

# **THE CASE FOR A CANADIAN STANDARD FOR 2SLGBTQIA+ MEDICAL EDUCATION**

## **- MY JOURNEY TO MEDICINE -**

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PGY5 ENDOCRINOLOGY & METABOLISM  
AUGUST 24, 2021

# DISCLOSURES

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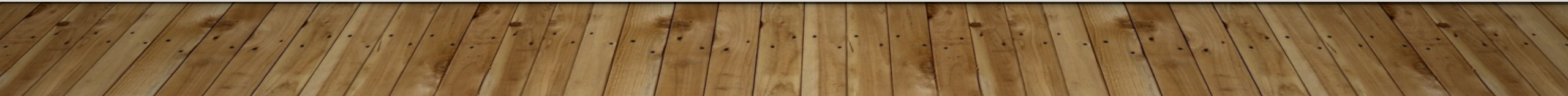
- I have no disclosures and have not received honoraria from industry partners

# LAND ACKNOWLEDGEMENT

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I am joining you from Toronto, which is the traditional territory of the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee, and the Wendat peoples.

It is our responsibility as settlers to work toward the redistribution of material resources.



# OUTLINE

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- Clinical Case
- Intersectionality and health outcomes
- How do medical schools in the US and Canada currently educate students about 2SLGBTQIA+ health?
- How could 2SLGBTQIA+ content be implemented in undergraduate and postgraduate medical curricula?
- Clinical Case conclusion

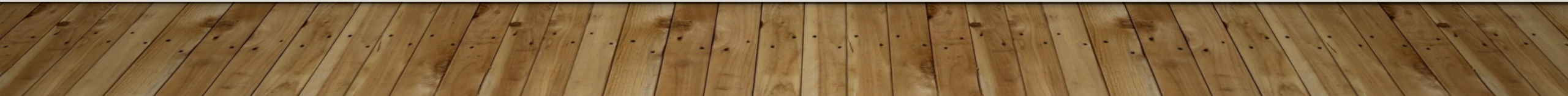
# CLINICAL CASE

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- 33yo woman of South-Asian/African descent presents to clinic
- She has no past medical history but states it doesn't mean she doesn't have 'herstory.'
- She identifies as part of the 2SLGBTQ+ community
- What factors brought her to the office today?

# GLOSSARY

- **Lesbian** (*a woman who is primarily attracted to women*)
- **Gay** (*a man who is primarily attracted to men; a person attracted to the same sex*)
- **Bisexual** (*is attracted to both genders*)
- **Transgender** (*identifying as a gender that is different from your sex assigned to you at birth*)
- **Queer** (*an umbrella term to identify outside of the societal norms regarding gender or sexuality*)
- **Questioning** (*people who are unsure about their gender identity/sexuality*)
- **Intersex** (*people with two sets of genitalia or various chromosomal differences*)
- **Pansexual** (*feel attraction to people of all gender identities and expressions*)
- **2-Spirit** (*Umbrella term for Indigenous persons who embody gender identities of both men and women*)
- **Asexual** (*people who do not experience sexual attraction*)
- **Allies** (*Loving supporters of the community, though not necessarily 'part' of it*)



