

Are We Doing Enough to Address the Cancer Care Needs of the LGBT Community?

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The 2011 film titled *Gen Silent* (<http://gensilent.com>) focuses on the needs and issues of six aging lesbian, gay, bisexual, and transgender (LGBT) people, at least two of whom had cancer. One of the issues made apparent in the film was the lack of trust in the healthcare system and the discrimination these individuals faced at a time when their needs were growing and they were increasingly vulnerable. It was sad and caused us to reflect on what we, as oncology nurses, are doing to meet the needs of LGBT individuals faced with a cancer diagnosis.

Many of us have learned to provide culturally competent cancer care to our patients. We have focused our efforts on learning more about and being sensitive to patients with different ethnic and socioeconomic backgrounds and patients whose language is not the same as ours. But how many of us feel prepared to provide the same high-quality care to LGBT individuals? Was it even covered in your nursing curriculum when you were in school?

An estimated 5%–10% of the U.S. population considers themselves LGBT (Grant, 2010). According to Healthy People 2020 (U.S. Department of Health and Human Services [USDHHS], 2015), LGBT individuals face health disparities associated with societal stigma, discrimination, denial of their civil and human rights, and frequent experiences of violence and victimization. Personal, familial, and social lack of acceptance of sexual orientation and gender identity negatively affects the mental health and personal safety of LGBT individuals (USDHHS, 2015). In addition, the LGBT community experiences disparities related to healthcare access;

higher rates of depression, anxiety, and suicide; higher levels of sexually transmitted diseases; a greater propensity for cigarette smoking and drug and alcohol abuse; and lower rates of cancer screening and higher rates of some cancer diagnoses (Joint Commission, 2014; Quinn, Schabath, Sanchez, Sutton, & Green, 2014). The fear of discrimination or stigmatization may reflect the discomfort and negative attitudes many healthcare providers, including nurses, experience and convey when working with LGBT patients (Dorsen, 2012; Institute of Medicine, 2011).

In 2014, the Joint Commission released the field guide titled *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community*. In this document, focus was placed on patient and family engagement, effective communication between healthcare providers and LGBT patients; a checklist for leadership to use to implement changes to LGBT approach; and provisions of care, treatment, and services (see Figure 1). In addition, the American Academy of Nursing (AAN), 2012) developed position statements opposing discrimination based on sexual orientation or gender identity and to

Adieu

This is my last issue as editor of the *Clinical Journal of Oncology Nursing*. I became editor in 2007 and have had the great honor and pleasure of working with numerous authors, reviewers, associate editors, and the publishing staff at the Oncology Nursing Society. We have all had the same mission of improving cancer care while sharing our experiences and learning from one another. I want to thank you for this wonderful opportunity. I know that Lisa Kennedy Sheldon, PhD, APRN, BC, AOCNP®, will be a great steward of the journal going forward as she assumes her role as editor.

Thank you,




enhance the health of this population. They also encourage hospital visitation rights for the partners and children of LGBT individuals (AAN, 2015). The Oncology Nursing Society (2015) endorsed this position.

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Our readers may want to learn more to address the disparities experienced by and the unique needs of the LGBT

Create a welcoming environment that is inclusive of patients who are LGBT.

- Prominently post the hospital's nondiscrimination policy or patient bill of rights.
- Waiting rooms and other common areas should reflect and be inclusive of LGBT patients and their families.
- Create or designate unisex or single-stall restrooms.
- Ensure that visitation policies are implemented in a fair and nondiscriminatory manner.
- Foster an environment that supports and nurtures all patients and families.

Avoid assumptions about sexual orientation and gender identity.

- Refrain from making assumptions about a person's sexual orientation or gender identity based on appearance.
- Be aware of misconceptions, bias, stereotypes, and other communication barriers.
- Recognize that self-identification and behaviors do not always align.

Facilitate disclosure of sexual orientation and gender identity, but be aware that disclosure or "coming out" is a unique process for each individual.

- Honor and respect the individual's decision and pacing in providing information.
- All forms should contain inclusive, gender-neutral language that allows for self-identification.
- Use neutral and inclusive language in interviews and when talking with patients.
- Listen to and reflect patients' choice of language when they describe their own sexual orientation and how they refer to their relationship or partner.

Provide information and guidance for the specific health concerns facing lesbian and bisexual women, gay and bisexual men, and transgender people.

- Become familiar with online and local resources available for LGBT people.
- Seek information and stay up to date on LGBT health topics. Be prepared with appropriate information and referrals.
- Identify and support staff or physician champions who have special expertise or experience with LGBT issues.

FIGURE 1. Checklist to Advance Effective Communication With LGBT Patients With Cancer

Note. Based on information from Joint Commission, 2014.

community throughout the cancer continuum; therefore, two Oncology Essentials feature columns in the *Clinical Journal of Oncology Nursing* provide basic information about LGBT issues (Levitt, 2015; Margolies, 2014). Other resources are also available, and oncology nurses should become familiar with them to provide the quality of cancer care we want for all patients (see Figure 2).

One of the goals of Healthy People 2020 is to improve the health, safety, and well-being of LGBT individuals. We encourage oncology nurses to create an environment that does that. We challenge you to learn more by talking to one another about this. Have one of your LGBT colleagues or patients talk with you about this issue. And then keep learning. Being afraid of being discriminated against or not having your needs met adds an additional burden while facing a cancer diagnosis. Having cancer is bad enough.

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CancerCare

www.cancer.org/tagged/lgbt

Provides free, professional support services for the LGBT community affected by cancer.

Healthy People 2020

<http://1.usa.gov/1af2CDX>

Provides an overview of issues, objectives, and interventions to meet established goals.

National LGBT Cancer Network

www.cancer-network.org

Provides education, advocacy, and training for healthcare providers to offer more culturally competent, safe, and welcoming care.

National LGBT Cancer Project

<http://lgbtcancer.com>

Out With Cancer provides peer-to-peer support, patient navigation, education, and advocacy.

FIGURE 2. Resources for LGBT Patients With Cancer

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