

An open environment

Online learning

The RACGP's 'Alcohol and drug issues in the LGBT community' *gplearning* activity examines various issues that affect LGBT people's healthcare, including the impact of negative social attitudes and the increased prevalence of alcohol and drug use, as well as a number of approaches for providing sensitive and culturally effective support. The activity is accredited for 2 Category 2 QI&CPD points and will be available in October.

Visit <http://gplearning.racgp.org.au> for more information.

The 'Becoming More Gay Friendly in Your Practice' online learning module was developed by the STIs in Gay Men Action Group (STIGMA) and is designed to guide GPs on the health needs commonly experienced by gay and homosexually active men, including sexual health screening and psycho-social issues. The module is accredited by the RACGP for 2 Category 2 QI&CPD points.

Visit <http://stipu.nsw.gov.au/stigma/becoming-more-gay-friendly> for more information.

PAUL HAYES

A comfortable atmosphere for people of all sexual orientations and gender identities can help in overcoming barriers to accessing quality care.

An open and holistic approach to various patient populations is a core strength of general practice. GPs are trained and educated to work with people of differing cultures, ethnic backgrounds, genders and socioeconomic status.

People who identify as lesbian, gay, bisexual or transgender* (LGBT), however, are among those who face obstacles in accessing healthcare, whether due to a fear of discrimination or perceived lack of understanding of the health issues they face.

'LGBT people are less likely to seek healthcare and also may be less likely to be honest about their health because they don't want to disclose their LGBT status,' Dr Beng Eu, a GP at a Melbourne clinic with a focus on LGBT health, told *Good Practice*. 'LGBT people have health risks, drug and alcohol risks and mental health risks.'

'If they're presenting and not fully disclosing all of that, it's difficult to manage because GPs don't really have the full picture.'

'For a gay man, for example, saying he wants a sexual health screening but not saying he's gay might cause a difference in what you should screen for.'

Approximately 2% of Australian adults identify as lesbian, gay or bisexual, while a further 6–8% report lifetime same-sex

behaviour.¹ Despite the fact LGBT people are more likely to attend general practice than heterosexual people,² they often feel less satisfied with the care if they face assumptions of heterosexuality or recognise that their health providers are poorly informed in the area.^{2–4}

'One of the biggest barriers is previous bad experiences with doctors,' Dr George Forgan-Smith, a Melbourne GP with a special interest in men's health who runs a gay-friendly healthcare website, The Healthy Bear, told *Good Practice*.

'Young and older gay and lesbian people have grown up with a sense of difference, a sense of disenfranchisement within the community.'

'I think it's difficult for some people to feel comfortable to talk about important topics and we know that gay and lesbian people have very different health needs to the average heterosexual counterpart.'

'The other thing is that there is a genuine lack of expertise in dealing with gay and lesbian health within the community. I learnt very little about gay and lesbian health, other than HIV, when I was trained.'

RACGP learning

Dr Ruth McNair, a GP with a special interest in gay and lesbian health and an Associate Professor at the University of Melbourne's Department of General Practice, has

* While this article primarily uses the term 'LGBT', *Good Practice* recognises the fact people of all sexual orientations and gender identities can face barriers to accessing healthcare.



Left to right: Dr George Forgan-Smith has made significant efforts to create welcoming healthcare environment; Dr Sven Strecker recommends healthcare professionals use open questions and not assume a patient's heterosexuality; Dr Ruth McNair's learning module can help GPs appropriately and sensitively raise the subject of sexual orientation; Dr Beng Eu believes better understanding of LGBT patients allows for more holistic and patient-centred care.

developed an LGBT healthcare training module designed to help GPs better understand and work with this patient population. The activity, which has a focus on alcohol and drug use, discusses various approaches for providing sensitive and culturally effective support for LGBT patients. The RACGP is offering the module as part of its *gplearning* online training platform (refer to breakout on page 14).

'I've tried to set the module up as some background learning about discrimination and how that impacts on people,' McNair told *Good Practice*.

'There is also information about terminology because that is one of the barriers. A lot of GPs say to me that they're happy to ask people questions about their sexual orientation but they don't know what language to use. They don't want to put their foot in it and offend people.

'So part of [the module] is about what language can be used that is user-friendly and appropriate.'

An assumption of heterosexuality, though usually not deliberately prejudiced, is among the key issues LGBT people face in accessing primary care.

'It's rarely being homophobic or transphobic, but more often being "heterosexist", which is pervasive,' McNair said.

That assumption of heterosexuality, conscious or otherwise, commonly comes in the form of 'closed' communication with patients.

'It can just be with the language, when somebody automatically asks the [male] patient about their wife or their girlfriend and doesn't realise that more open questioning would be preferable to give the person a chance to discuss certain things,' Dr Sven

Strecker, a GP at a Melbourne clinic with a focus on LGBT health, told *Good Practice*.

'If a patient hears that sort of approach, with closed questions about a wife or girlfriend when they are male, they might feel that they don't want to be open with this person too much.'

Inclusive questions and an environment in which people will feel comfortable disclosing sexuality or gender identity can help create better health outcomes.

'If we don't understand and delve into those details with a patient, encourage them to disclose their sexual orientation or gender identity and then discuss whether it's had an impact on their health, then we won't get halfway to helping them,' McNair said.