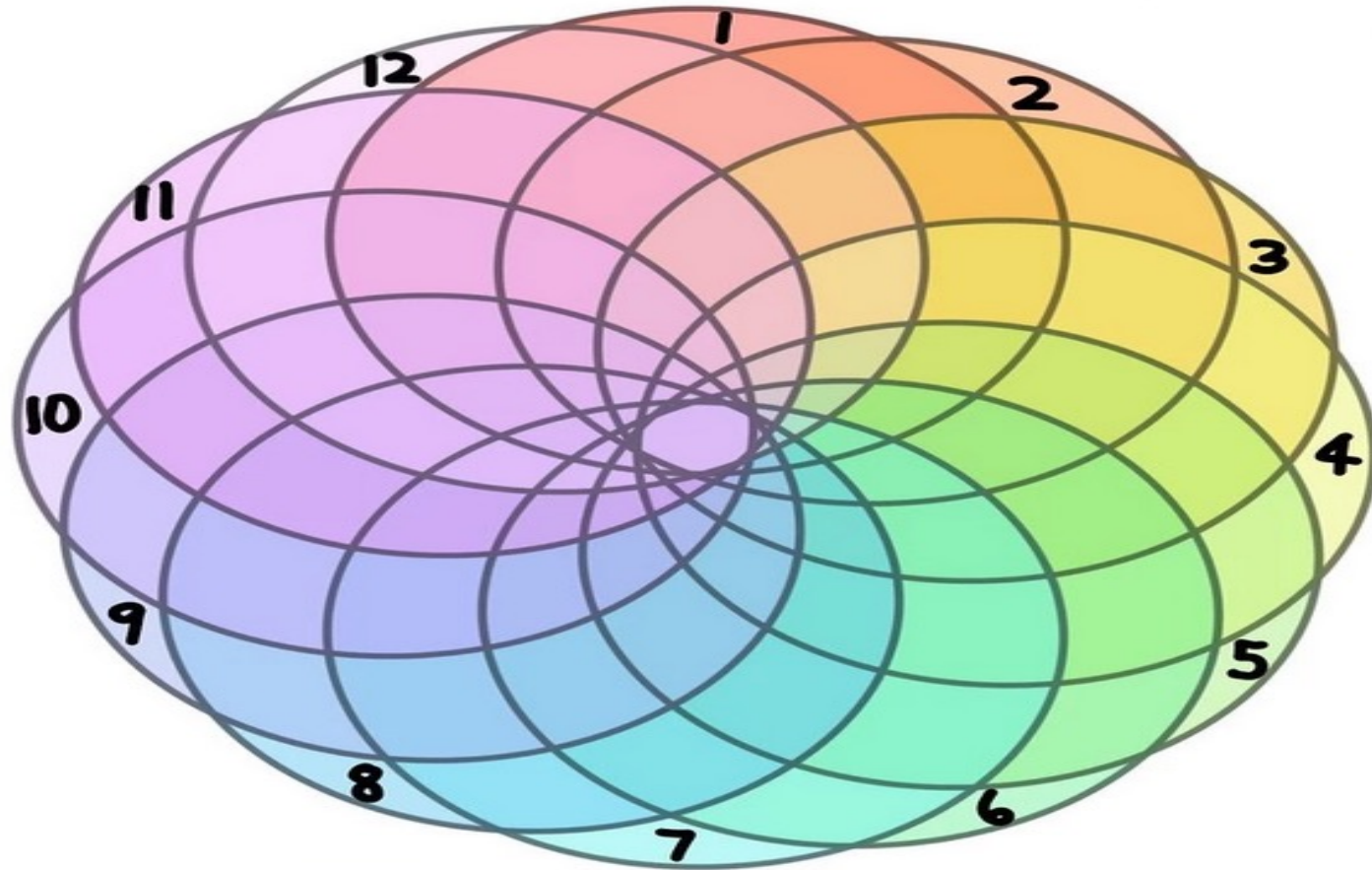
# WHAT AFFECTS THE HEALTH OF 2SLGBTQIA+ PATIENTS IN CANADA?

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- “Stigma affects us all. We are all vulnerable to the slow and insidious practice of dehumanizing others and we are all responsible for recognizing and stopping it.”

**- *Dr. Theresa Tam, Chief Public Health Officer of Canada***

# INTERSECTIONALITY



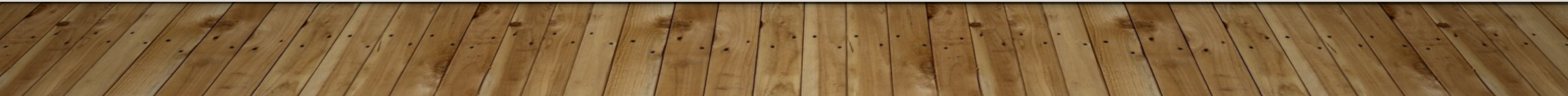
- 1 Race
  - 2 Ethnicity
  - 3 Gender identity
  - 4 Class
  - 5 Language
  - 6 Religion
  - 7 Ability
  - 8 Sexuality
  - 9 Mental health
  - 10 Age
  - 11 Education
  - 12 Body size
- (...and many more...)

Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects. It is the acknowledgement that everyone has their own unique experiences of discrimination and privilege.

- Kimberlé Crenshaw -

# CULTURE & RELIGION

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# GROWING UP...

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- LGBTQ South Asians living in Western nations negotiate the internal conflict between preserving aspects of South Asian culture and assimilating to Western values and norms.
- Bacchus' (2017) study on South Asian pre-marital sexuality reveals that queer South Asian women are typically unwilling to sacrifice their lesbian relationships or parents' social ties in South Asian communities.

