Learning to Address Implicit Bias Towards LGBTQ Patients: Case Scenarios

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Introduction

What is Implicit Bias?

A primary objective for health care professionals is to establish solid, trusting relationships with patients in order to promote healthier behaviors. As with other minority groups, when working with lesbian, gay, bisexual, transgender, and queer (LGBTQ) patients, it is especially important to build rapport as a way to counteract the exclusion, discrimination, and stigma that many have experienced previously in health care. Despite our best intentions, however, internal --or implicit--biases may affect the way we talk to and behave with patients. For health care professionals, biases can lead to inequitable care, either through biased clinical decisions, or through communicating bias in conversation with patients.[1,2] During these exchanges, a clinician or other staff person may say something or use body language that communicates a stereotype or antagonistic message about LGBTQ people. Sometimes called "microaggressions," these kinds of actions and statements often determine whether a patient follows medical advice or returns for care.[3,4] Furthermore, a constant stream of negative messages can become internalized, adding to an LGBTQ person's stress and contributing to worse behavioral and physical health outcomes.[5,6]

Developing Awareness

It is not easy to accept that we may have biases, especially as people who have chosen a helping career. However, studies have shown that no matter how we feel about prejudiced behavior, we are all susceptible to biases based on cultural stereotypes that are embedded in our belief systems from a young age.[1,2,7] A 2015 study based on data from the Sexuality Implicit Assessment Test (IAT) found that heterosexual physicians, nurses, and other health care providers implicitly favored heterosexual people over gay and lesbian people.[7] Even people who identify as a sexual minority can internalize bias against their own group. In one IAT study, 38% of lesbian and gay men had implicit preferences for straight people.[8] The IAT is available online and can be taken for free at **https://implicit.harvard.edu** by anyone who wishes to learn more about their own implicit bias associated with sexuality (there are also tests for bias associated with race, gender, age, and other characteristics).

Thought Exercises

LGBTQ health disparities, including higher rates of sexually transmitted infections (STIs), HIV, depression, anxiety, suicidality, tobacco use, and substance use disorders, result from bias enacted at individual, interpersonal, social, and structural levels.[5,9] An important way to reduce disparities, therefore, is for health care professionals to address their own biases on the individual and interpersonal levels. A first step is acknowledging that we are all vulnerable to biases. Once we are confronted with this awareness, our first impulse may to be deny or avoid it. It is normal to feel uncomfortable, but the only way to change our thoughts and behavior is to acknowledge our biases, become curious about them, and practice ways to transform them.

We can start by noticing times when prejudicial attitudes and beliefs arise. At this point, it is helpful to ask ourselves these questions:

- How do my current beliefs serve me?
- What might I lose if I change my beliefs?
- What are the costs of maintaining my current perspective?
- How might it benefit me to change?[1]

Two more thought exercises to help reduce implicit biases are *individuating* and *perspective-taking.*[2] *Individuating* involves making an effort to focus on specific information about an individual, as opposed to categorizing someone based on stereotypes about their social, racial, or other group. For example, when we learn that a new patient is a transgender man, do we only think about his gender identity and when he transitioned, or can we think about how he is new to town and started working at the local library? To remain open and compassionate, we can ask ourselves: How can I set my assumptions aside so I can get to know this person as this person is? It may help to make a commitment to set assumptions aside before meeting with a patient.[1]

Perspective-taking involves taking another person's viewpoint intentionally.[2] For example, try to imagine what it might feel like to be an LGBTQ person who is coming to see a new clinician. What thoughts might come to mind? What might you worry about, or look forward to?

How to Use This Guide

The following case scenario exercises can be used for self-learning, or can be used to teach health center staff how to identify and address implicit bias related to LGBTQ patients. The facilitator notes below each case scenario can help you master the main teaching points of each case. If you are using this as a teaching tool for a large group, you may want to split the learners into small groups to discuss different cases. You can also begin by walking participants through some of the thought exercises explained above. If feasible, it may also be useful to ask participants to complete the IAT prior to the teaching session.