A discomfort with healthcare professionals can lead many LGBT patients to effectively fragment their care by having two regular GPs – one for issues related to their sexuality and another for the rest of their healthcare – which makes it difficult for them to receive truly patient-centred care.

'I think it is a problem that some LGBT people aren't revealing particular aspects of their health to certain providers, so you can't provide a holistic approach,' McNair said. 'Primary care does not work well that way. Fragmentation of care goes against the idea of general practice.'

Forgan-Smith recognises the difficulties LGBT people face in accessing healthcare and has made a deliberate effort to create a welcoming environment.

'I purposely put myself out there as a gay-friendly doctor,' he said. 'I've done that because I want to create an oasis for people to be able to feel safe because I know what it feels like to have to go through the embarrassment of having to explain your sex life to somebody the first time you go to a doctor, which can be really difficult.' >>

Suggestions for discussing sexual orientation in general practice⁸

Introducing the topic of sexual orientation

- I ask all of my new patients about their social situation
- I need to know something about your sexual history because it may be relevant to your symptoms
- I need to ask about how you define your sexual orientation to ensure the best referral

Partner and social situation

- Do you have a partner? (rather than 'Are you married?')

- What is your partner's name?
- Is your partner male or female? (if not clear from the previous question)
- Do you live with anyone?
- Who do you regard as your close family?
- Are you co-parenting your children with anyone?
- Who is the biological parent? (rather than 'Who is the "real" parent?')

Visit www.glhv.org.au/fact-sheet/guide-sensitive-care-lgb-people-attending-general-practice for more information.

>> While it is true that same-sex attracted people are more likely to report sexually transmitted infections (STIs) than heterosexual people,⁵ GPs should not assume that is what will make up the bulk of healthcare for that patient population.

'A criticism I've had from LGBT people is that they go to a health service, the [doctor] finds out they're gay or lesbian and immediately they're being labelled as possibly HIV-positive or possibly promiscuous,' McNair said.

'LGBT people will come to you for health issues that are unrelated to their sexual orientation or gender identity.'

Issues such as substance abuse, physical violence and a range of mental health disorders are also prevalent among LGBT people.⁶ Relative to heterosexual people, LGBT people are twice as likely to experience anxiety (31.5% compared to 14.1%) and three times as likely to experience depression and related disorders (19% compared to 6%).⁶ The rate of suicide attempts among same-sex attracted Australians is up to 14 times higher than their heterosexual peers.⁷

'If someone presents with mental health issues and they don't talk about LGBT as part of it, it is difficult to manage properly as it might be a significant factor in their depression, for example,' Eu said. 'If they feel as though they can't tell their doctor about it then it makes it even worse.'

Standard practice

McNair believes it is important to educate students, registrars and experienced GPs about the fact that LGBT healthcare is about treating a person from a specific culture.

'A lot of doctors I talk to say, "Well, if we're not talking about sexual health then sexual orientation is not relevant", and I'll say "No, this is a cultural issue",' she said. 'Many people who are LGBT live in that as a cultural fact, they have a different value system, different social networks, different experiences of the world. It's not just about their sex life, it's about how they live in the world.'

'When I'm doing my training I'm trying to encourage GPs, primary care nurses, etc to understand the higher health risks of this group. To explain that to discriminate against a population is similar to CALD [culturally and linguistically diverse] populations, Indigenous populations, where they've had to put up with a lot of stigma that creates extra mental health problems, drug and alcohol abuse, separation from family, social marginalisation, the whole gamut.'

What LGBT patients expect of general practice care⁸⁻¹¹

- Minority sexual orientation is regarded as a normal variation
- An inclusive practice environment that serves to normalise their sexual orientation
- Awareness that LGBT people attend the practice
- Avoidance of assumptions of heterosexuality
- Attitudes that are openly non-judgemental, accepting and affirming
- Knowledge of specific health issues and sensitive, culturally appropriate referral networks
- Advocacy and support with issues regarding their sexual orientation
- Assured confidentiality

'I think the majority of GPs want to do a good job, want to be appropriate and caring but haven't had training in what language to use, in specific health issues they need to be aware of, or risk factors to take into consideration.'

'If the [gplearning] module can raise awareness that it is important, that we've got gaps in our knowledge to fill, then that's a great start.'

“The majority of LGBT healthcare can and should be done by the GP”

While GPs will always have special areas of interest, and LGBT healthcare can certainly be considered one itself, Strecker believes it falls under the fundamental aspects of general practice and GPs should be able to treat this patient population as they would any other.

'It's another culture that maybe you don't belong to but you should be able to communicate with, and you shouldn't really get people to have worse health outcomes because of their sexual orientation,' he said.

McNair hopes educational opportunities such as the *gplearning* module will result in the bulk of Australian general practices being considered LGBT-friendly in the future.

'The majority of LGBT healthcare can and should be done by the GP. It's just a matter of understanding the issues better and being able to broach the subject sensitively,' she said.

'I'm hoping we [LGBT-friendly clinics] can do ourselves out of business in 20-30 years. If we have educated enough GPs in the local community to be user-friendly, people

shouldn't have to travel miles and miles to come to my clinic.'

'I want people to be able to access a local, user-friendly GP who can understand their needs enough to provide the whole picture.' 🌐

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