

# Advocacy is vital—but not only—part of LGBTQ+ identity in medicine

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Medical school and residency training is stressful enough. But, too often, LGBTQ+ students carry the additional burdens of being tasked with righting wrongs and explaining why certain concepts and issues are important to them and should be important to society at large.

And, while advocating for populations underrepresented in medicine (URM) may be a big part of who you are, it's OK if you don't let it start to resemble a full-time job, according to people who have gone through the experience.

"You don't have to take on the world," said Cynthia Kuk, a fourth-year student at Michigan State University College of Human Medicine. Kuk spoke during "Burnout, Barriers and Resilience: Perspectives from Underrepresented in Medicine and LGBTQ+ Students, Residents and Physicians," a virtual education session held during the June 2021 AMA Section Meetings and hosted by the AMA Medical Student Section.

Learn about AMA advocacy and activities regarding LGBTQ+ health issues and how to get involved.

Panelist Chase T.M. Anderson, MD, a child and adolescent psychiatry fellow at University of California, San Francisco, noted that—for him—being a medical student, serving as class president, and acting as a full-time advocate was exhausting.

"I tried to tackle all the things around racism and discrimination," Dr. Anderson said. "I got caught up in 'Let's change everything and make everything better.' That wasn't my job. My job was to learn and keep myself safe."

Read about the six things patients wish physicians knew about gender identity.

## Data bolsters advocacy efforts

When acting as an advocate, Dr. Anderson recommends “bringing facts to the game.”

“At the beginning, I was trying to use emotion and saying: ‘We should treat people better because they’re going through a lot,’” he said. “That doesn’t always land with everybody.”

This includes having data ready to address issues such as minority stress, which—as defined by psychiatric epidemiologist Ilan Meyer, PhD—describes the “stressors embedded in the social position of sexual minority individuals as causes of health-related conditions.”

If a patient’s identity was leading to minority stress, Dr. Anderson said he would add that to the individual’s problem list, add data on how minority stress can lead to certain negative health outcomes, and weave this into the patient’s care plan.

Kuk has conducted surveys and brought the results back to school administrators. The surveys have included a sampling of LGBTQ+ curriculum followed by the question: “This is LGBTQ content. Do you want more of it?”

Responding students replied, “Yes, we would love more of it. We don’t think there is enough,” Kuk said, and this data was taken to administrators.

“Data speaks,” said panelist Elizabeth Bonachea, MD, a neonatologist at Nationwide Children’s Hospital in Columbus, Ohio.

Dr. Bonachea speaks often with residency program directors about the importance of inclusivity and URM recruiting, and she brings hard data on the systematic bias that exists in the standardized test scores that are often used to assess residency applicants.

“That gets a lot more traction than saying: Holistic review sounds like a good idea and isn’t this obvious to everyone?” she said.

## Make it easier for those coming next

While being an advocate doesn’t need to be a 24/7 role, panelists agreed on the importance of “being visible.”

Fearing retaliation, Dr. Anderson said he at first used a pseudonym when writing about the bigotry he experiences as a Black, gay man entering medicine.

Dr. Anderson now writes under his real name in the hopes of “creating a better path for next generation.”

Dr. Bonachea said there were no LGBTQ+ mentors or members of the Latinx community in positions of leadership at her medical school.

“By being visible now, I hope that it’s helping the next generation see that these issues—whether you are a member of a given community or not—are hugely important,” she said.

Dr. Bonachea would like also to see URM and LGBTQ-identifying faculty “do more of the heavy lifting” on issues that affect their communities, and she expressed admiration for the students, residents and fellows who were “stepping up.”

“These aren’t folks who will be leaders—they already are leaders,” she said.

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