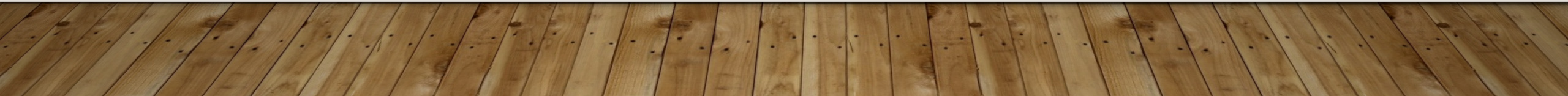
# GROWING UP...

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- [O]nce a year or something I just date a man for a few weeks to make [my parents] happy....I don't actually like men...I still identify as gay the few times I've been with a man. I know other lesbians...talk shit about me for saying one [label] and performing another...but I just don't care anymore.
- [White queers] all emphasize coming out so much....It influences wider society and that's why South Asian women keep getting told to come out...next time a white person tells me to come out to my parents I'm going to tell them to make sure "cause of death: coming out because a white person told her to "is included in my obituary.

# HOME & HOUSING

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# LGBTQ2S YOUTH HOMELESSNESS IN CANADA

**40,000**

YOUNG PEOPLE EXPERIENCING  
**HOMELESSNESS**  
IN CANADA

6,000-7,000 PER NIGHT

**[ 25-40% ]**

HOMELESS YOUTH IN CANADA  
IDENTIFY AS LGBTQ2S

There are no recent national studies that have measured and specifically focused on LGBTQ2S youth homelessness. Since this data remains limited, this graphic shares statistics from a Toronto-based count.

**20%**  
HOMELESS  
POPULATION  
= YOUTH

**HOMELESS YOUTH IN TORONTO**

**2,000 PER NIGHT**

**[ 21% ]**

YOUTH IN TORONTO SHELTERS  
IDENTIFY AS LGBTQ2S

LGBTQ2S youth are **overrepresented** in the homeless youth population, but **underrepresented** in shelters.

**9 EMERGENCY YOUTH SHELTERS**



**= 381**

**5 TRANSITIONAL YOUTH HOUSING PROGRAMS**

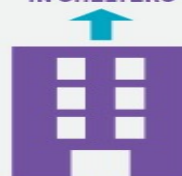


**= 137**

LGBTQ2S youth have difficulty finding shelters where they feel safe and respected; they experience high rates of discrimination and violence in shelters.



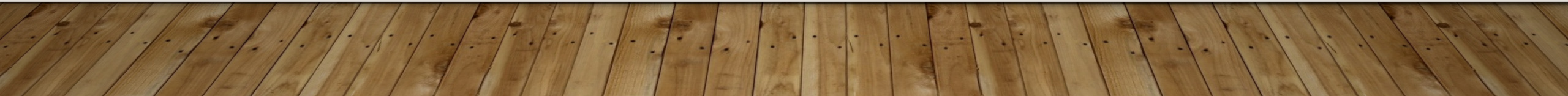
**HOMO /  
TRANS  
PHOBIA  
IN SHELTERS**



**LGBTQ2S SPECIFIC HOUSING OPTIONS ARE AN ESSENTIAL COMPONENT IN ADDRESSING YOUTH HOMELESSNESS AND MEETING THE NEEDS OF LGBTQ2S YOUTH.**

# SCHOOL ENVIRONMENTS

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# SCHOOL ENVIRONMENTS - BULLYING

FIGURE 8: FEELING UPSET BY HOMOPHOBIC COMMENTS (LGBTQ/NON-LGBTQ STUDENTS)

