



Getting it right for our lesbian, gay, bisexual and transgender (LGBT) patients

A good practice guide for staff

Terminology used in this guide

Sexual orientation is a combination of emotional, romantic, sexual or affectionate attraction to another person. This can include attractions to:

- **people who are the same sex (i.e. gay men, gay women/lesbians);**
- **people who are the opposite sex (i.e. heterosexual, straight men and women); and**
- **people of both sexes. (i.e. bisexual men or women)**

Trans or transgender is an umbrella term for people who, for whatever reason, feel their gender identity or gender expression differs from their birth sex. Transsexual people are individuals who are in the medical process of undergoing Gender Reassignment

The term transphobia is used to describe a prejudice, fear, hatred, or negative feeling or belief against those people who are transsexual, transgender or who do not meet society's expectation around gender roles.

Good communication

Use inclusive and gender neutral language and avoid using language which assumes your patient is heterosexual.

Instead of asking “are you married” and referring to a husband or wife, use the term “partner”.

Avoid making assumptions. If you are unsure, use the term “they/their” until the patient uses a gender-specific term.

Use the terms used by your patient when discussing their partner or family members. Not all LGB patients are comfortable using the terms lesbian, gay or bisexual when describing themselves.

Challenge prejudiced behaviour from colleagues or other patients. Being in hospital can be frightening and stressful and witnessing negative comments or attitudes adds to this stress.

The act of disclosing your sexual orientation or gender identity to someone is described as “coming out”.

The act of undergoing gender reassignment is referred to as “transitioning” and is considered to be a very personal experience for the individual.

Harmless remarks that assume that only opposite-sex relationships are valid can discourage LGB patients from discussing their sexual orientation.

Using the word “Tranny” or asking a transgender person what their “real” name is, i.e. the name they were born with, is inappropriate and offensive to Trans people.

Confidentiality, consent and sharing information

Civil Partnerships are the legal way to formalise a same-sex relationship, and get the same rights as married couples. A patient's civil partner will in normal circumstances be accepted as their next of kin.

Disclosing a person's transexual status to a third party without first gaining their express permission to do so is forbidden.

The Gender Recognition (Disclosure of Information) (Scotland) Order 2005 permits disclosure for medical purposes of the protected information about someone's gender recognition history only where:

- the disclosure is made to a health professional;
- the disclosure is made for medical purposes; and
- the person making the disclosure reasonably believes that the patient has given consent to the disclosure or cannot give such consent (for example, if they are unconscious).

Respect privacy and confidentiality. When recording a patient's sexual orientation, only make a record of this with your patient's permission and explain who will have access to the information and what it will be used for.

Ask your patient:

- Who do you want to have around?
- Who do you wish information to be given to or withheld from?
- Who should be contacted in an emergency?
- Who do you wish to be involved in decision-making if you can't make your own care decisions?

Care of Transgender patients

Avoid making assumptions about a patient's gender or sexual orientation based on their appearance.

Trans patients must be treated as being of the gender in which they are presenting, unless advised otherwise by the patient.

Patients should be offered a chaperone or be invited to have a relative or friend present with them during any intimate examination or procedure. Their personal preference should be documented in their clinical record.

As a general rule, if in doubt – ask your patient or their partner/family. Should you make a mistake when dealing with a trans person, listen to the patient, apologise for the error, then correct the mistake. Be aware that prior to asking any partner/family for information, the patient may not have disclosed their trans status to them.

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