

**DEPARTMENT OF VETERANS AFFAIRS
VA BOSTON HEALTHCARE SYSTEM**

PATIENT CARE MEMORANDUM-11-065-LM

NOVEMEBER 2012

MANAGEMENT OF LESBIAN, GAY, AND BISEXUAL (LGB) VETERAN PATIENTS

- 1. PURPOSE:** To establish guidelines for the safe, ethical, and appropriate management of lesbian, gay, and bisexual ("LGB") individuals within VA Boston Healthcare System. This policy applies to any individual who self-identifies as lesbian, gay, or bisexual, or who may be perceived by others as lesbian, gay or bisexual (see definitions below) and who is seeking care at any VA Boston Healthcare System facility.
- 2. BACKGROUND:** In the past, bisexual, gay, and lesbian people sometimes have been denied compassionate healthcare due to gender stereotyping. VA Boston is committed to protecting the rights of every Veteran to access quality care, recognizing that diverse populations have distinctive needs. Safeguarding the health and well-being of all Veteran patients requires a commitment to treating all people with respect while being sensitive to their differences. This policy also is applicable to individuals who do not self-identify as bisexual, gay, or lesbian but who are labeled as such by others based on their behavior or presentation. Protections against discrimination outlined below also are applicable to all such persons.

3. POLICY:

a. Non-discrimination:

The VA Boston Healthcare System does not discriminate against any person on the basis of sexual orientation or perceptions of sexual orientation. This applies to admission, treatment, discharge, or other participation in any of VA Boston Healthcare System's programs, services or activities including, but not limited to:

- i. All patient admissions;
- ii. All care, whether inpatient, outpatient, urgent care or emergency in nature;
- iii. All patients' room, floor or section assignments or transfers, except in those cases where patient safety or health condition is a necessary consideration;
- iv. Discharge planning and processes;
- v. Visitation rights (see 3b below);

- vi. Advance Directives (see 3c below);
 - vii. Employee assignments to patient services
- b. Visitation:
- i. VA Boston allows for a same-sex partner, family member, friend, or other individual to be present with the patient for emotional support during the course of their stay. This may include multiple individuals unless otherwise limited by other hospital policies for health reasons (e.g., for health reasons in intensive care unit). Visitors will not be discriminated against based on perceptions of their sexual orientation or gender identity or relationship status to the Veteran, as this can adversely impact the healthcare system and our patients.
 - 1. Visitors are to be of the patient's choosing unless an individual's presence infringes on others' rights or safety, or is medically or therapeutically contraindicated (e.g., in the case of domestic violence).
 - 2. Visitors may or may not be the patient's surrogate decision maker or legally authorized representative.
 - ii. Same-sex partners are recognized as the patient's family, even if the partners are not legally married.
 - iii. Health care providers will not permit a patient's parents or other family (e.g., siblings, adult children) who disapprove of the patient's same-sex relationship to exclude the patient's partner(s) against the patient's wishes.
 - iv. A same-sex partner may be designated as "primary provider of personal services."
- c. Advanced Directives:
- i. Patients may designate same-sex partners as surrogate decision makers, including in advance directives.
 - ii. Any competent adult may be appointed as a designated agent in an advanced health care directive (AHD). All patients will be informed of their right to designate a surrogate decision-maker, including in advance directives, and that a surrogate decision-maker may be a family member (see definition below), friend, or same sex-partner. An employee of the current facility may be appointed a designated agent only if related to the patient by blood, marriage, domestic partnership, or adoption.
- d. Disclosure of Health Information:

- i. In accordance with the Health Insurance Portability and Accountability Act (HIPAA), VA Boston Healthcare system may use or disclose a patient's protected health information to a family member, other relative, close personal friend or any other person the patient identifies (e.g. "this is my partner I want him/her/them to be included in this conversation"). (This includes same-sex partners; see further definition of "Family" in the "Visitation" section below.) The law respects the patient's wishes on matters of privacy and confidentiality.
 - ii. VA Boston maintains the confidentiality of information about sexual orientation and sexual behavior, as it does with all private health information.
- e. The designation of sexual orientation on forms and records is an important source for understanding the cultural and health care needs of the Veteran population we serve and tailoring treatment appropriately. However, as with all personal demographic information (e.g., race/ethnicity), specification of sexual orientation is optional, with "prefers not to answer" being a valid response. Language: Health care providers should use neutral language when taking a sexual history. For example, providers should refer to a significant other as such ("significant other" or "partner") until the Veteran specifies the sex of the intimate partner. Providers should not assume that the individual is heterosexual or utilize opposite-gender labels (e.g., "girlfriend" or "wife" for a male Veteran) to refer to intimate relationships until the Veteran has disclosed the nature of the relationship and sex of the partner. Providers should use the pronouns and language consistent with the Veteran's disclosure. Sexual behavior assessments: Providers should remember that sexual orientation is not always concordant with sexual behavior. Sexual activity assessments are an important feature of comprehensive health screening for all patients. Assessment language should be inclusive of all options. For example., "Are your current/past sexual partners men, women or both?"
- f. Safety: VA Boston Healthcare System staff is responsible for the safety of all patients and are encouraged to report negative reactions of patients/staff toward LGB patients and those who are perceived as LGB patients as they would other instances of discriminatory behavior.

