



# Dermatologic care for lesbian, gay, bisexual, and transgender persons

## Terminology, demographics, health disparities, and approaches to care

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### Learning objectives

After completing this learning activity, participants should be able to employ culturally sensitive terminologies to obtain history on sexual orientation, gender identity, sexual behaviors, and risk factors effectively; to deliver appropriate care for lesbian, gay, bisexual, and transgender (LGBT) individuals by incorporating knowledge of LGBT health needs and mediators of health disparities; and to implement strategies in creating welcoming environments for the care of LGBT individuals in dermatology practices.

### Disclosures

#### Editors

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More than 10 million lesbian, gay, bisexual, and transgender (LGBT) persons live in the United States. Improving their health is a public health priority. LGBT persons have specific health concerns and face health care disparities. Awareness of those issues and disparities can enable dermatologists to provide medically appropriate and culturally competent care to LGBT patients. This review highlights terminology important in caring for LGBT persons, LGBT demographics in the United States, health care disparities faced by LGBT persons, and approaches to caring for LGBT patients. (*J Am Acad Dermatol* 2019;80:581-9.)

**Key words:** bisexual; dermatology; gay; health disparities; lesbian; LGBT; minority health; sexual minority; transgender.

**M**ore than 10 million lesbian, gay, bisexual, and transgender (LGBT) persons live in the United States.<sup>1</sup> Improving LGBT health has become a public health focus. A landmark report by the Institute of Medicine, published in

2011, highlighted gaps in understanding LGBT health and suggested expanded research efforts to help bridge those gaps.<sup>2</sup> Healthy People 2020, which outlines the federal government's public health priorities, specifically includes improving LGBT

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*Abbreviations used:*

FTM:	female-to-male transgender
LGBT:	lesbian, gay, bisexual, and transgender
MSM:	men who have sex with men
STD:	sexually transmitted disease
WSW:	women who have sex with women

health.<sup>3</sup> The federal government has also taken steps to require electronic health records to include data on sexual orientation and gender identity and to prohibit discrimination in health care settings on the basis of sex or gender.<sup>4-6</sup> Organizations including the National Institutes of Health, the American Association of Medical Colleges, the American College of Physicians, and the Joint Commission have targeted LGBT health in policy proposals, best practice recommendations, or funding opportunities.<sup>7-10</sup> In addition, Washington, DC, passed a law in 2016 requiring 2 hours of LGBT health-related continuing medical education credit for medical license renewal.<sup>11</sup> In dermatology, the Gay and Lesbian Dermatology Association (or its forebear organization) has existed since 1980, and in 2016 the American Academy of Dermatology established an Expert Resource Group on LGBT/Sexual and Gender Minority Health.

LGBT health is not new to many dermatologists. In the early 1980s, dermatologists recognized clusters of Kaposi sarcoma and other opportunistic infections among gay men as harbingers of the AIDS epidemic.<sup>12,13</sup> Since then, dermatologists have treated LGBT patients and have described LGBT health issues related to infectious diseases and, increasingly, noninfectious diseases in the medical literature.<sup>14,15</sup> A broader awareness of LGBT health needs and disparities can enable dermatologists to provide medically appropriate and culturally competent care to LGBT patients.<sup>14,15</sup> This review covers terminology important to caring for LGBT persons, LGBT demographics in the United States, health care disparities faced by LGBT persons, and approaches to caring for LGBT patients.

## TERMINOLOGY IMPORTANT TO CARING FOR LGBT PERSONS

### Key points

- Terminology important in caring for LGBT persons relates to sexual orientation, sexual behavior, sex assigned at birth, gender identity, and gender expression
- Terminology is complex and fluid and might not be used uniformly by all LGBT persons

Terminology related to LGBT health is complex and evolving. The term LGBT, for example, includes 3 sexual orientations—the L, G, and B for lesbian, gay, and bisexual, respectively—as well as T for transgender, which relates to gender identity (regardless of sexual orientation). Other letters have been added to the LGBT abbreviation, including Q for queer or questioning, I for intersex (also referred to as disorders (or differences) of sexual development), and A for asexual. To more efficiently encompass that alphabet soup of biology, identity, behavior, and expression, some, including the National Institutes of Health, have embraced the term “sexual and gender minorities” as an inclusive and consistent umbrella term.<sup>7</sup> In this article, we use the term LGBT, which is likely more familiar to dermatologists, as synonymous with sexual and gender minorities.