If you are new to learning about LGBTQ people and their health care needs, you may wish to first review some of the introductory resources on the National LGBT Health Education website: **www.lgbthealtheducation.org.** These resources will help familiarize you with the concepts and terms discussed in the cases.

Case 1: Aarya

Aarya arrives for her urgent care appointment and appreciates when the assistant at the front desk asks for the name she goes by and her pronouns (“Aarya,” and “she/her/hers”). She is disappointed later, however, when the nurse practitioner asks if she “has a boyfriend” while taking a sexual health history.

Why is Aarya disappointed?
The nurse practitioner’s question assumes that Aarya dates men and that she only has one partner, when in fact Aarya has multiple partners, including women and men. In this example, the provider has reinforced a cultural stereotype that all people are heterosexual and monogamous. This implicit bias could make Aarya feel that the provider would judge her when she shares her sexual history.

What could the nurse practitioner have said instead?
The nurse practitioner could have asked Aarya if she is sexually active, and if so, to describe her partners. This gives Aarya space to disclose that she has multiple partners, and the gender of her partners. The nurse practitioner can then ask Aarya to describe the types of sexual activities she engages in with her partners, so that she receives appropriate screening tests, if warranted.

Case 2: Celina

Celina is a transgender woman being examined for an infection in her hand. The nurse has never taken care of a transgender person before and finds himself very curious about Celina. He repeatedly catches himself staring at her. While taking Celina's vitals, the nurse asks, "You know, at first I thought you were a real woman. Do you take hormones? Have you had the surgery yet?" Celina angrily responds, "I don't think that has anything to do with my hand."

Why did the nurse upset Celina?
Celina was in the health center for a hand infection; therefore, her history of gender-affirming medical care was not relevant in this context. The questions about hormones and surgery came from curiosity rather than from a medical need. Also, by implying that Celina is not a "real" woman, and by staring at Celina, the nurse was communicating the view that Celina is abnormal.

What could the nurse have done differently?
Confusion and curiosity are normal, as we live in a society in which one of the earliest ways we categorize people is by perceived gender.[3] Health care workers can avoid being overly intrusive by avoiding questions that are not relevant to clinical care.[3] Simply acknowledging to oneself that confusion and discomfort are normal when encountering patients with identities and life experiences that are unfamiliar can help reduce anxiety. One can be honest with the patient about a lack of experience, while expressing a desire to work together and a willingness to learn. Health care personnel can also explicitly ask the patient to let them know immediately if they do anything that is upsetting or offensive, and then apologize if they do make a mistake.

How could the nurse practitioner apologize?
He could say, "I am so sorry for my mistake. I did not mean to offend you." It is not always possible to avoid mistakes. Simple apologies can go a long way in repairing the patient-provider alliance.

Case 3: Carmen

Carmen is having her annual physical exam with Dr. Jones, an openly gay physician. Dr. Jones recently skipped his health center's training on LGBTQ care because he believed he already knew everything about LGBTQ health. Dr. Jones asks Carmen, "Are you sexually active with men, women, or both?" Carmen says, "I am sexually active with one woman." Hearing this, Dr. Jones skips the questions about condom use. Unbeknown to Dr. Jones, Carmen's partner is a transgender woman.

How does this case demonstrate the importance for every team member to receive training in LGBTQ health care delivery?
It is impossible to ever become a true "expert." Everyone can benefit from training, no matter how experienced we are. Though Dr. Jones identifies as gay, he cannot possibly know everything there is to know about LGBTQ people. In this case, he did not consider the possibility that Carmen's partner was transgender.

How could the doctor rephrase his question to ensure effective communication?
Rather than asking whether Carmen was sexually active with men, women, or both, Dr. Jones could ask: "Can you tell me more about who you are having sex with?" Dr. Jones could then follow-up with questions about the couple's sexual activities. If Carmen did not understand why these questions were being asked, the doctor could clarify by saying "It is important for me to know what type of sex you are having, so that I can ask about protection and recommend appropriate screening tests."