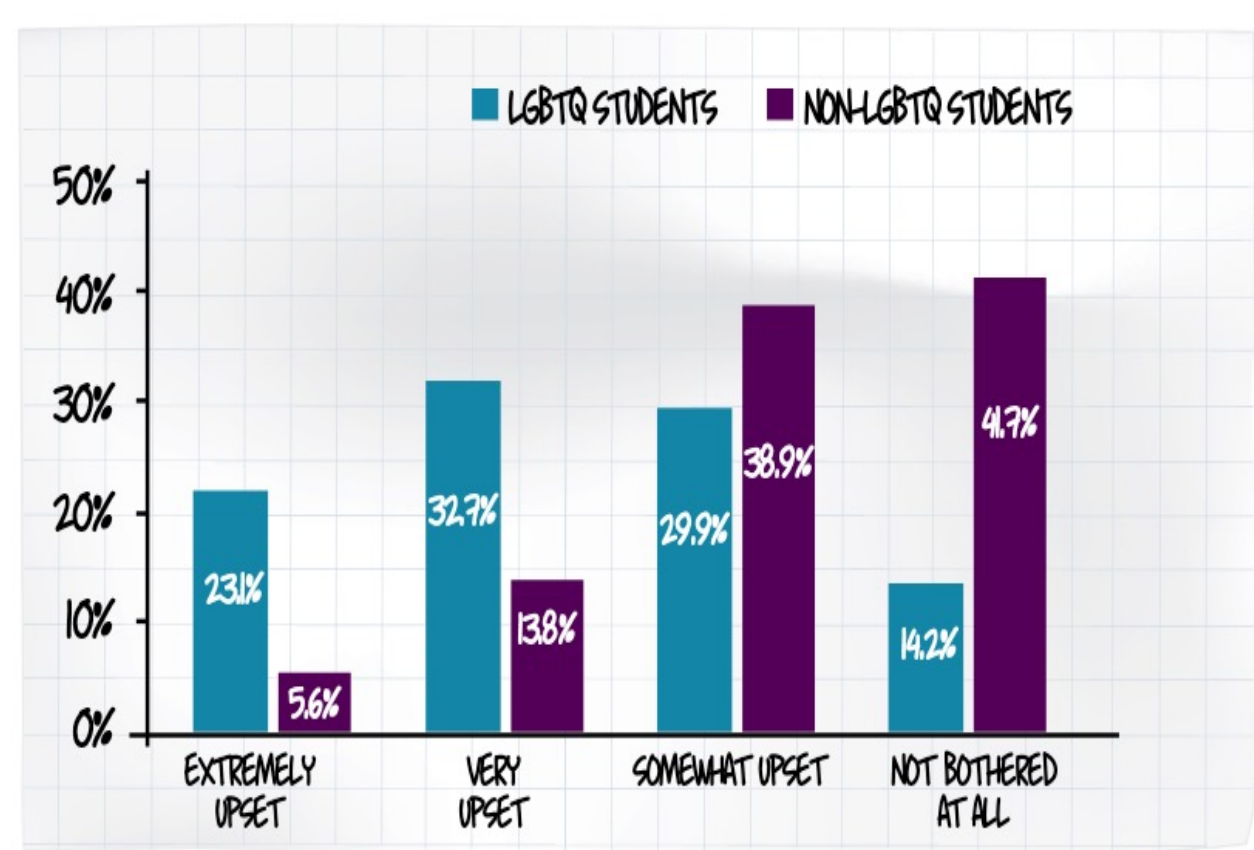
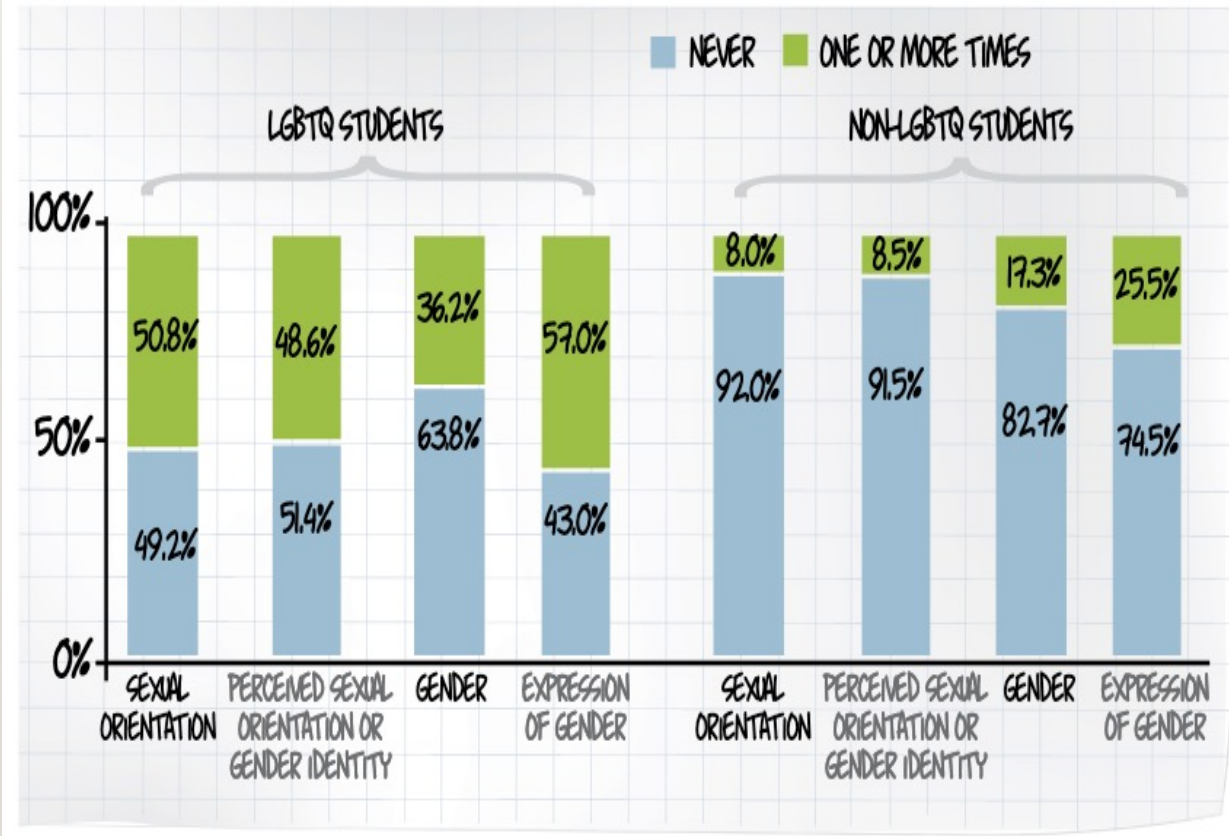