Terminology important in caring for LGBT persons is shown in [Table I](#). Clinicians should understand sex, sexual orientation, sexual behavior, gender identity, and gender expression as distinct concepts. For example, sexual orientation might not align with sexual behavior.<sup>10,16</sup> A self-identified straight woman might have sex with men and women, and a self-identified gay man might not be sexually active. Men who have sex with men (MSM) and women who have sex with women (WSW) are terms primarily used by researchers and clinicians to categorize persons engaging in same-sex sexual behaviors, regardless of sexual orientation or other sexual behaviors. LGBT persons themselves rarely identify as MSM or WSW. Homosexual is a term historically used to refer to same-sex sexual behaviors, attraction, or identity; many LGBT persons now consider it a derogatory term and we recommend not using it.<sup>10,16</sup>

Gender identity refers to a person's sense of gender, such as being a man, a woman, neither gender, other gender, or identifying somewhere along the spectrum between man and woman ([Table I](#)). Gender identity might or might not align with sex assigned at birth. “Cisgender” describes persons whose gender identity aligns with their sex assigned at birth. For example, a cisgender woman is a person whose sex assigned at birth was female and who identifies as a woman. “Transgender,” by contrast, describes persons whose gender identity does not align with their sex assigned at birth. For example, a transgender woman (also called a male-to-female transgender person or trans woman) is a person whose sex assigned at birth was male and who identifies as a woman. Of note, transgender should be used as an adjective, not a noun, and the term “transgendered” should not be used. Some

**Table I.** Terminology important to caring for LGBT persons\*

Term	Definition	Examples	Comments
Sex	Sex assigned to a person at birth, typically based on anatomy (genitalia and/or reproductive organs) and/or biology (chromosomes and/or hormones)	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Intersex<sup>†</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Might or might not align with current gender identity</li> </ul>
Sexual orientation	How a person characterizes their emotional and sexual attraction to others	<ul style="list-style-type: none"> <li>• Straight/heterosexual</li> <li>• Gay<sup>‡</sup></li> <li>• Lesbian</li> <li>• Bisexual</li> </ul>	<ul style="list-style-type: none"> <li>• Might or might not align with sexual behavior</li> </ul>
Sexual behavior	Describes the sexual activity of a person relating to the gender(s) of their sex partner(s)	<ul style="list-style-type: none"> <li>• MSM</li> <li>• MSW</li> <li>• WSM</li> <li>• WSW</li> </ul>	<ul style="list-style-type: none"> <li>• Might or might not align with sexual orientation</li> <li>• Typically used by clinicians and researchers, not by people themselves</li> <li>• Not exclusive terms (eg, some MSM may also have sex with women)</li> </ul>
Gender identity	A person's sense of being a man, woman, or other gender	<ul style="list-style-type: none"> <li>• Man</li> <li>• Woman</li> <li>• Gender nonconforming<sup>‡</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Might or might not align with sex assigned at birth</li> </ul>
Gender expression	A person's method to communicate gender through appearance, personality, or behaviors	<ul style="list-style-type: none"> <li>• Masculine</li> <li>• Feminine</li> <li>• Androgynous</li> <li>• Gender nonconforming<sup>§</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Might or might not align with sex assigned at birth or with gender identity</li> </ul>
Transgender	Persons whose gender identity or expression, to varying degrees, diverges from sex assigned at birth.	<ul style="list-style-type: none"> <li>• Transgender man, FTM transgender person, or trans man<sup>  </sup></li> <li>• Transgender woman, MTF transgender person, or trans woman<sup>  </sup></li> </ul>	<ul style="list-style-type: none"> <li>• A transgender man is someone whose sex assigned at birth was female and identifies as a man</li> <li>• A transgender woman is someone whose sex assigned at birth was male and identifies as a woman</li> <li>• Transgender identity is independent of surgical or medical treatments</li> </ul>
Cisgender	A person whose gender identity aligns with sex assigned at birth	<ul style="list-style-type: none"> <li>• Cisgender man or cisman</li> <li>• Cisgender woman or ciswoman</li> </ul>	
Transition	For transgender people, the process of coming to recognize, accept, and express one's gender identity		<ul style="list-style-type: none"> <li>• Sometimes referred to as gender affirmation process</li> <li>• May or may not include surgical or hormonal treatments</li> </ul>

