



CHAPCA

Newsletter

We Want to Do Better Serving LGBTQ+ Patients and Families

This June 2021, as Pride month begins, we want to not only celebrate how far the LGBTQ+ community has come and how hard they have worked but also discuss what steps hospice and palliative care providers can take to continue to improve their treatment of those in the LGBTQ+ community.

First, what is LGBTQ+ Pride? It is a celebration of a rich and diverse history of LGBTQ+ people, their lives, accomplishments and struggles, many of which continue today. For many, it is a celebration of survival. It is a call to all of us to recognize the struggles some in our community endure, and to join hands and work together to lessen each other's burdens.

Our contribution to this conversation is to discuss how a lack of education and training impacts end-of-lifecare for the LGBTQ+ community, and how all staff should attend regular training on how to cultivate LGBTQ+ safe environments. In an ideal world, access to medical care, especially hospice and palliative care, would be unbiased and universally equal.

Unfortunately, the reality is that lack of education and training on LGBTQ+ issues has a significant impact on hospice and palliative care. Because of this lack of education and training, members of the LGBTQ+ community often begin their hospice and palliative care journey already at a disadvantage. Not only are they worried they will face a lack of understanding about who they are, but they are often also nervous about how to respond to even routine questions that hospice and palliative care staff may ask. Even something as simple as being asked about a "husband" or "wife" instead of a "partner" could force someone to either lie or out themselves. That kind of fear is not conducive to the kind of open and honest environment that is essential during the hospice and palliative care journey.

End-of-life care can be an uncomfortable topic to talk about under the best of circumstances. Factor in the genuine fear of not being understood as a human being, and you can see how LGBTQ+ patients and families opt to remain 'in the closet'. Some people do not feel the need to make an end-of-life care plan, because they are planning on relying on their families or children to take care of them. Unfortunately, many people in the LGBTQ+ community do not have good relationships with their relatives and are also four times less likely than heterosexual people to have children.

Unless they have found an alternative support network, they are more likely to end up in a long-term care facility, or nursing home. Someone facing the end of their life should be focused on spending the time they have left with their loved ones, not worrying about whether they will have to spend their last days lying about an integral part of who they are.

Hospice and palliative care staff education is the key to creating a safe environment where LGBTQ+ patients and families can feel comfortable being themselves. Simple changes can have a huge difference in an LGBTQ+ patient's comfort levels. For example, introduce yourself with your pronouns, and then ask what the patient's pronouns are. Also, instead of asking a patient who their next of kin is, ask them who the important people in their lives are that they would like to be involved in their hospice and palliative care. Hospice and palliative care organization can learn about the more extensive changes they can make by regularly scheduling LGBTQ+ healthcare competency training for their staff.

Happy Pride to all of us, and cheers to our shared humanity.

Thank you, Sonny Vukic, MBA, PT, Executive Director -Seasons Hospice of Oakland for your contribution to our June 2021 News-letter.