

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 302  
(I-19)

Introduced by: Medical Student Section

Subject: Strengthening Standards for LGBTQ Medical Education

Referred to: Reference Committee \_\_\_\_\_  
(\_\_\_\_\_, Chair)

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1 Whereas, Approximately 8 million adults in the United States identify as lesbian, gay, or  
2 bisexual, and 700,000 U.S. adults identify as transgender<sup>1</sup>; and  
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4 Whereas, Individuals with disorders/differences of sex development (DSD) have “congenital  
5 conditions in which development of chromosomal, gonadal, or anatomic sex is atypical,” as  
6 defined by the 2006 Consensus Statement<sup>2</sup>; and  
7

8 Whereas, Individuals with DSD comprise approximately 1% of the population and are at  
9 increased risk of cancer, infertility, psychosocial distress, and other issues<sup>2</sup>; and  
10

11 Whereas, Research has shown significant disparities between sexual and gender minorities and  
12 the general public, with poorer health outcomes in areas including: 1) modifiable risk factors for  
13 cardiovascular disease such as mental distress, obesity, hypertension, and average blood  
14 glucose levels<sup>3</sup>; 2) risk of mortality from breast cancer<sup>4</sup>; 3) substance use disorders, including  
15 use of tobacco and electronic nicotine vapor devices<sup>5</sup>; 4) sexually transmitted infections such as  
16 human immunodeficiency virus and syphilis<sup>6</sup>; and 5) mental health disorders, including suicidal  
17 behavior<sup>7</sup>; and  
18

19 Whereas, The Association of American Medical Colleges recommends comprehensive  
20 coverage of the specific health care needs of lesbian, gay, bisexual, transgender, and queer  
21 (LGBTQ) patients in medical school curricula<sup>8</sup> but these recommendations are not reflected in  
22 Liaison Committee for Medical Education (LCME) or American Osteopathic Association (AOA)  
23 accreditation requirements for medical schools, nor are they reflected in the Accreditation  
24 Council for Graduate Medical Education (ACGME) accreditation requirements for medical  
25 residency programs; and  
26

27 Whereas, A survey of American and Canadian medical school deans found that medical  
28 schools allocate five hours of instruction to LGBTQ health care on average<sup>9</sup>; and  
29

30 Whereas, Most medical students rate their LGBTQ curriculum as “fair” or worse but feel more  
31 prepared and comfortable caring for LGBTQ patients after additional LGBTQ-focused medical  
32 education<sup>10</sup>; and  
33

34 Whereas, LGBTQ medical education has been demonstrated to improve knowledge, behavior,  
35 and beliefs regarding this patient population among medical students<sup>11-13</sup>; and  
36

37 Whereas, Pursuant to existing AMA policy H-160.991, our AMA believes in educating  
38 physicians on the current state of research in and knowledge of LGBTQ health; and

Whereas, Numerous health disparities and unique risk factors experienced by LGBTQ people are not limited to children and adolescents<sup>3-7</sup>; and

Whereas, The screening, diagnosis, and treatment of conditions affecting LGBTQ patients are not fully encompassed by a cultural competency curriculum; therefore be it

RESOLVED, That our AMA amend policy H-295.878, "Eliminating Health Disparities - Promoting Awareness and Education of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Health Issues in Medical Education," by addition and deletion to read as follows:

**Eliminating Health Disparities – Promoting Awareness and Education of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Health Issues, H-295.878**

Our AMA: (1) supports the right of medical students and residents to form groups and meet on-site to further their medical education or enhance patient care without regard to their gender, gender identity, sexual orientation, race, religion, disability, ethnic origin, national origin or age; (2) supports students and residents who wish to conduct on-site educational seminars and workshops on health issues in Lesbian, Gay, Bisexual, Transgender and Queer communities; and (3) encourages the Liaison Committee on Medical Education (LCME), the American Osteopathic Association (AOA), and the Accreditation Council for Graduate Medical Education (ACGME) to include Lesbian, Gay, Bisexual, Transgender and Queer health issues in the basic science, clinical care, and cultural competency curriculum curricula for both undergraduate and graduate medical education; and (4) encourages the Liaison Committee on Medical Education (LCME), American Osteopathic Association (AOA), and Accreditation Council for Graduate Medical Education (ACGME) to periodically reassess the current status of curricula for medical student and residency education addressing the needs of pediatric and adolescent Lesbian, Gay, Bisexual, Transgender and Queer patients. (Modify Current HOD Policy)

Fiscal Note:

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## RELEVANT AMA POLICY

### Eliminating Health Disparities - Promoting Awareness and Education of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Health Issues in Medical Education H-295.878

Our AMA: (1) supports the right of medical students and residents to form groups and meet on-site to further their medical education or enhance patient care without regard to their gender, gender identity, sexual orientation, race, religion, disability, ethnic origin, national origin or age; (2) supports students and residents who wish to conduct on-site educational seminars and workshops on health issues in Lesbian, Gay, Bisexual, Transgender and Queer communities; and (3) encourages the Liaison Committee on Medical Education (LCME), the American Osteopathic Association (AOA), and the Accreditation Council for Graduate Medical Education (ACGME) to include LGBTQ health issues in the cultural competency curriculum for both undergraduate and graduate medical education; and (4) encourages the LCME, AOA, and ACGME to assess the current status of curricula for medical student and residency education addressing the needs of pediatric and adolescent LGBTQ patients.

Citation: Res. 323, A-05; Modified in lieu of Res. 906, I-10; Reaffirmation A-11; Reaffirmation A-12; Reaffirmation A-16; Modified: Res. 16, A-18

### 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, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ; (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: CLRPD 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. 904, I-17; Res. 16, A-18; Reaffirmed: CSAPH Rep. 01, I-18