FTM, Female-to-male; LGBT, lesbian, gay, bisexual, and transgender; MSM, men who have sex with other men; MSW, men who have sex with women; MTF, male-to-female; WSM, women who have sex with men; WSW, women who have sex with women.

\*Data from the National LGBT Health Education Center.<sup>16</sup>

<sup>†</sup>Intersex, also known as disorders (or difference) of sexual development, includes persons who are born with external or internal genitalia that vary from typical male or female genitalia, or a chromosomal pattern that varies from XX (female) or XY (male).

<sup>‡</sup>Homosexual is not a preferred term for gay.

<sup>§</sup>Some gender nonconforming persons may identify as genderqueer, agender, bigender, genderqueer, pangender, or two-spirit.

<sup>||</sup>Commonly interchangeable terms for transgender persons. Transgender should be used as an adjective, not a noun (eg, "a transgender person," not "a transgender"), and "transgendered" is not a preferred term.

transgender persons experience gender dysphoria, defined as distress from incongruence between one's sex assigned at birth and gender identity.<sup>17</sup> Transitioning (sometimes referred to as gender affirmation) is the process by which transgender

persons recognize, accept, and express a gender identity that does not align with their sex assigned at birth. It includes individualized combinations of behavioral, social, or legal changes or medical or surgical treatments. Gender identity does not dictate

sexual orientation or sexual behavior.<sup>10,16</sup> For example, a transgender man might identify as heterosexual and have sex only with women. Transsexual is a term sometimes used to refer to transgender persons who desire or have undergone medical or surgical treatment; it is used less commonly today, with transgender preferred.<sup>7,18</sup> Cross-dressing or “drag” (terms preferred to “transvestite”) refers to behavior in which a person wears clothing associated with a gender that differs from their sex assigned at birth. Cross-dressers do not necessarily identify as transgender.<sup>18</sup>

## LGBT DEMOGRAPHICS IN THE UNITED STATES

### Key points

- **Approximately 10.1 million adults in the United States (4.1%) identify as LGBT**
- **More than 8 million (3.5%) adults identify as lesbian, gay, or bisexual and 1.4 million (0.6%) adults identify as transgender**
- **More than 19 million (8.2%) adults reported ever having engaged in same-sex sexual behaviors**

LGBT populations are growing in the United States in size and visibility. Approximately 10.1 million adults over 18 years of age in the United States, or 4.1% of the total US population, self-identified as LGBT in 2016.<sup>1</sup> That figure increased from 8.3 million persons, or 3.5% of the population, in 2012.<sup>19</sup> So-called “millennials”—persons born between 1980 and 1998—had the highest increase in LGBT self-identification, to 7.3% in 2016 from 5.8% in 2012.<sup>1</sup>

Based on sexual orientation, >8 million (3.5%) US adults identified as lesbian, gay, or bisexual in 2011.<sup>19</sup> Based on gender identity, 1.4 million (0.6%) US adults identified as transgender in 2014.<sup>20</sup> Based on sexual behavior, >19 million (8.2%) Americans reported ever having engaged in same-sex sexual behavior in 2011.<sup>19</sup> Based on marital status, approximately 780,000 adults (0.3%) were in same-sex marriages and 1.2 million (0.5%) were in same-sex domestic partnerships in 2015.<sup>21</sup>

