

## LGBT Issues in Aging and End-of-Life

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### Background

Lesbian, gay, bisexual and transgendered (LGBT) people experience numerous issues as a result of discrimination and stigmas. Recent research has highlighted the significant issues impacting aging and end-of-life issues among this population, particularly when accessing health and social services. Specifically, one issue that continues to negatively impact LGBT people is discrimination from healthcare providers, where many LGBT people are asked inappropriate questions, mocked or treated poorly. Although there has been a positive culture shift in Canada, and B.C specifically, beginning with the gay liberation movement in the 1960s, and the addition of “discrimination based on sexual orientation” into the Charter of Rights and Freedoms in 1986, there continues to be discrimination within institutions in Canadian society.<sup>1</sup> Further, there has been little emphasis on the issues that LGBT seniors face resulting in several gaps in seniors’ health and healthcare policy.

Research illustrates that a significant portion of LGBT seniors are more likely to live alone, less likely to be partnered, and less likely to have children.<sup>2</sup> Issues of stigmatization, stress and fear of ‘coming out’ again to care providers have also shown to be a factor in contributing to significant adverse physical and mental health outcomes, decreased social connections and networks, and increased fear of approaching healthcare institutions, which has significant implications on a LGBT seniors’ ability to age well, and develop end-of-life plans.<sup>3</sup> Further, while end-of-life care planning has traditionally been centred on discussions involving the family, many LGBT seniors do not have such support systems, leading to further isolation and barriers to engaging in these discussions.

With the increasing shift towards family centered care, and the construction of the concept of family within senior services, biological family has been seen as a key aspect of seniors care, especially in caregiving. However, many LGBT seniors often turn to friends for caregiving, and in general, health and social services policies do not permit the same rights in areas such as decision making. As a result, not only do LGBT seniors face discrimination themselves, their caregivers, who are often not biological family members, also face barriers to providing care to their loved ones.

### Key Messages:

- Despite the growing acceptance of LGBT people, discrimination and stigmatization among LGBT peoples continue to exist.
- Attitudes among healthcare providers and system wide policies continue to hinder LGBT people’s ability to safely access health and social services, compromising their health and safety.
- While there has been significant efforts to serve the needs of young LGBT people, there have been fewer efforts to develop supports and services for LGBT seniors.
- Changes must occur both on an individual level, i.e.: changes in perceptions, attitudes etc., and a system wide level i.e.: health and social services policy.

1 Grigorovich, A. (2013). Long-term care for older lesbian and bisexual women: An analysis of current research and policy. *Social work in public health, 28*(6), 596-606.

2 Adelman, M., Gurevitch, J., de Vries, B., & Blando, J. (2006). *Openhouse: Community building and research in the LGBT aging population*. In D. Kimmel, T. Rose & S. David (Eds.) *Lesbian, gay, bisexual, and transgender aging: Research and clinical perspectives* (pp. 247-264). New York: Columbia University Press.

3 Espinoza, R. (2014). *Out and Visible: The Experiences and Attitudes of Lesbian, Gay, Bisexual, and Transgender Older Adults, Ages 45–75*. Retrieved from SAGE (*Services and Advocacy for GLBT Elders*)



# Issues Brief

- Promoting 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).
- The ability to embrace diversity and provide equitable, non-judgemental care are fundamental aspects of good nursing practice.
- Nurses are well positioned to advocate for policy changes that work towards improving the aging and end-of-life experiences of LGBT seniors.

## Questions for RNs & NPs:

1. Have you witnessed inequitable access to health and social services, among your LGBT patients, friends and family members (especially seniors)?
2. What implications do these issues have on nursing education, practice, research and policy?
3. What ideas would you like ARNBC to further work on in relation to LGBT aging and end-of-life issues?

## Further Reading

- [SFU Gerontology Research Centre: LGBT End-Of-Life Conversations](#)

