



Providing healthcare to people from different gender and sexual orientations: Does this have ethical implications?

I learned a number of years ago to define GLBTI or gender identity and sexual orientation at the beginning of my education sessions. This was because when I would do presentations about the health care issues of these communities, inevitably an attendee at the end, would come up to me and politely ask...what does the G stand for, the L, the B, the I? Who are members of the GLBTI community? People who don't identify as clearly female or clearly male, nor accept the socially expected norms of male or female roles would be considered people with different gender identities. Members of this group might identify themselves as transgender, transsexual or intersex. Today's youth may also use terms like androgynous, gender queer, gender fluid or say they don't identify with either gender specifically. People who are not clearly heterosexual, but have attractions that are either same sex or both sexes would be considered people with different sexual orientations. Some people describe this group as gay, lesbian, or bisexual.



It is important to remember, however, that in a healthcare context sometimes knowing how a patient identifies is critical to providing good care, but in other cases, for example, treating a broken leg, it may not be critical. In 2007, there was a dying patient being cared for in a Nova Scotia health authority facility. The dying gentleman had indicated clearly what he needed to happen before his death and after. The dying gentleman's family hadn't known that he was gay, that he was in a same sex relationship or further that he had designated his partner as having power of attorney and being executor of his will. At the point where an emergency intervention was required (prior to his passing and while the family was in his hospital room) his partner had to make a split second decision. After the emergency procedure brought the patient back to life, the family became extremely agitated and proceeded to take his partner to court so they could make their family members sole decision maker prior to death and after. This is a real life example of when knowing how a patient identifies would be critical.

As healthcare professionals, what do we need to know? Firstly, from a combined ethical and healthcare lens, there is a significant lack of research which is essential to shape evidence-based care. It would not be possible today to find enough research that is reliable, can be corroborated, and meets the rigorous guidelines of an academic research board and therefore can establish trends or unique health care needs for the GLBTI community. But we do know that the impact of oppression, institutional and individual discriminatory behavior and/or denial of care in and of themselves will cause healthcare decline not to mention bringing up bioethical concerns. We need to know about the ways in which families still struggle to manage their feelings about their loved one's sexuality and how this may impact healthcare decision making, particularly in crisis situations.

So does delivering healthcare to people of different gender identities or sexual orientations, create an ethical dilemma? Are these communities so far out of the scope of society's expected male/ female gender roles or heterosexual relationship expectations that because of this difference, we should deny healthcare on these grounds alone? The answer seems obvious. In a country like Canada no one should be denied health care, as we have universal healthcare available to all. However, denial of basic healthcare to these communities does happen. It would seem refusal of health care on any grounds would be unethical. A individual who is transgender reported to prideHealth's Coordinator that in trying to find a family physician they were denied seven times. How could this still happen in a country like Canada? Well it does.

Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted.

Albert Einstein, 1879-1955

RAINBOW HEALTH ONTARIO

www.rainbowhealthontario.ca/home.cfm

Culturally Competent Care for GLBT People: Recommendations for Healthcare Providers

<http://www.kingcounty.gov/healthservices/health/personal/glbtculturalcompetency.aspx>

Medline Plus: Gay, Lesbian and Transgender Health

<http://www.nlm.nih.gov/medlineplus/gaylesbianandtransgenderhealth.html>

You cannot teach a man anything. You can only help him to discover it himself.

-Galileo Galilei 1564-1642

I guess the answer lies within each and everyone one of us and is reflected in the practice of individual healthcare providers. After all, the only constant in this paradox is people. And isn't this where healthcare ethics begins and ends....with people.

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NSHEN: Coming Events...

March 8 & 9, 2011

NSHEN Annual Conference; Rough Passage: Ethics at the End of Life. *Conference sold out.*

April 20, 2011

Policy Workshop. Quality Inn Airport Hotel Enfield, NS. 8am-4pm.

This workshop will build upon the pre-conference policy workshop offered by NSHEN in 2010 by offering the opportunity for further, in-depth engagement with ethical aspects of policy review and development. The majority of the time will be devoted to hands-on activities and participant-directed discussion. A survey will be circulated to participants in order to fine-tune the activities for the workshop. Please see www.nshen.ca for more details.

May 25, 2011

Telehealth Education Session Halifax, NS. *Stay tuned for more details!*

June 15, 2011

Clinical Ethics Consultation Workshop Super 8 Motel, Truro, N.S. 930am-330pm

This workshop will provide the opportunity for discussion, reflection, and practice with respect to the clinical ethics consultation (CEC) process, with particular attention to participants' questions and experiences. This workshop is designed primarily for those who completed the introductory NSHEN CEC Education and Training Workshop; however, others involved in CEC are welcome to attend. A pre-workshop survey will be distributed to facilitate workshop planning. There is no fee for this workshop. Please see www.nshen.ca for more details.

Questions? Comments? Want to join the mail list?

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