## HEALTH CARE DISPARITIES AMONG LGBT PERSONS

### Key points

- **LGBT individuals face substantial disparities in physical and psychosocial health conditions**
- **Disparities in health risk factors, barriers in health care access, discrimination, and minority stress may contribute to LGBT health disparities**

- **The minority stress model proposes that prejudice and stigma can generate chronic psychosocial stressors that mediate health disparities**

Compared with non-LGBT persons, LGBT persons experience disproportionately higher burdens of physical and psychosocial health conditions.<sup>3</sup> Health disparities specifically related to dermatology are separately reviewed in the second article in this continuing medical education series. Other disparities include the following:

- LGBT persons have higher rates of tobacco, alcohol, and other substance use and mental health issues, including depression, anxiety, and suicidality.<sup>2,3</sup>
- LGBT persons are more likely to rate their general health as poor, have more chronic health conditions, and have higher rates and earlier onset of disabilities.<sup>22</sup>
- MSM account for more than half of all people living with HIV and 67% of new HIV infections in the United States.<sup>23</sup> MSM also experience higher rates of sexually transmitted diseases, eating disorders, and body image disorders.<sup>2</sup>
- WSW are more likely to be obese or overweight and are less likely to receive cancer preventive services, such as breast and cervical cancer screening.<sup>2,3</sup>
- Transgender individuals experience higher rates of HIV and sexually transmitted diseases, violence and victimization, and mental health issues.<sup>2,3</sup> Notably, 41% of transgender individuals have attempted suicide.<sup>24</sup>

LGBT individuals also encounter significant health care access barriers, including lower rates of health insurance, higher rates of cost-related barriers, and more gaps in insurance coverage.<sup>25-27</sup> Fear of stigmatization and previous negative experiences with the health care system—sometimes because of receiving inappropriate treatment from providers unfamiliar with LGBT health concerns, or to perceived or frank discrimination—may cause patients to delay seeking medical care.<sup>2</sup> Little time is dedicated to LGBT-related content in medical school curricula, and many recent graduates do not feel comfortable caring for LGBT patients.<sup>28,29</sup> A survey of US academic faculty practices found that the majority of institutions had no LGBT-related training.<sup>30</sup> Implicit biases against LGBT individuals among physicians and nurses are widespread.<sup>31</sup> In a survey of LGBT physicians, 65% had heard derogatory comments about LGBT patients in the workplace and 34% had witnessed discriminatory care of an LGBT patient.<sup>32</sup> In a national survey of 6450

**Table II.** Additional resources on LGBT health

American Academy of Dermatology's Expert Resource Group on LGBT/Sexual and Gender Minority Health*	
Gay and Lesbian Medical Association	<a href="http://www.glma.org">www.glma.org</a>
Gay and Lesbian Dermatology Association	<a href="http://www.glderm.org">www.glderm.org</a>
Fenway Community Health Center	<a href="http://www.fenway-health.org">www.fenway-health.org</a>
University of California, San Francisco Center of Excellence for Transgender Health	<a href="http://www.transhealth.ucsf.edu">www.transhealth.ucsf.edu</a>
Centers for Disease Control and Prevention	<a href="http://www.cdc.gov/lgbthealth">www.cdc.gov/lgbthealth</a>
Association of American Medical Colleges	<a href="http://www.aamc.org/lgbtdsd">www.aamc.org/lgbtdsd</a>
American College of Physicians position statement. <sup>9</sup>	
The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health <sup>37</sup>	
American Academy of Pediatrics guidelines. <sup>38</sup>	

*LGBT*, Lesbian, gay, bisexual, and transgender.

