Whereas, The LGBTQ+ (per the Urban Dictionary – lesbian, gay, bisexual, transgender, questioning and + meaning other sexualities such as pansexual, asexual and omnisexual extra) population in the United States is estimated to be over 10 million people (4.1 percent of the population); and

Whereas, LGBTQ+ populations are vulnerable and often marginalized in society and in the medical system; and

Whereas, LGBTQ+ focus groups have established that distinguishing their identity within the medical system is often a source of great discomfort; and

Whereas, LGBTQ+ focus groups have also identified normalization of their gender identities as a major component of their recommendations to improve health care experiences; and

Whereas, Intake forms in medical facilities (i.e., clinics, hospitals) often have only binary gender options, and only 5 percent of forms are gender inclusive in able to identify transgender patients; and

Whereas, The Institute of Medicine recommends the collection of data on sexual orientation and gender identity as part of the electronic health record, but 14 percent of intake forms confuse gender and sexual orientation; and

Whereas, A LGBTQ+ friendly intake form establishes a comfortable and welcoming atmosphere for the LGBTQ+ patient in the office; and

Whereas, The Gay and Lesbian Medical Association offers various guidelines for improving the care of LGBTQ+ patients, including the use of gender-neutral forms; and

Whereas, Twenty-four percent of transgender and gender nonconforming patients reported denial of equal treatment in the while seeking healthcare; and

Whereas, The American Medical Association has an established stance on and commitment to the ongoing improvement of nonjudgmental, nondiscriminatory, and culturally competent care of LGBTQ+ patients; therefore be it

RESOLVED, That our American Medical Association distribute and promote the adoption of the recommendations pertaining to medical documentation and related forms in AMA policy H-315.967, “Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation,” to our membership. (Directive to Take Action)
Fiscal Note: Not yet determined

Received: 05/02/18

RELEVANT AMA POLICY

Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation H-315.967

Our AMA: (1) supports the voluntary inclusion of a patient's biological sex, current gender identity, sexual orientation, and preferred gender pronoun(s) in medical documentation and related forms, including in electronic health records, in a culturally-sensitive and voluntary manner; and (2) will advocate for collection of patient data that is inclusive of sexual orientation/gender identity for the purposes of research into patient health.

Citation: Res. 212, I-16; Reaffirmed in lieu of: Res. 008, A-17;

Health Care Needs of Lesbian, Gay, Bisexual and Transgender Populations H-160.991

1. Our AMA: (a) believes that the physician’s nonjudgmental recognition of patients’ sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, and transgender (LGBT) individuals, this recognition is especially important to address the specific health care needs of people who are or may be LGBT; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ patients; (iii) encouraging the development of educational programs in LGBTQ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.

2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors.

3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ health issues.

4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ people.

Citation: CSA Rep. C, I-81; Reaffirmed: CLRDP Rep. F, I-91; CSA Rep. 8 - I-94; Appended: Res. 506, A-00; Modified and Reaffirmed: Res. 501, A-07; Modified: CSAPH Rep. 9, A-08; Reaffirmation A-12; Modified: Res. 08, A-16; Modified: Res. 903, I-17; Modified: Res. 804, I-17;