LGBTQ+ seniors have seen lifelong discrimination. Doctors can help.

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Despite major U.S. civil rights advancements over the last decade, most LGBTQ+ patients have lived a lifetime under legal discrimination and often still struggle to access medical care, according to Carey Candrian, PhD, an associate professor at the University of Colorado School of Medicine in Denver.

“I think we know the drivers about the discrimination. We know it’s happening all throughout the health care ecosystem in hospices and hospitals, assisted living. The American Heart Association reported last year that 56% of LGBT adults report experiencing some form of discrimination” from a physician, health professional or health care organization. “For those who are trans or gender nonconforming, it goes up to 70%. We know this discrimination is happening,” Candrian said during an episode of “AMA Moving Medicine.”

Mounting evidence suggests that LGBTQ+ patients have less access to health care and higher burdens of certain conditions. Unfortunately, the extent of these inequities has not been fully understood, and research on how to really close these gaps is lacking, she explained.

“One out of three older LGBT adults live at or below the poverty line, and there are a number of factors that contribute to this,” Candrian said. “Gay marriage wasn’t legalized until 2015. If you did have a partner, you were often denied spousal benefits and pensions, which really matter as you age. A second driver for financial insecurity is really job discrimination for their entire lives. If they were open about who they were, they could be fired for that—and many of them were.”

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Fewer family ties
LGBTQ+ older adults are also two to three times less likely to be married, and three to four times less likely to have children.

“They’re often more likely to be estranged from family, which means they’re aging with a really thin network of support,” Candrian said.

A lifetime of stigma and discrimination takes a serious toll.

“Research shows that this leads directly to higher rates of anxiety, depression, substance abuse, certain cancers, cardiovascular issues and suicide, and the big one is that the stress of hiding this fundamental part of who you are actually takes up to 12 years off their lives.”

In a 2020 survey of more than 850 hospice professionals, 43% of the staff reported directly observing some form of discrimination towards LGBT patients and caregivers, Candrian said.

Check out these great tips for creating an LGBTQ+-friendly practice and communicating with LGBTQ+ patients.

**How to include**

LGBT patients and their caregivers still fear to disclose this information. “They can still be denied care. If these questions are not asked in a way that doesn't perpetuate discrimination, we still won't get this data.”

Legislation may provide a solution, but “we can't legislate the way people think and feel, but we can change the way we communicate, the way we talk and listen to each other. For communities that have been historically marginalized like the LGBT community—and particularly older LGBT adults—change in the way we communicate can really make an immeasurable difference in the care they receive and in their outcomes.”

That means ensuring a more inclusive engagement with patients.

“The scripts are really the tools we use in medicine to get to know a patient—our forms, our intake questions, our admission conversations, DNRs, living wills. They're critical tools in medicine, but they're scripted. And they're loaded with assumptions that aren't always spoken but they're heard. And so, for LGBT people who have grown up in these cultures and carry this stigma with them, it can shut people down really quickly.”

Patients “just want to be able to talk openly and be heard without prejudice. All we have to do is really break these scripts in a way that people feel safe and show them we're safe and listen.”
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