4. DEFINITIONS:

- a. **Coming Out:** refers to the process in which one acknowledges and accepts one's own sexual orientation. It also encompasses the process in which one discloses one's sexual orientation to others. The term *closeted* refers to a state of secrecy or cautious privacy regarding one's sexual orientation (often due to concerns about discrimination or victimization).

- b. **Family:** The VA Boston Healthcare System adopts the definition of “family” put forth by the Human Rights Campaign’s National Healthcare Equality Index. “Family” refers to any person(s) who plays a significant role in an individual’s life. This may include individual(s) not legally related to the individual. Members of “family” include spouses, domestic partners, and both different-sex and same-sex significant others. “Family” includes a minor patient’s parents, regardless of the gender of either parent. For the purposes of the visitation policy, parents may include legal parents, foster parents, same-sex parents, step-parents, those serving in loco parentis, and other persons operating in caretaker roles.
- c. **Gender Stereotyping:** The accusations or assumptions made about a specific gender whether they are true or false.
- d. **Intersex:** Intersex individuals are born with reproductive or sexual anatomy and/or chromosome pattern that does not seem to fit typical definitions of male or female. People with intersex conditions are often assigned male or female gender by others at birth (e.g., by parents), although the individual may or may not later identify with the assigned gender.
- e. **LGB:** LGB stands for lesbian, gay, or bisexual. These terms are most often references to sexual orientation.
 - i. **Lesbian:** A woman attracted to a woman.
 - ii. **Gay:** A man attracted to a man. Colloquially used as an umbrella term to include all people who do not identify as heterosexual.
 - iii. **Bisexual:** A person who is attracted to two sexes or two genders (i.e., female and male), but not necessarily simultaneously or equally.
- f. **Queer:** an umbrella term used to refer to all people who violate existing norms of gender identity, sexual orientation, and/or sexual practices.
- g. **Sexual behavior:** People from all sexual orientations can and do have sex with both men and women for a variety of reasons. Knowing a person's sexual orientation tells you how they self-identify. However, as part of sexual behavior assessments it is important to assess behavior widely as it is a distinct but related construct.
- h. **Sexual orientation:** the preferred term used when referring to an individual’s physical and/or emotional attraction to the same and/or opposite gender. “Heterosexual,” “bisexual,” and “homosexual” are all sexual orientations. Often, sexual orientation is concordant with sexual behavior, but not always. A person’s sexual orientation is distinct from a person’s gender identity and expression.

- i. **Transgender:** Transgender is a term used to describe people whose gender identity (sense of themselves as male or female) or gender expression differs from that usually associated with their sex assigned at birth.
 - i. Transsexual (Male-to-Female). Male-to-female (MTF) transsexuals are individuals who are assigned male sex at birth, but self-identify as female and often take steps to socially or medically transition to female, including feminizing hormone therapy, electrolysis, and surgeries (e.g., vaginoplasty, breast augmentation).
 - ii. Transsexual (Female-to-Male). Female-to-male (FTM) transsexuals are individuals who are assigned female sex at birth, but self-identify as male and often take steps socially or medically transition to male, including masculinizing hormone therapy and surgeries (e.g., phalloplasty, mastectomy).
 - iii. Gender and sexual orientation are unique and separate aspects of an individual's self-identity. An individual's gender identity does not indicate the individual's sexual orientation.

NOTE: There is a separate policy that details the provision of healthcare for transgender and intersex Veterans (VHA Directive 2011-024).

