



Women and Equalities Committee ‘Health and Social Care and LGBT Communities’ Inquiry: Written submission from GLADD – The LGBT Association of Doctors and Dentists

Summary

GLADD is the UK’s network for LGBT doctors, dentists and medical/dental students, and works to connect these healthcare professionals, improve education on LGBT healthcare issues and to work to reduce LGBT discrimination in healthcare. There is established evidence that LGBT people have poorer health outcomes primarily in sexual and reproductive health, and mental health. LGBT people also experience poor communication and negative attitudes within the health service, leading to reduced confidence in healthcare provision. These attitudes are also experienced by LGBT healthcare professionals. LGBT-specific content is notably variable and often absent or inadequate in undergraduate and post-graduate medical curricula. We suggest to the government that education, targeted healthcare services, promotion of a culture of positive LGBT attitudes within healthcare and improved funding for LGBT research should be key priorities to address these issues.

Introduction

Established in April 1995, GLADD – The LGBT Association of Doctors and Dentists is the UK’s largest professional network of LGBT doctors, dentists and medical/dental students; connecting a vast number of healthcare professionals with a specific interest in the advancement of healthcare equality for LGBT communities. Our constitutional aims are:

1. To provide professional and social support for lesbian, gay, bisexual and trans* doctors, dentists and medical and dental students.
2. To collect and disseminate information on lesbian, gay, bisexual and trans* issues relevant to the practice of medicine and dentistry.
3. To combat discrimination against lesbian, gay, bisexual and trans* people particularly if expressed by doctors and dentists or toward doctors and dentists.

Alongside a professional network for our members, GLADD is highly active in the political arena of LGBT+ healthcare, having worked alongside the General Medical Council (GMC), the British Medical Association (BMA), Clinical Commissioning Groups (CCGs) and Healthcare Trusts to promote LGBT healthcare. Further to this, we have undertaken and continue to undertake work on the education of healthcare professionals to improve attitudes around LGBT individuals and LGBT-specific healthcare inequalities.

Understanding and addressing LGBT health inequalities

LGBT-Specific health inequalities of which GLADD are aware are as follows.

Lesbian or bisexual women statistics¹:

- 15% of lesbian and bisexual women over 25 have never had a cervical smear test, compared with 7% of women in general. Of those who have, 25% were told by a healthcare worker that they were not at risk.
- Breast cancer rates in lesbian and bisexual women aged between 50 and 79 are 1 in 12, compared with 1 in 20 in women in general.
- 1 in 5 lesbian and bisexual women have self-harmed, compared with 0.4% of women in general.
- A third of lesbian and bisexual women have never smoked, compared to half of women in general.
- 41% of lesbian and bisexual women drink alcohol more than three days in a week, compared with 26% of women in general.
- Less than half of lesbian and bisexual women have ever had an STI check.
- Lesbian and bisexual adolescent women are more likely to become pregnant than adolescent women in general².

Gay or bisexual men statistics³:

- 13% of gay and bisexual men have a problem with their or eating, compared with 4% of men in general.
- 7% of gay and bisexual men have self-harmed compared with 3% of men in general. 15% of gay and bisexual men between 16 and 24 have self-harmed, compared with 7% of men in general in this age group.
- Rates of suicide attempts are higher, in gay men (3%) and bisexual men (5%), compared with the general population of men (0.4%).
- 42% of gay and bisexual men drink alcohol on three or more days a week, compared with 35% of men in the general population.
- 67% of gay and bisexual men have smoked in their life, compared with half in the general population of men.
- 51% of gay and bisexual men have taken drugs in the previous year, compared with 12% of men in general.
- 49% of gay and bisexual men have experienced domestic abuse, compared with 17% of men in general.
- Less likely to discuss non-communicable diseases and common cancers with healthcare professionals.

Lesbian, gay or bisexual people healthcare relations statistics^{1,3}:

- A third of gay and bisexual men and half of lesbian and bisexual women have had a negative experience in healthcare in the past year.
- A third of gay and bisexual men, and half of lesbian and bisexual women are not out to their GP.

- Two thirds of lesbian and bisexual women who came out to healthcare staff thought that inappropriate comments were made.
- One in ten lesbian and bisexual women who came out to healthcare staff were ignored.

Transgender people^{4,5} :

- 45% have been physically abused by a partner.
- 48% of transgender people have attempted suicide at least once.
- 53% of transgender people half self-harmed at some point.
- 55% of transgender people have been diagnosed with depression at some point.
- 54% of transgender people have been told by their GP that they didn't know enough about trans-related healthcare to be able to provide it.
- 29% of transgender people experienced their gender identity being treated as a symptom of a mental health problem.

One of our major concerns regarding these known health inequalities is the scant and variable provision of education to healthcare professionals, especially doctors/medical students in either undergraduate or postgraduate curricula. Currently, it is a GMC professional requirement for all UK doctors to hold non-discriminatory views. Section 59 of 'Good Medical Practice', the GMC's official guidance on professional standards of doctors states⁶:

"You must not unfairly discriminate against patients or colleagues by allowing your personal views [on gender reassignment and sexual orientation] to affect your professional relationships or the treatment you provide or arrange"

Further to this, the GMC's publication 'Outcomes for Graduates (Tomorrow's Doctors)', which is the GMC's guidance on the standards expected of graduating doctors in this country. Section 20d of this document mandates that graduating doctors⁷:

"Respect all patients, colleagues and others regardless of their age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status. Graduates will respect patients' right to hold religious or other beliefs, and take these into account when relevant to treatment options"

Alongside this, the GMC's document 'Promoting Excellence: standards for medical education and training' sets out standards expected of the institutions delivering medical education to UK medical students. Within this document, section R5.3d states⁸:

"the opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural and ethnic backgrounds, with a range of illnesses or conditions and with protected characteristics e learning opportunities that"

These documents make clear instruction on the importance of inclusion of LGBT-specific education in medical curricula. As LGBT healthcare as a topic is often incorporated into

undergraduate curricula as a 'spiral theme', it is often difficult to establish whether this topic is truly taught to undergraduate medical students. To date, medical schools have been largely unwilling to engage with GLADD when we have attempted to audit the quality of undergraduate curricula with regards to LGBT-specific health inequalities. The 2014 GMC medical school reports demonstrated variability in the provision of education on LGBT-specific health inequalities to medical undergraduates.