\*All American Academy of Dermatology members, residents, and medical students with an interest in LGBT health are welcome to participate in the Expert Resource Group, regardless of sexual orientation, gender identity, or preexisting expertise in LGBT health issues. The Expert Resource Group has a Facebook page; contact Dr Katz at [Kenneth.Katz@gmail.com](mailto:Kenneth.Katz@gmail.com) to be added to the group (please include the email address you use on Facebook) or for more information.

Do you think of yourself as:

- Lesbian or gay
- Straight or heterosexual
- Bisexual
- Something else, please describe \_\_\_\_\_
- Don't know \_\_\_\_\_

What is your current gender identity? (Check all that apply)

- Male
- Female
- Female-to-Male (FTM)/Transgender Male/Trans Man
- Male-to-Female (MTF)/Transgender Female/Trans Woman
- Genderqueer, neither exclusively male nor female
- Additional Gender Category/(or Other), please specify \_\_\_\_\_
- Decline to Answer

What sex were you assigned at birth on your original birth certificate? (Check one)

- Male
- Female
- Decline to Answer

**Fig 1.** Example of intake form for routine collection of sexual orientation and gender identity. Reprinted from Cahill et al.<sup>42</sup>

transgender and gender nonconforming patients, 19% of respondents reported being denied care because of their gender identity and 28% were subjected to harassment in medical settings.<sup>33</sup>

The minority stress model is an important framework for understanding the multiple contextual factors contributing to LGBT health care disparities.<sup>2,22,34</sup> It proposes that experiences of prejudice and stigma directed toward LGBT persons can generate unique and chronic social stressors and stress responses that mediate a higher likelihood of psychological distress, health risk behaviors, and adverse mental and physical health outcomes.<sup>22,34</sup> For example, measures of internalized homophobia, discrimination experiences, and expectations of rejection were associated with sexual risk behavior, substance use, and depressive symptoms.<sup>35</sup> It is also important to note that the health status and health care access of LGBT individuals are also influenced by complex intersections with other social identities,

such as age, race/ethnicity, and socioeconomic status, as well as interactions with family, relationships, community, and structural environment.<sup>2</sup>

## APPROACHES TO CARING FOR LGBT PATIENTS

### Key points

- **Eliciting a sexual history, including gender(s) of sex partners, and asking about gender identity can enable dermatologists to provide medically appropriate and culturally competent care to LGBT patients**
- **Using nonjudgmental language and avoiding assumptions are important to creating a welcoming care environment for LGBT patients**

Dermatologists' awareness and openness to the use of appropriate and patient-preferred terminology are essential to: elicit relevant information on sexual orientation, gender identity, and sexual behaviors, demonstrate respect and affirmation to patients, build therapeutic rapport, and provide specific risk behavior counseling.<sup>8,10,36</sup> Dermatologists should provide patient-centered, culturally competent care and to create a welcoming environment for LGBT patients. Multiple national medical societies have issued position statements and guidelines to implement clinical and organizational changes to improve medical care for LGBT patients (Table II). We highlight the following important strategies to improve LGBT care in dermatology clinics.

### Use inclusive and patient-preferred language

The use of inclusive and neutral language is an integral part of providing culturally competent care.

**Table III.** Select examples from the “five Ps” approach to eliciting a sexual history\*

Partners	<ul style="list-style-type: none"> <li>• Are you currently sexually active?</li> <li>• Do you have sex with men, women, or both?</li> <li>• How many sexual partners have you had in the past year?</li> </ul>
Practices	<ul style="list-style-type: none"> <li>• I am going to be more explicit here about your sexual health to better understand if you are at risk for HIV and other STDs.</li> <li>• What kind of sexual contact do you have or have you had? Oral sex? Vaginal sex? Anal sex (insertive “top,” receptive “bottom,” or both “versatile”)?</li> </ul>
Protection from HIV and other STDs	<ul style="list-style-type: none"> <li>• Do you and your partner(s) use any protection against HIV and other STDs?</li> <li>• If so, what kind of protection do you use? How often?</li> <li>• If no, there are a lot of reasons why people do not use protection. Can you tell me why you are not using them?</li> </ul>
Past history of HIV and other STDs	<ul style="list-style-type: none"> <li>• Have you (or your partner[s]) ever been diagnosed with HIV or other STDs? When? How were you (or your partner[s]) treated?</li> <li>• Have you (or your partner[s]) ever been tested for HIV or any other STDs? Would you like to be tested?</li> </ul>
Pregnancy plans <sup>†</sup>	<ul style="list-style-type: none"> <li>• Do you have any plans or desires to have (more) children?</li> <li>• Are you currently practicing birth control?</li> </ul>

