pressing problem for me. Finding doctors that will treat, will prescribe, and will even look at you like a human being rather than a thing has been problematic. Have been denied care by doctors and major hospitals so much that I now use only urgent care physician assistants, and I never reveal my gender history. [2]”*



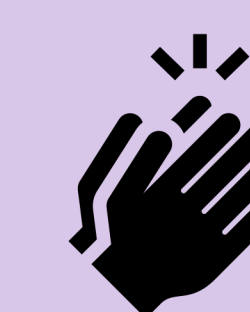
## Discussion

- Research points to the fact that institutions and medical personnel are also engendered with bias that affects the way they interact with their patients and this can lead to poorer quality of care or refusal of care.
- A study conducted uncovered that up to 50% had to teach their doctors about transgender care[3]. Even more alarming, a study that interviewed nurses showed that up to 79% had not received LGBT patient-centered training and many did not see a need for it[4].
- It is imperative that physicians and medical students learn how to speak to LGBTQ+ patients with affirming language, learn how to care for each person’s specific needs, respect their patients’ gender pronouns, and create a welcoming environment for their patients to feel safe disclosing their gender and sexuality.

## Conclusion



- When starting this research I hypothesized that LGBTQ+ people were receiving less equitable care due to medical personnel having bias and stigma towards this population, as well as a lack of cultural competency being included in medical curricula. Testimony and health data for this population allow us to conclude that the hypothesis is correct and there is a lot of work to be done if they are to receive equitable care.
- These results are significant since there is not enough research in public health connecting the lack of cultural competency to the inequitable care that this population is receiving.
  - My hope is that these results will propel forward a conversation on how public health policy, medical trainings, and medical school curricula can work together to provide equitable care to LGBTQ+ patients by including them in policy and mandatory cultural competency trainings.
  - It is not enough to have an LGBT flag in a hospital or physicians’ office when the nurses, physicians, and front desk personnel are not educated on how to affirm and respectfully care for this population. Some steps moving forward include paperwork that patients fill out also need to allow the patient to include their name in use, gender pronouns, and their gender.



## Acknowledgments

Thank you to my professor Dr. Paula Saravia for helping me edit my work and think through possible ways to frame my thesis within a more researched, global health framework. Thank you to all the transgender people before me and currently who have fought tirelessly to help us be seen wholly.

## References



1. Koplan et al. 2009. “Towards a Common Definition of Global Health.” *The Lancet* 373 (9679): 1993–95. [https://doi.org/10.1016/S0140-6736\(09\)60332-9](https://doi.org/10.1016/S0140-6736(09)60332-9).
- 2,3,5. “Injustice at Every Turn: A Report of the National Transgender Discrimination Survey.” 2011. *National LGBTQ Task Force* (blog). <https://www.thetaskforce.org/injustice-every-turn-report-national-transgender-discrimination-survey/>.
4. Carabez et al. 2015. “‘Never in All My Years...’: Nurses’ Education About LGBT Health.” *Journal of Professional Nursing*. <https://doi.org/10.1016/j.profnurs.2015.01.003>.
6. “Transgender People #WontBeErased.” n.d. Heather Branham, LCSW | Asheville, NC. <https://www.heatherbranhamlcsww.com/blog/transgender-people-wontbeerased>.
7. “Columbia Nursing Hosts Nursing Leaders for First National LGBTQ Health Summit - Daily Nurse.” n.d. <https://dailynurse.com/columbia-nursing-hosts-nursing-leaders-for-first-national-lgbtq-health-summit/>.