

# **LGBTQ seniors: Poor communication, discrimination and lack of training contribute to inequality in palliative care**

May 21 2020, by Paul Joseph

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Healthcare staff may not know how to meet an LGBT patient's unique needs.  
Credit: [Mr.songkod Sataratpayoon/ Shutterstock](#)

Palliative, or end of life care can help people with terminal conditions,

such as cancer, live as well as possible for as long as possible—and allow them to die with dignity. But end of life care is not a straightforward process. And for patients from the LGBT community, the process presents a [whole host of barriers](#) that they and their families may face.

Not only do many people from the LGBT community face difficulties accessing [high-quality end-of-life care](#), they also [may face issues](#) with their care. This may sometimes be because of ignorance and prejudice against them during pre-hospital admission. It may also be due to poor communication between patients and care providers about treatment plans, judgment by staff about a patient's family or relationships, and a failure to properly support the spiritual needs of the patient.

Many have also experienced [victimization, discrimination and personal hardship](#) as a result of their [sexual identity](#) throughout their life, and may feel that telling a [healthcare](#) professional about their sexual identity would change their interactions or quality of treatment.

Staff may also be unaware of an LGBT patient's particular needs or how to meet them. For example, patients who have undergone gender reassignment may have been married previously in their former gender. They might have children and grandchildren. Dealing with current partners, spouses, former spouses and children during end of life care takes particular skills, which requires specialist training. As many in [palliative care](#) want to be surrounded by loved ones, [healthcare workers](#) need to be trained to deal with these types of situations.

Many LGBT people may also hide their relationships, meaning that healthcare workers may exclude key individuals from their loved one's end of life care. Other factors that can [impact end of life care](#) include whether an LGBT person lives alone, if they're socially isolated, and if they face barriers to services or lack consultation. Ageism, and past negative experiences relating to their sexual orientation or gender

identity, might also impact the care they receive.

Bereaved LGBT partners and spouses have also been found to [experience less support](#) during the death of their loved one. They complained of being shut out of the care process and ignored.

Healthcare professionals also aren't typically trained to address the specific needs of the LGBT community when it comes to end-of-life care. These needs will include the need for confidentiality and communication from healthcare providers that is sensitive to their sexuality and preferences. Many LGBT people may also feel too vulnerable to [disclose their sexual identity](#) while receiving this type of care, which may make their final months lonely.

### **Room for improvement**

Research shows that LGBT people already have lower health outcomes, partly because of [ignorance of LGBT issues](#) among healthcare practitioners. For example, they may not receive routine cancer screenings, and may not be able to access adequate healthcare services.

[Sexual orientation and gender identity](#) are also both key areas where inequality and discrimination can occur in end of life care. Poor training has been highlighted as one cause.

But many of the shortfalls faced by the LGBT community during palliative care are prohibited and protected by the [Human Rights Act 1998](#). Article three states that no one shall be subject to torture or to inhuman or degrading treatment or punishment, while article eight protects a person's right to privacy, respect for their sexual identity and the right to control information about their private life.

The issues addressed in articles three and eight have been interpreted by

the courts as including how a person [plans their end of life care](#). This means there could potentially be legal redress for any person who feels that their wishes and feelings relating to end of life care aren't being taken into account by the healthcare workers looking after them.

There are two particular aspects of good end of life care that many LGBT people find are [most important to them](#). First, they want their care to focus on their individual needs. Second, they want their partner to be accepted.

Currently, there are recommendations in place for caring for those from the LGBT community in palliative care. In order to ensure that LGBT people receive the [best end of life care](#) going forward, it will be important for healthcare workers to have better training.

Better training will ensure they can communicate properly with LGBT people about their needs and understand their situation. Training will need to include understanding equality, diversity and confidentiality, as well as understanding the unique issues LGBT people face and how this impacts [end of life care](#). Staff or other residents should also report any discrimination to prevent it from continuing in the future.

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