LGBT, Lesbian, gay, bisexual, and transgender; STD, sexually transmitted disease.

\*Data from the Centers for Disease Control and Prevention<sup>43</sup> and the National LGBT Health Education Center.<sup>44</sup>

<sup>†</sup>It should not be assumed the LGBT patients would not want to have children. Transgender persons who have female natal reproductive organs can become pregnant, even when taking testosterone.

It allows dermatologists to demonstrate equality and respect for LGBT patients to facilitate the delivery of appropriate medical care and cultivate the physician–patient relationship. Any patient in a given clinic may be LGBT, and therefore it is important to avoid making assumptions about a patient’s sexual orientation and gender identity. Examples of questions free of assumptions include: “To be respectful, how would you like for me to address you?,” “Which pronouns do you use?,” and “Do you have a significant other?” Physicians and staff should pay attention to patients’ preferred terminology, be willing to ask respectfully for clarification when needed, and apologize for any miscommunication. For example, if a female patient openly identifies as “lesbian” and addresses “her” partner as her “wife,” it is appropriate to use the same language during the clinical encounter. Patients’ process of disclosure as LGBT is individualized and complex; we recognize that, and we are grateful to patients if and when they choose to share that intimate information with us.

### Elicit sexual history, including sexual orientation, gender identity, and sexual behaviors

While some patients may not necessarily expect dermatologists to inquire about sexual history, it is a critical part of taking a complete medical history and often improves the diagnosis and management of skin diseases.<sup>14,39</sup> Sexual history should be elicited whenever clinically appropriate, given its high

impact on the clinicians’ understanding of the health care needs of LGBT individuals and appropriate clinical decision-making. We will elicit a comprehensive sexual history if the information contributes to understanding the pretest probability of skin and sexual health issues or relevant medical decision-making (eg, screening for HIV and sexually transmitted diseases, recommending vaccinations, or considering HIV pre- or postexposure prophylaxis; for more detail, see the second article in this continuing medical education series). Clinicians who may be apprehensive in asking about sexual orientation, sexual behavior, or gender identity should know that their routine data collection in electronic medical records (Fig 1) is highly acceptable to both LGBT and non-LGBT patients in diverse clinical settings in the United States<sup>40–42</sup> and is advocated by national agencies.<sup>2,3</sup> One emergency department study of 400 clinicians and 1516 patients found that 78% of clinicians believed that patients would decline to disclose their sexual orientation, while only 10% of patients stated that they would decline to provide that information.<sup>40</sup> Sexual history-taking can be normalized with statements such as: “I routinely ask about sexual history in patients with a rash like this.” Depending on the context, it may be necessary, before broaching the subject, to request that persons accompanying the patient leave the examination room. If the patient is amenable to discussing sexual history, we ask relevant questions, which might include: “Are you currently sexually active?” or “Do you have sex with men, women, or