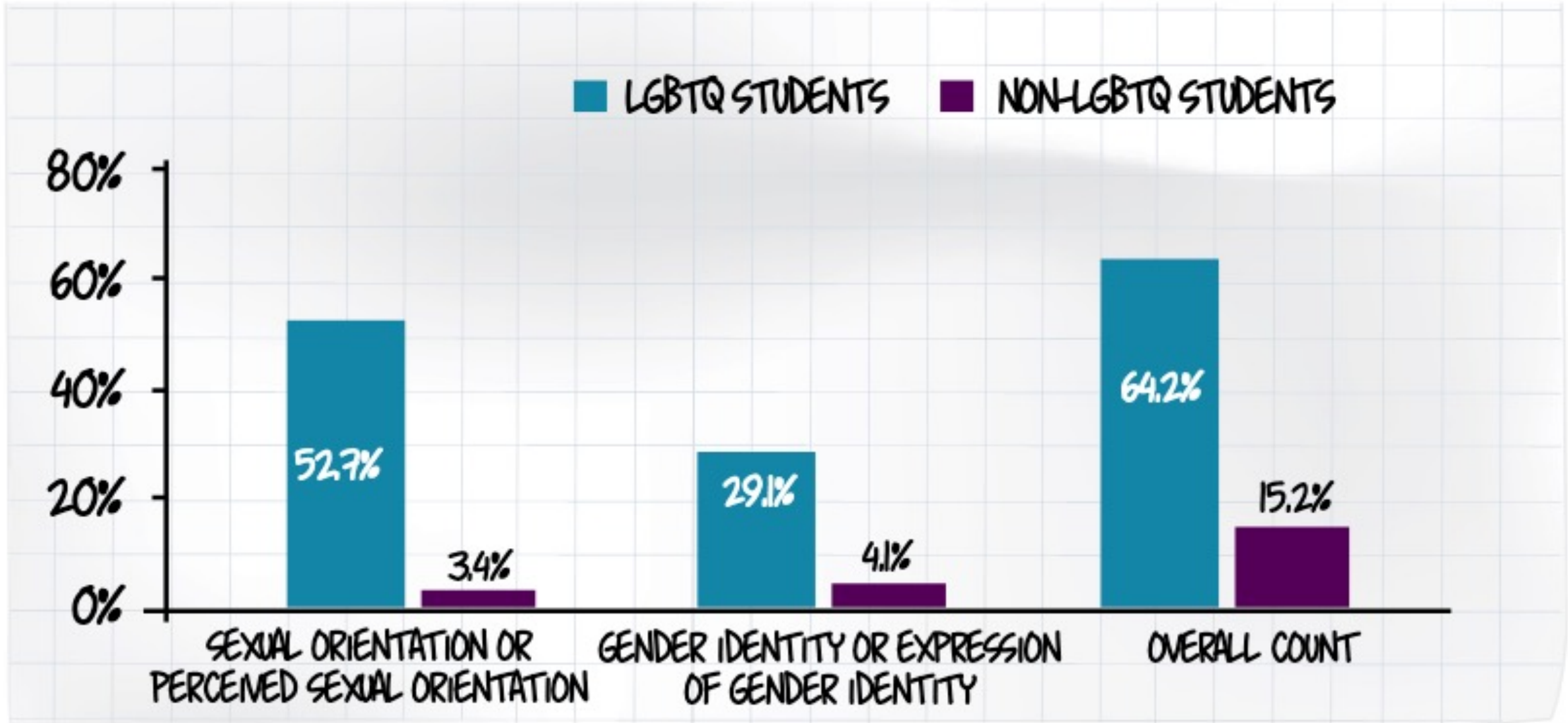