Case 4: Dawud

Dawud is meeting his pregnant wife, Imran, at the health center for a prenatal appointment with the midwife. Dawud is transgender and is in the process of transitioning from female to male. The midwife, along with a midwife in training, enters the room and sees Dawud. The midwife says to Dawud: "Hi, you must be Imran's sister, it's nice to meet you!" Dawud, upset, responds, "No, I am her husband." The midwife looks startled and mumbles "Oh, sorry." The trainee notices that Dawud and Imran are visibly uncomfortable, but does not say anything.

Why are Dawud and Imran upset?
The midwife assumed that Dawud was Imran's sister based on Dawud's gender presentation. This mistaken assumption was hurtful because Dawud identifies as male. This interaction also included a bias based in heteronormativity, as the midwife assumed that Dawud was Imran's sister, as opposed to her spouse. These implicit biases made Dawud feel "invisible" and unwelcome. It is important not to make any assumptions about the relationship between the patients and the people they bring with them.

What could the midwife have said instead?
The midwife could instead have said, "Hi, nice to meet you. Tell me, what's your name and what is your relationship to each other?"

How can the midwife in training talk to the midwife preceptor about the interaction?
Talking to colleagues about biased behavior, especially when there is a power differential, can be daunting. Sometimes people respond defensively, which can be challenging. It is important to evaluate the risk of responding in these situations. If the trainee feels safe, she can follow up with her preceptor directly in a private space, and let her know that what she observed, how the assumption could have been avoided, and how she might have apologized more emphatically.

Tips for talking to people about biased comments include using "I" statements instead of "you" statements, separating intent from impact, appealing to empathy, and/or focusing on kindness, respect, and obligation. Examples of potential responses to biased statements, jokes, or other microaggressions include:

- I'm sure you didn't mean to be hurtful, but when you use that term . . .
- I know you were just trying to be funny, but I found that joke offensive because . . .
- I know you want to have a respectful and inclusive work environment; those kinds of statements just aren't consistent with that.
- I don't believe that's true. I have researched this topic and...
- My experience has been different. In my experience...
- I used to use those terms too, but then I heard they can be offensive because . . .
- Better language I've learned is . . .
- All of our patients deserve to be treated fairly and with respect.
- That behavior could be considered discriminatory against LGBTQ people and we have a policy against discriminating on the basis of sexual orientation and gender identity.
- It seems that you're describing all bisexual people as unstable or undecided. Am I hearing you correctly?
- I know you meant it as a joke, but how would you feel if someone said something like that about your child?[1]

Case 5: Ebony

Ebony feels out of place arriving for her neurology appointment because the medical assistant addressed her as "sir" when checking in for her appointment, an experience that is common due to her short hair, but always upsetting. While in the waiting room, she overhears staff behind the counter talking about someone they know who grew up in a "bad, hood area," but later married into a "really good family." Ebony becomes even more distraught because the neighborhood the staff is discussing is near where she lives.

What contributed to Ebony's distress?
Ebony may have experienced a great deal of bias and stigma in her life because of her race, gender expression, and socioeconomic status. She is constantly on alert in unfamiliar places, and has come to expect mistreatment.

What could have been done to prevent this situation?
This situation could have been prevented by training all staff to use gender-neutral terms (see Table below), and to always speak respectfully, as comments may easily be overheard. Such disrespectful comments create an unwelcoming environment and may result in patients feeling excluded from care.

Instead of...	Use...
How can I help you, sir/ma'am/miss?	How can I help you?
How are you guys/girls?	How are you all doing? How is everyone?
Can you ask him if he's checked in?	Can you ask if they've checked in? Can you ask if the patient has checked in?
Thank you, dear/honey.	Thank you.

