



Respecting LGBTQ2S+ Patients/Clients

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Background

Lesbian, gay, bisexual, transgender, queer, and two-spirited (LGBTQ2S+) individuals experience discrimination and stigma often in their daily lives, including when accessing health care. Although there has been a positive culture shift in BC and across Canada, beginning with the gay liberation movement in the 1960s, a 1986 amendment into the Charter of Rights and Freedoms to eliminate “discrimination based on sexual orientation”, as well as the adoption of Bill C-279 in 2015 making it unlawful to discriminate based on gender identity or expression; homophobia, transphobia and stigma persist. A July 2017 article in [The Tyee](#) chronicled the story of several LGBTQ2S+ youth in British Columbia, highlighting how the discrimination still exists. ‘Phoenix’, one of the youths in the story, did not come out until she was 18 but by then had already experienced bullying and homophobia in her community. Phoenix considered herself lucky to have been well supported by her parents but as the article notes, this is not always the case for LGBTQ2S+ people. The Tyee also cites a 2014 survey that found that nearly 40 percent of homeless youth were more likely to be assaulted, experience adverse mental health and were more likely to self-harm.ⁱ While no doubt, a deeper understanding and acceptance of LGBTQ2S+ individuals has occurred, there is still more work to be done.

There is a wealth of research that clearly suggests that LGBTQ2S+ individuals often have unmet health needs and are less likely to access both emergency and preventative health services. This is often because of fear of stigma and discrimination within the health care environment. It is well established in literature that transgender individuals are one of the most marginalized sub-groups of the LGBTQ2S+ community, often being denied referrals, transition care, primary and even emergency care.ⁱⁱ According to a BC Centres for Disease Control report, LGBTQ2S+ people are at a greater risk for social isolation/exclusionⁱⁱⁱ. Moreover, this social isolation and exclusion is shown to have a negative impact on health by reducing levels of protective hormones that can protect against heart rate, blood pressure and vessel problems.^{iv} Additionally, the simple act of sitting in a health care waiting room for an LGBTQ2S+ client may greatly increase anxiety if there are no pamphlets or materials that indicate an awareness or understanding of LGBTQ2S+ issues.^v

According to a position statement written by the Registered Nurses Association of Ontario, chronic exposure to homophobic attitudes and stigma creates psychological distress and depression which in turn have implications on physical health.^{vi} Health Canada has identified stigma in three areas: social, structural and self^{vii}. Social stigma pertains to negative images or labelling done by the media or towards friends and/or family members of people who identify as LGBTQ2S+. Social stigma can be present in the way in which we ‘talk’ about people who are LGBTQ2S, referring to them with derogatory names or not respecting their preferred pronouns for example. Structural stigma has its roots in the way in which the system interacts with people who identify as LGBTQ2S+. Self-stigma is focused around the way in which external areas of stigma become internalized by the person who may begin to feel that they do not ‘deserve’ access to care or services as a result of the outside stigma they have faced.

Enshrined in nursing care as part of the Canadian Nurses Association Code of Ethics is the principle of promoting social justice. Nurses demonstrate this by ensuring that human rights, equity and fairness are upheld. Nursing and nurses embrace non-judgemental care as a foundation of practice making them well positioned to advocate for policy changes that can positively impact the care and wellbeing of LGBTQ2S+ people.



Key Messages

- Despite the growing acceptance of persons who identify in the LGBTQ2S+ group, discrimination and stigmatization among LGBTQ2S+ peoples continue to exist.
- System-wide policies continue to hinder LGBTQ2S+ people's ability to safely access health and social services, compromising their health and safety.
- Changes must occur on both, individual and system-wide levels. Adjusted bias, attitude and approach will impact the situation positively and generate further change.
- Promoting social justice is a key nursing value set out by the [CNA Code of Ethics](#). Nurses do this by "upholding principles of justice by safeguarding human rights, equity and fairness and by promoting the public good" (p.17).
- NNPBC recognizes that stigma manifests in a variety of ways, social, structural and self-stigma.
- The ability to embrace diversity and provide equitable, non-judgemental care are fundamental aspects of competent nursing practice.
- Nurses are well positioned to advocate for policy changes that work towards improving the care of LGTQ2S+ people.

Further Reading/Resources

- [TransCare BC](#)
- [Fraser Health- Providing Competent Care to Gay Clients](#)
- [RNAO- Respecting Sexual Orientation and Gender Identity](#)
- [Stigma and Resilience Among Vulnerable Youth Centre](#)

Please feel free to direct questions and additional comments to info@nnpbc.com.

ⁱ The Tye. '[What it's like to Grow up LGBTQ2S+ in British Columbia](#)'. Accessed August 2020.

ⁱⁱ [CNSA Resolution Statement](#)

ⁱⁱⁱ [BCCDC Social Isolation Report](#)

^{iv} [BCCDC Social Isolation Report](#)

^v [Fraser Health. Providing Diversity Competent Care to Gay Clients.](#)

^{vi} [RNAO- Respecting Sexual Orientation and Gender Identity](#)

^{vii} Health Canada. [Stigma Around Substance Use](#). Accessed August 2020.