FIGURE 3: VERBAL HARASSMENT (LGBTQ/NON-LGBTQ STUDENTS)

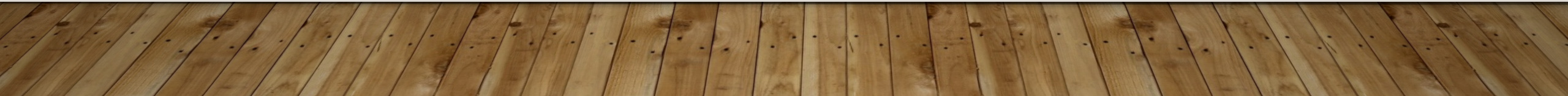


**FIGURE 11: FEELINGS OF NOT BEING SAFE (LGBTQ/NON-LGBTQ STUDENTS)**



# MENTAL HEALTH – SUICIDE RISK

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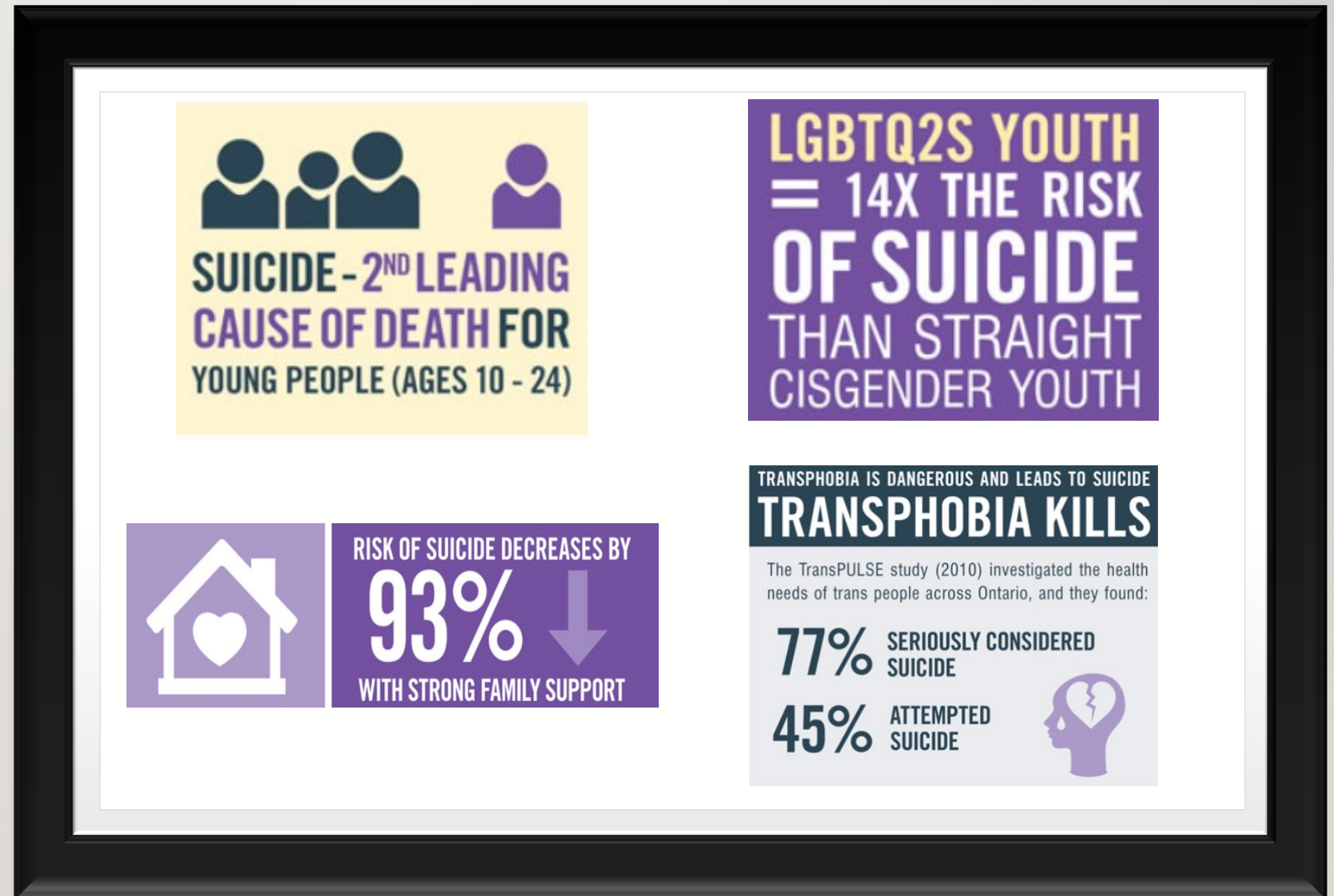
# MENTAL HEALTH - SUICIDE