Case 6: Fabian

Fabian, who identifies as gay, is a new patient in his health center's primary care department. The doctor assigned to Fabian has a moral objection to same-sex relationships, but knows he has an obligation to treat all patients. During the exam, the doctor is polite but not friendly, and he avoids eye contact by looking at his computer screen most of the time. He decides to skip asking Fabian any family or sexual history questions because it makes him uncomfortable, and because he sees that Fabian has recently been tested for HIV. Fabian leaves the health center feeling bad about his care and wondering if he will ever return. The doctor, meanwhile, feels proud of himself for agreeing to treat Fabian despite his sexual orientation, and for not saying anything that could be considered offensive or judgmental.

What are the implications of the doctor's behavior?
Although the doctor did not refuse to treat a gay patient, and did not verbally admonish Fabian (all of which are not only inappropriate, but are acts of explicit bias and discrimination), his tone of voice and body language communicated enough disapproval to make Fabian feel rejected. Moreover, by avoiding a discussion of social or sexual history, the doctor was unable to determine Fabian's risk for STIs, intimate partner violence, or other areas related to sexual and social health.

How can the doctor shift his approach to caring for LGBTQ people?
Presumably, this physician has not received enough, if any, training in providing equitable health care to LGBTQ people. Due to the strength of his objections to same-sex relationships, he may require more than basic education and skills building in order to learn to care compassionately and appropriately for people who have identities or behaviors that are contrary to his moral beliefs.[3] One technique he could be taught to use is perspective-taking—for example, he could imagine what it would feel like to have a doctor avoid eye contact with him because the doctor disliked people of his ethnic identity (or other characteristic). He can also attempt to counter his negative thoughts about gay people by thinking, "I can value gay people as human beings even if I disapprove of their actions or behaviors."

Case 7: Jada

Jada has a well-child appointment today. She arrives with her younger brother Flynn and their mothers. When the pediatrician sees the family, she is a bit confused. Both mothers appear white, and so does Jada, but Flynn looks African American. The pediatrician asks Jada, "Is this your friend?" Jada responds with exasperation, "No! He's my brother!"

Why did the pediatrician's question upset Jada?
The pediatrician made an assumption that Flynn and Jada are friends rather than siblings because they appear to be of different races. This represents an implicit bias that negates the diversity that families can embody. LGBTQ families are more likely to adopt children than heterosexual families, and their children may be from different racial or ethnic backgrounds. In addition, some families conceive by insemination from donors of different racial backgrounds. Perhaps the pediatrician's cultural experiences to date have mostly included families of a single racial background, and this experience has influenced the way she views and interacts with the world. Unfortunately, the pediatrician's comment likely made the family feel unwelcome and "invisible." Jada's exasperation may indicate that this is not the first time someone has made this assumption.

How could this situation have been prevented?
The pediatrician could have introduced herself, and then asked an open-ended question to learn more about the family (e.g., "Who do we have here today?"). Or, she could have introduced herself and then asked each person their name and how they are related to Jada. It is important to avoid assumptions and to be prepared for a diversity of families.

Case 8: Kiara

Kiara, who identifies as Latinx and bisexual, is in the waiting room for her OB/GYN appointment and is looking through informational pamphlets. She is disappointed to see few people of color on the pamphlets, and all couples portrayed as heterosexual.

Why is Kiara disappointed?
The waiting room environment makes Kiara feel invisible, as her identity is not reflected in any of the reading material in the waiting room.

How can the OB/GYN office change to make all patients feel included?
The office can ensure that patient brochures, displayed magazines, and posters reflect a variety of sexual orientations, gender identities, ages, races, ethnicities, and abilities. Other things the practice can do to make it more welcoming for LGBTQ people is to offer at least one all-gender restroom, and to have non-discrimination policies that include sexual orientation, gender identity, and gender expression.

