POSITION PAPER

**Addressing Inequities Through the LGBTQ2+ Medical Curriculum**

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**INTRODUCTION**

The Ontario Medical Students Association (OMSA) recognizes the need for equitable healthcare and the need to address gaps in delivering competent care to the LGBTQ2+ population. Of Canadians 18-59 years of age, 1.7% (approximately 612 453 people) self-identify as homosexual, and 1.3% (approximately 468 347 people) self-identify as bisexual.[1](https://www.zotero.org/google-docs/?DJoElQ) The intricacies of how to meet these healthcare needs are not taught in the majority of traditional medical education curricula.[2](https://www.zotero.org/google-docs/?919xC6) LGBTQ2+ populations are affected by a variety of unique social, structural, and behavioral factors which lend to unique healthcare needs that may not be met by existing healthcare services. LGBTQ2+ people in Canada experience stigma and discrimination across their life spans and are targets of sexual assault, physical assault, harassments, and hate crimes.[3](https://www.zotero.org/google-docs/?8Z3Zde) Additional factors that may impact mental health and well-being for LGBTQ2+ people include the process of “coming out” (sharing one’s identity with others), gender transition, internalized oppression, loss of family or social support, and the impact of HIV and AIDS.[4](https://www.zotero.org/google-docs/?bn0djz)LGBTQ2+ Canadians report significantly higher rates of depression, anxiety, low self-esteem, loneliness, and thoughts of suicide.[5](https://www.zotero.org/google-docs/?OJ2aDP)These mental health conditions can exacerbate behaviors such as unprotected sexual encounters and substance use.[5](https://www.zotero.org/google-docs/?0X6jsg)It is estimated that 2300 to 5599 occur annually in Canada’s LGBTQ2+ population due to suicide, smoking, alcohol, and drug abuse related to the mental health conditions listed above.[6](https://www.zotero.org/google-docs/?5lFcO6) These factors cost the Canadian economy over $2 billion dollars annually due to healthcare costs and loss of productivity.[6](https://www.zotero.org/google-docs/?Ef4BAQ)

The Public Health Agency of Canada acknowledges that barriers such as discrimination, lack of confidentiality, and negative attitudes of healthcare providers exist for LGBTQ2+ Canadians receiving timely and appropriate care.[5](https://www.zotero.org/google-docs/?rdz8Yt) Individuals facing health concerns should not have to worry about receiving inappropriate treatment because of their sexuality and/or gender identity. Given that the healthcare needs of LGBTQ2+ persons continue to be inadequately addressed, it is essential for medical students to gain training and experience in how to provide comprehensive healthcare to this marginalized population. Despite this, Canadian medical education on LGBTQ2+ health remains insufficient, suggesting a need for improvement to medical education in this domain. A survey distributed to over 4 000 students in 170 medical schools in Canada and the United States found that most (67.3%) medical students evaluated their LGBTQ2+ related curriculum as “fair” or worse.[7](https://www.zotero.org/google-docs/?yDED5q) While students felt prepared in providing care related to HIV and other sexually transmitted infections, they felt least prepared discussing sex reassignment surgery and gender transitioning.[7](https://www.zotero.org/google-docs/?vt9QNi)  Moreover, a lack of trans-care education has been identified in both undergraduate and postgraduate curricula.[8](https://www.zotero.org/google-docs/?FUchsu) There appears to be no standards or policies regarding the baseline of the current trans-care educational landscape for many specialties. A recent survey distributed to 319 medical residents in Ontario found that only 17% of all participants predicted they would feel competent to provide specialty-specific trans-care by the end of their residency and only 12% felt that their training was adequate to care for this population.[9](https://www.zotero.org/google-docs/?7zcDl8) A gap therefore exists in ensuring that future doctors are receiving necessary medical education to prevent the same issues that resulted in the inadequate healthcare service that we see today. Medical schools must review their curricula to identify where their specific gaps exist regarding this topic and look to positive examples of how learners at other educational institutions are being taught about LGBTQ2+ health. This paper will present principles and recommendations to address gaps in medical education on LGBTQ2+ issues.

**PRINCIPLES**

The Ontario Medical Students Association puts forward the following principles to guide recommendations for addressing LGBTQ2+ medical education and LGBTQ2+ medical students:

1. All Ontarians should receive healthcare that is comprehensive and inclusive regardless of their sexual identity or orientation, gender identity, and/or intersex status.
2. Ontario medical schools are responsible for ensuring that their graduates are competent in providing comprehensive and non-discriminatory care to LGBTQ2+ individuals.
3. LGBTQ2+ students should feel welcome to express their sexual and gender identity without fear of discrimination within their educational institutions.

**RECOMMENDATIONS**

The Ontario Medical Students Association recommends the following:

**Recommendation 1: In collaboration with OMSA, individual Faculties of Medicine should create guidelines and policies for preparing competency-based learning objectives in pre-existing medical courses that would allow for future physicians to deliver high-quality care to LGBTQ2+ patients which are not limited to but include:**

* Informing on correct LGBTQ2+ terminology, including proper pronouns, and understanding that this is the first step in providing an inclusive environment.
* Addressing social determinants of health specific to LGBTQ2+ populations.
* Addressing the vulnerabilities and disparities to accessing healthcare that LGBTQ2+ populations experience.
* Allowing for earlier exposure to LGBTQ2+ populations throughout preclinical curricula and clinical rotations to hopefully mediate learner apprehension.
* Mandating a minimum number of hours of observation or preclinical exposure be conducted in healthcare settings dedicated to vulnerable populations such as LGBTQ2+ identifying individuals.