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- A study of 350 LGB youth in Canada, the US and New Zealand found that over 4 out of 10 had considered suicide, and 1 in 3 had attempted suicide.
- Among those who attempted suicide, 65% of male youth and 45% of female youth considered their attempt to be related to their sexual orientation.
- In Ontario, 47% of trans people age 16-24 had considered suicide and 19% had attempted suicide in the Trans PULSE study

# GROWING UP...

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# CANADIAN HEALTH GAPS

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# 2SLGBTQ+ HEALTH GAP IN CANADA IN 2020

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- More likely to have unmet mental health needs and are more likely to struggle with addictions
- Lesbian and bisexual women less likely to have recent mammograms and Pap smears
- Gay and bisexual men more likely to have heart disease, liver disease, lung disease
- **Have higher rates of cancer, with lower rates of screening**

# 2SLGBTQ+ HEALTH GAP IN CANADA IN 2020

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- **“Two-spirit People’s access to health care is uniquely problematized by the combination of homophobia, heterosexism, racism, cultural insensitivity, and a legacy of distrust towards health care professionals“**

– Julie Depelteau

GROWING UP...

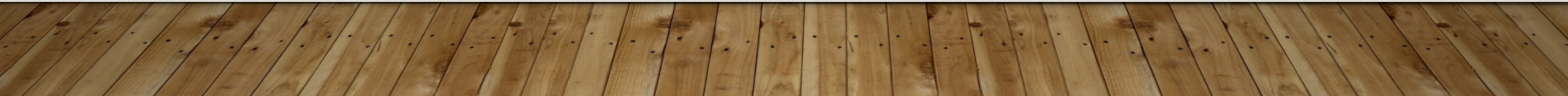
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Image from Efi Chalikopoulou for BuzzFeed News:  
<https://www.buzzfeednews.com/article/dominicholden/sex-work-legalization-congress-kate-dadamo-lobby> <Accessed August 15, 2021 >

# 2SLGBTQ AND CANADIAN MEDICAL EDUCATION

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# THE CASE FOR A CANADIAN STANDARD FOR 2SLGBTQIA+ MEDICAL EDUCATION

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- Negative encounters with physicians lead 2SLGBTQIA+ people to avoid seeking health care, and many physicians report feeling underprepared in treating 2SLGBTQIA+ patients
- The median number of hours spent teaching LGBT-related content over 4 years [of medical school] was **only 5 hours**
- 2017 survey data of U of O med students found 41% had witnessed anti-LGBT behaviour from peers, professors, or both

# THE CASE FOR A CANADIAN STANDARD FOR 2SLGBTQIA+ MEDICAL EDUCATION

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- The Association of American Medical Colleges (AAMC) argued in 2015 that the absence of medical education related to 2SLGBTQIA+ patients, along with conservative institutional climates, **produces a hidden heteronormative and cis-normative curriculum that implies the health of 2SLGBTQIA+ patients is unimportant**