Case 9: Lee

Lee presents to the health center for his annual checkup. The health center includes sexual orientation and gender identity questions on the registration forms. Lee notes that he is "heterosexual/straight" on the intake form. Later, during the exam, the primary care provider asks as part of the sexual history, "Are you using condoms, or comfortable with the idea of a partner getting pregnant?" Lee, who has only had male partners for the past year, answers "I have been sleeping with men lately." The primary care provider then says, "Oh, it says here you are straight. You must have filled out the form incorrectly." Lee responds, "No, I didn't."

What assumption did Lee's primary care provider make? Why was it incorrect?
Lee's primary care provider assumed Lee identified as gay because he has sex with men. Although we commonly think of people who have same-gender partners as being gay or bisexual, studies have found that at as many as 10% of men who have sex with men may identify as straight.[10] This apparent discrepancy between behavior and identity could be due to the stigma attached to being gay, and/or to cultural variations in sexual identity. For example, some cultures do not recognize gay identities; some define gay men only as those who appear to act in traditionally feminine ways; and some feel that the term "gay" only applies to white people. It is also possible that Lee is in the process of coming out, but is not yet ready to identify as gay, bisexual, or another sexual orientation. For this and other reasons, it is important to routinely ask about sexual orientation (and gender identity).

What should Lee's primary care provider have done instead?
The primary care provider should have asked Lee to tell him the gender of his sexual partner(s). He should not have assumed Lee only had sex with women, even though Lee thinks of himself as heterosexual. When he hears that Lee has sex with men, it is, however, acceptable for the provider to ask about sexual orientation again, as a way to validate the data. One way to ask would be, "It says in your record that you identify as heterosexual. Is that correct?"

Case 10: Rowan

Rowan, a college student, is dreading her annual physical appointment but musters the courage to attend. Rowan identifies as pansexual, and her primary care provider has made comments about her sexuality in the past, like "Is that what the kids are calling it these days? It's impossible to keep up with all this diversity stuff, but I'm just an old fogey!"

What did the provider do wrong in this encounter?
Though Rowan's provider is trying to be casual and approachable, he may also be sending a message that Rowan's sexuality is not to be taken seriously. Rowan could interpret his words as a rejection of her identity, which can greatly diminish patient-provider trust, and can make her less likely to be open with future providers.

What could the provider have said instead?
The provider could have caught himself before commenting about something he is unfamiliar with. Rather than being dismissive about "diversity stuff," he can ask Rowan to explain in her own words what being pansexual means to her. The provider may also want to educate himself through continuing education and reliable resources about different terms that people use to identify their sexuality.

Case 11: Marley

Marley, who identifies as transmasculine, is being prepped for a gynecology exam by a medical assistant. The assistant says to Marley, "Please change into this robe, with the opening in the front. You need to remove your bra and panties because you are due for a breast exam and Pap smear."

What did the medical assistant say that might make Marley feel uneasy?
When the medical assistant referred to a bra, breast exam, and panties, she was using words traditionally associated with female gender. Some transgender people experience dysphoric feelings about parts of their body that do not align with their gender identity. Hearing these words can make an already uncomfortable exam even more distressing.

What could the medical assistant have said instead?
Marley would likely feel more respected if the medical assistant used words like underwear and chest that apply to all genders and anatomies. The medical assistant could have said "The doctor will be performing a chest exam and cancer screening, and asks that you please remove all of your clothes, including any underwear. You should wear the robe with the opening in the front." In addition, medical providers should ask transgender patients what words the patients use to describe their external and internal organs, and then use those words consistently.

Resources

The National LGBT Health Education Center
www.lgbthealtheducation.org

Health Equality Index from the Human Rights Campaign
www.hrc.org/hei

Center of Excellence for Transgender Health
www.transhealth.ucsf.edu

World Professional Association for Transgender Health
www.wpath.org

The Fenway Guide to LGBT Health, 2nd Edition
https://store.acponline.org/ebizatpro/Default.aspx?TabID=251&ProductId=21572

Project Implicit
https://implicit.harvard.edu/implicit/

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