Despite the need to focus on addressing the barriers to healthcare for LGBTQ2+ individuals, a recent study conducted in 132 Canadian and American medical schools found that the average amount of time medical schools spend teaching students about health issues facing the LGBTQ2+ community is about five hours over the entire curriculum.[12](https://www.zotero.org/google-docs/?B8byAY) Moreover, while some Canadian medical schools have added LGBTQ2+ related issues into their curriculum, this content is often limited to units covering STIs (particularly HIV) as well as sexual history-taking, which falls short of covering the full range of patient needs.[13](https://www.zotero.org/google-docs/?vlOgnH) Across Canadian medical schools, no standards or policies exist regarding the necessary level of LGBTQ2+ healthcare education required for graduation. Additionally, the current curricula of many Canadian Medical schools lack direct competencies/milestones set to address LGBTQ2+ health and socioeconomic issues.[14](https://www.zotero.org/google-docs/?gAZNwt) However, some Ontarian medical schools have taken steps to address this issue. For example, at the Northern Ontario School of Medicine, a dedicated “LGBT-specific curriculum” has been developed for undergraduate students.[14](https://www.zotero.org/google-docs/?gAZNwt) A mixture of didactic teaching, small group discussions, and clinical encounters are used to train future physicians on how to adequately care for LGBT patients.[14](https://www.zotero.org/google-docs/?QrOSK8) Additionally, as the first Canadian school to fund a “LGBTQ2S Education Theme Lead”, the University of Toronto sets specific learning objectives and mandatory clinical encounters focussed on educating its students on how to better treat individuals from this population.[15](https://www.zotero.org/google-docs/?9JfJUo) These curricula are designed to teach the social and economic realities faced by LGBTQ2+ patients and address the unique health needs of this community.[15](https://www.zotero.org/google-docs/?BILOsn) Medical schools across Canada and OMSA must look towards these initiatives as a positive example of how to approach this issue, and how to set attainable goals on the amount of LGBTQ2+ -related knowledge that future doctors must attain before graduation.

**Recommendation 2: In collaboration with OMSA, the individual Faculties of Medicine should create learning objectives in pre-existing medical courses that recognize the history and experiences of stigmatization and discrimination of the LGBTQ2+ community and demystify these notions that can hinder patient-centered care.**

There is a history of pathologization of the identities of members of the LGBTQ2+ community.[16](https://www.zotero.org/google-docs/?OXFs07) For one, the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM), a guide that influences Canadian healthcare provision, has previously included sexual orientation and gender identity as conditions or diseases.[17](https://www.zotero.org/google-docs/?GMVhbd) Despite updated versions of the texts removing mentions of homosexuality as a mental illness, the consequences of this rhetoric is still felt and biases the medical community.[11](https://www.zotero.org/google-docs/?WucRIK) The LGBTQ2+ medical curriculum should recognize the history of pathologization which has contributed to the stigmatization of LGBTQ2+ individuals.

With regard to the current iteration of the DSM (DSM-5), intersex activists have pushed for a change of the label “disorders of sexual development” away from a conversation around “disordered” genitalia to that of “variant”.[18](https://www.zotero.org/google-docs/?pwlkoG) The DSM-5 also identifies gender dysphoria as a medical disorder. Trans activists, however, have noted that the diagnosis is required for receiving OHIP coverage for transition surgeries.[18](https://www.zotero.org/google-docs/?pwlkoG) Nevertheless, it is important that the medical curriculum recognize the complexity of this history and recognize the harmful effects that medicalization of identity can have. Through understanding this history and effects of stigmatization of LGBTQ2+ individuals, healthcare practitioners will be able to deliver more informed inclusive and competent care.

**Recommendation 3: As recommended by Rainbow Health Ontario, medical school curricula should include “education about Canada’s history of colonization, the Indigenous communities on whose land Canada exists, Indigenous beliefs and practices, Two Spirit communities and identities, examination of one’s own biases, and addressing the root causes of health disparities”.**

Many LGBTQ2+ and Two-Spirit students have trouble accessing appropriate and comprehensive mental health services that address their unique needs; this difficulty is heightened for those subjected to multiple forms of marginalization and intergenerational trauma.[1](https://www.zotero.org/google-docs/?zU33z1)9

The needs of Two Spirit and Indigenous students identifying under the LGBTQ2+ umbrella may differ from those of their peers and as a result the way care is accessed and provided should properly reflect their specific needs.[17](https://www.zotero.org/google-docs/?GMVhbd) As such, Two Spirit students and Indigenous students who identify under the LGBTQ2+ umbrella should have access to readily available and culturally appropriate resources and care.

The Truth and Reconciliation Commission highlights the importance of cultural competency training for all health care professionals. Developed in collaboration and consultation with Indigenous elders and Indigenous advocates who identify as Two Spirit or under the LGBTQ2+ umbrella, providing all front-line care workers with cultural sensitivity training, focusing on cultural safety, would lead to more equitable care. Some key tenets of cultural safety include “education about Canada’s history of colonization, the Indigenous communities on whose land Canada exists, Indigenous beliefs and practices, education around Two Spirit communities and identities, examination of one’s own biases, and addressing the root causes of health disparities”.[17](https://www.zotero.org/google-docs/?GMVhbd) OMSA and individual Faculties of Medicine should look to develop intersectional education on Two Spirit and LGBTQ2+ health issues in line with the Truth and Reconciliation Commission.

**CONCLUSION**

Students pursuing medical education should receive training and experience to deliver comprehensive healthcare to LGBTQ2+ individuals. Medical students want to see our medical schools commit to addressing gaps in medical education so that we feel confident in delivering healthcare for marginalized populations. This policy paper provides a series of recommendations from OMSA directed at the Ontario government and Ontario medical schools to better prepare all medical students to interact with their future LGBTQ2+ patients.

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