# HOW COULD 2SLGBTQIA+ CONTENT BE IMPLEMENTED IN UNDERGRADUATE AND POSTGRADUATE MEDICAL CURRICULA?

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- Competency-based medical education presents an opportunity to begin integrating the medical needs of 2SLGBTQIA+ populations into clinical assessment and care
- Case-based learning, standardized patient interviews and longitudinal didactic lectures can all integrate 2SLGBTQIA+ scenarios
- Integration should not be purely additive; showing that health issues in 2SLGBTQIA+ people manifest in *all* disciplines of medicine is important

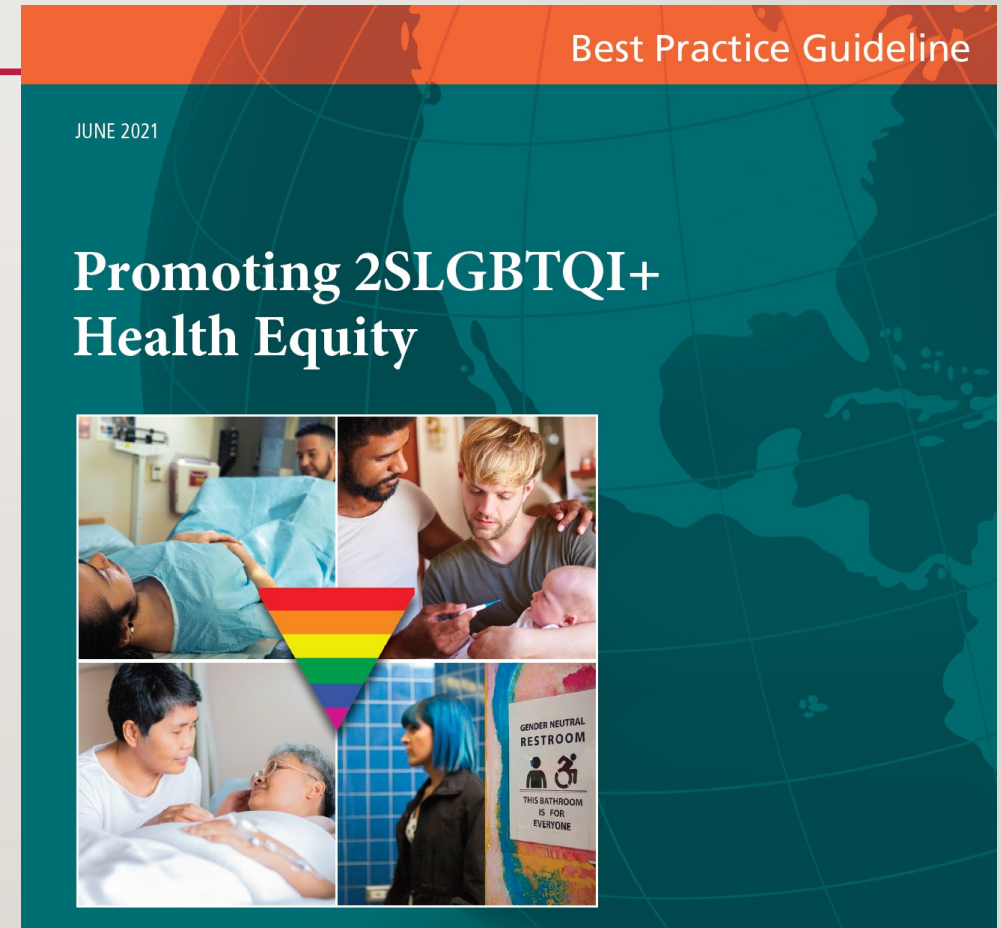
# BOTTOM-LINE

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- We call on the Association of Faculties of Medicine of Canada, Royal College of Physicians and Surgeons of Canada and College of Family Physicians of Canada to create competency-based and licensure-related standards that hold programs accountable for providing this training so that the health care needs of 2SLGBTQIA+ people living in Canada may be better served.

# FUTURE DIRECTIONS – OUR NURSING COLLEAGUES ARE AHEAD IN RECOMMENDATIONS

- “if students entering health professions do not receive education, **the burden** is placed on 2SLGBTQI+ populations to continuously explain their own identities and their own health needs”



# CLINICAL CASE

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# REFERENCES

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