Further to this, GLADD is unaware of any effective, formalised content pertaining to LGBT-specific health inequalities in any post-graduate medical curricula. Together, these curriculum gaps lead to a medical workforce with patchy understanding of LGBT-specific health inequalities.

Meeting the needs of LGBT people in health and social care

The above evidence shows clear healthcare inequalities experienced by LGBT people. These inequalities can be roughly grouped into the following categories:

1. Sexual and reproductive health.
2. Mental health and substance misuse.
3. Poor communication with healthcare staff/experiences of negative attitudes by healthcare staff.
4. Social issues which impact upon health.

In the current health and social care system, the only service which appears to actively provide targeted care for the needs of LGBT people is in the field of sexual health; which has set a positive precedent for targeting specific needs of LGBT patients. Beyond that, GLADD are unaware of any nationally acceptable targeting for the specific needs of LGBT people in any of the above categories.

With regards to reducing health inequalities experienced by LGBT people, GLADD agree with the recommendations of Public Health England in their reports on lesbian and bisexual women's health, and gay and bisexual men's health^{9,10}. On communication and attitudes of healthcare staff, GLADD recommend expansion of awareness initiatives within NHS trusts including rainbow badge/lanyard schemes, staff training and equality and diversity champions. We also fully support the recent 'Sexual Orientation Monitoring Information Standard' by NHS England to include monitoring of sexuality for patients across NHS systems¹¹. This is a vital step in the improvement of LGBT healthcare, as the increased capacity to elucidate trends of inequalities will empower healthcare professionals, researchers, commissioners and policymakers to address specific healthcare needs of LGBT patients. GLADD are ill-equipped to make recommendations on how to meet the needs of LGBT people with regards to social causes of health problems, such as abuse and domestic violence.

GLADD are actively interested in the provision of holistic care for LGBT people, and a target demographic within the LGBT population for whom we are currently interested is older LGBT people. As yet, we are unaware of any comprehensive evidence detailing the healthcare experiences and/or healthcare inequalities of older LGBT people. We believe that this is a significant evidence gap that

needs to be addressed to help identify trends and causes of isolation and poor quality of life for LGBT people in later life and end of life care.

Discrimination in health and social care

The above issues of experiences of attitudes and communication from healthcare staff are supported by the recent National LGBT Survey, which we note has been well summarised in the Government Equalities Office (GEO) written evidence. Currently, any suggestions of underlying causes of these negative experiences can only be speculative. However, GLADD's stance on these issues is that the vast majority are caused not by serious negative attitudes/beliefs towards LGBT people by healthcare staff, but instead by a poor level of understanding of the principles of sexuality and gender identity and the specific challenges faced by LGBT people. There are no robust and effective national initiatives of which we are aware that tackle this lack of understanding with the aim of nurturing positive, respectful attitudes in healthcare staff.

Further to this, it is important to GLADD to recognise the issues faced by LGBT healthcare professionals and to identify discrimination against them within our healthcare systems. A joint survey conducted by GLADD and the BMA on homophobia and biphobia in the NHS found that 12% of surveyed doctors had experienced harassment or abuse in the workplace as a result of the sexual orientation, and fewer than half believed that their workplace environment encouraged openness about sexuality¹². We believe that LGBT healthcare professionals are often champions of LGBT healthcare, and where prejudicial and discriminatory attitudes are present, these champions are less likely to be open and active, and as such LGBT patients suffer. We believe that it is imperative to support LGBT champions in healthcare, and that homophobic, biphobic and transphobic prejudice and abuse within the NHS should be targeted as a key issue. As such, we would recommend that healthcare organisations are supported in the development of clear protocols for handling homophobic, biphobic and transphobic harassment and abuse.

The National Adviser for LGBT healthcare

GLADD were very optimistic at the announcement of the National Adviser for LGBT healthcare and welcome this new role warmly. We hope sincerely to work closely on the above issues with the National Adviser where feasible. The health and social care issues specific to LGBT people are complex and pervasive, and as such the work of the National Adviser is expected to be equally complex and challenging. Our recommendations for the priorities for this role link together the points made thus far. In no intended order of importance, we believe that the major priorities should be:

- To formalise education on LGBT-specific health issues for undergraduate and post-graduate medical curricula nationally.
- To be led by public health authorities on how to target LGBT-specific health inequalities.
- To improve healthcare professionals' attitudes towards LGBT people.
- To improve funding for further research on LGBT-specific health inequalities and their underlying causes.

- To ensure that improvements made are met across England, Scotland, Northern Ireland and Wales.

GLADD are proud to be actively promoting the needs of LGBT patients and healthcare professionals and welcome the Women and Equalities Committee's inquiry. We are enthusiastic to work alongside the committee and the National Adviser for LGBT Healthcare and hope that our experience and our network are able to support their work to improve healthcare for LGBT people. If any further questions arise regarding our evidence submission, please feel free to contact us at chair@gladd.co.uk for any clarification.

Duncan McGregor, Christopher Morrison and Ash Birtles
Co-Chairs of GLADD – The LGBT Association of Doctors and Dentists.

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