**Table IV.** Action items for providing culturally competent care for LGBT patients\*

Action item	Examples
Ask about names and pronouns. Avoid assuming the gender of a patient	<ul style="list-style-type: none"> <li>• “How may I help you?”</li> <li>• “I would like to be respectful—how would you like to be addressed? Which pronouns would you like us to use?”</li> <li>• Avoid terms such as “sir” or “miss” until the patient’s gender identity is ascertained</li> <li>• Use gender-neutral terms such as “they” or “the patient” when referring to new patients. Do not use the pronoun “it”</li> <li>• “What is the name on your insurance/records?”</li> </ul>
Ask if a patient’s name does not match a name in the medical record	
Avoid assuming gender(s) of a patient’s partner or parents	<ul style="list-style-type: none"> <li>• “Who did you bring with you today?”</li> <li>• “Are you in a relationship?”</li> <li>• “What are the names of your parents?”</li> </ul>
Use a patient’s terms	<ul style="list-style-type: none"> <li>• If the patient refers to his “boyfriend,” use the same term (rather than “friend”)</li> </ul>
Apologize for errors	<ul style="list-style-type: none"> <li>• “I apologize for using that word. I did not mean any disrespect.”</li> </ul>
Respect support system	<ul style="list-style-type: none"> <li>• Interact appropriately with a patient’s partner, caretaker(s), or other persons within the patient’s support system appropriately</li> </ul>
Provide gender-neutral restrooms	<ul style="list-style-type: none"> <li>• Allow patients to use restrooms corresponding with their gender identity. If possible, make, gender-neutral or unisex restrooms available</li> </ul>
Welcoming cues	<ul style="list-style-type: none"> <li>• Consider posting nondiscrimination policy and inclusive images in the office or waiting</li> </ul>
Creating accountability	<ul style="list-style-type: none"> <li>• Provide staff training on LGBT cultural competence, including the items above</li> <li>• Convey a zero-tolerance environment for discrimination</li> </ul>

LGBT, Lesbian, gay, bisexual, and transgender.

\*Data from the National LGBT Health Education Center.<sup>45</sup>

both?” Additional questions may be warranted, with selected examples shown in [Table III](#). For transgender patients, it may be relevant to ask if the patient has undergone or planned any gender-affirming medical or surgical treatments, including cross-sex hormone therapy or surgical or noninvasive treatments. Some transgender persons may not report their hormones as a medication, analogous to how some patients do not routinely disclose oral contraceptive or supplement use. Some patients may not be comfortable disclosing sensitive information, especially during a first visit, and sometimes relevant history may be elicited only once rapport is further established.

### Create a welcoming environment

Establishing a safe and welcoming environment for all patients is vital to improving health care for LGBT persons.<sup>8,10,18</sup> We recognize the wide diversity of identities and experiences that LGBT patients may have, demonstrate respect for each patient’s preferences on name, pronoun and gender identity, and avoid stereotypes about sexual orientation or gender

identity based on appearance or other factors. When encountering patients whose name or gender identity does not match the sex or gender indicated on legal or insurance documents, we ask patients how they want to be addressed. Medical intake forms, electronic health records, and documentation should reflect this diversity by including LGBT-specific demographic information, or inclusion of “other, please specify” categories, to help normalize the process of disclosing LGBT status ([Fig 1](#)). We ask staff members to acknowledge that a patient’s family members may include persons who maintain supportive relationships, regardless of biological relationship or marital status, and may include spouses, domestic partners, or significant others of any gender. Patients may use restrooms of their own choice; ideally, gender-neutral or unisex restrooms should be available. We make nondiscrimination policy and inclusive images visible in the office or waiting area to reinforce a welcoming environment for LGBT patients. A summary of action items is in [Table IV](#). LGBT patient-centered care environments among large health care facilities are annually

assessed by the Human Rights Campaign Healthcare Equality Index to establish benchmarks for promoting health equity and inclusion.<sup>46</sup>

In conclusion, dermatologists can and should provide medically and culturally competent care to LGBT persons. Dermatologists may be the first or only health care provider with whom people will interact for specific dermatoses, sexually transmitted diseases, or other conditions. By recognizing and addressing LGBT health care needs and disparities and creating an LGBT-friendly environment to provide care, dermatologists can play important roles in improving the health of LGBT persons.

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## Answers to CME examination

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