5. RESPONSIBILITIES:

- a. **Medical Center Director/ Chief of Staff** will ensure a uniform, integrated system of care to meet the needs of LGB patients. Further, the Director and Chief of Staff are responsible for assuring that health services to LGB Veterans are provided in a manner consistent with care and management of all Veteran patients. As such, care will be delivered in a manner that is equitable, consistent, accessible, respectful, and ensures continuity and quality.
- b. **Chief of Staff** will ensure access to care consistent with overall VHA guidelines, and address any concerns related to discrimination based on sexual orientation.
- c. **Associate Chief of Staff for Education** is responsible for disseminating appropriate education to staff regarding best LGB healthcare practices, according to this policy, and the resources listed herein (Joint Commission, Human Rights Campaign, etc.)
- d. **Patient Advocate** is responsible for the recording of any complaints related to care received by LGB individuals. These complaints will be brought to the attention of the Chief of Staff and Medical Center Director in addition to the supervisors and other appropriate persons within the organization.

- e. **VA Boston Diversity Committee Chairperson** is responsible for assisting with recording of any complaints related to care and passing complaints on to appropriate staff members such as the Patient Advocate, and for reviewing and updating this policy as needed.
 - f. **Providers:** All providers will deliver services and utilize techniques that are consistent with the patient's health care goals. Providers will deliver care in a manner that is equitable, consistent, accessible, respectful, and ensures continuity and quality. It is the responsibility of each provider to seek consultation when issues arise that are outside his/her scope of practice with regard to clinical management of LGB Veterans (see Appendix A).
 - g. **Employees:** All VA employees are responsible for the creation of a discrimination-free environment for LGB Veterans to seek health care. Discrimination against Veterans on the basis of sexual orientation will not be tolerated.
- 6. REFERENCES:** See Attachments A and B.
- 7. RESCISSIONS:** None.
- 8. REVIEW DATE AND RESPONSIBILITY:** This policy will be reviewed annually by the Chairperson of the VA Boston Healthcare System Diversity Committee and the Chief of Staff or designee, and be reissued no later than November 2015.

MICHAEL E. CHARNESS, M.D.
Chief of Staff, VA Boston Healthcare System

Attachment A: References
Attachment B: Additional Provider References

REFERENCES

1. Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals (Joint Commission)
 - <http://www.jointcommission.org/assets/1/6/roadmapforhospitalsfinalversion727.pdf>
2. Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients
 - <http://www.apa.org/pi/lgbt/resources/guidelines.aspx>
3. Gay and Lesbian Medical Association (GLMA) Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients
 - <http://allies.sdes.ucf.edu/docs/glma-guidelines.pdf>
4. Human Rights Campaign Healthcare Equality Index
 - <http://www.hrc.org/hej/>
5. The National Coalition for LGBT Health
 - <http://lgbthealth.webolutionary.com/>

ADDITIONAL PROVIDER RESOURCES

The following resources provide valid, professional assistance to healthcare providers providing care to LGB Veterans. This list is not exhaustive, and providers are encouraged to develop collaborative networks of care. List valid as of August, 2012.

INTERNET/ORGANIZATIONS:

1. www.binetusa.org (BiNet USA). An umbrella organization and voice for bisexual people.
2. www.biresource.org (BiResource). Committed to providing support to the bisexual community and raising public awareness about bisexuality and bisexual people.
3. www.collage.org (Children of Lesbians and Gays Everywhere). A national movement of children, youths, and adults with one or more lesbian, gay, bisexual, transgender, and/or queer parent.
4. www.hrc.org (Human Rights Campaign). The largest national lesbian, gay, bisexual, and transgender civil rights organization.
5. www.pflag.org (Parent, Families and Friends of Lesbians and Gays; PFLAG). Promotes the health and well-being of gay, lesbian, bisexual, and transgender person, their families, and their friends.
6. www.qrd.org (Queer Resources Directory). An electronic library with news clippings, political contact information, newsletters, essays, images, hyperlinks, and more.
7. www.sageusa.org (Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders; SAGE). The country's largest and oldest organization dedicated to improving the lives of lesbian, gay, bisexual, and transgender older adults.

LOCAL AGENCIES:

1. **Fenway Community Health.** Well-known for pioneering high-quality health care sensitive to the needs of lesbians, gay men, bisexual individuals, and transgender individuals. www.fenwayhealth.org

RELATED POLICIES:

See PCM-11-046-LM “Management of Transgender Veteran Patients”

<http://vaww.visn1.va.gov/intranet/Boston/docs/policies/57230/>

Providing Health Care for Transgender and Intersex Veterans (VHA Directive 2011-024). See also SharePoint intranet resources at:

<http://vaww.infoshare.va.gov/sites/pcscipro/trer/default.aspx>

This policy was researched and authored by sub-committees of the VA Boston Diversity Committee and the VA Boston Psychology Service Committee for Diversity and Inclusion.