



The Umbrella Series

Part 1 – Diversity, equity and inclusion

In the first of our new ‘Umbrella Series’ we chat with Belinda Hua and Dr Amanda Bolderston, who share their personal experiences and the actions they have taken to improve care for LGBTIQ+ patients.

Belinda Hua – Rainbow Tick accreditation

Belinda is a radiation therapist at Gippsland Radiation Oncology located within Latrobe Regional Hospital in Victoria. Belinda is passionate about raising awareness of the challenges that LGBTIQ+ cancer patients face. She lives with her partner Astrid, four cats and two dogs. Belinda identifies as queer, uses the pronouns ‘she/her’. She is on the Latrobe Regional Hospital Working Group, which is in the process of obtaining the Rainbow Tick accreditation.

What does LGBTIQ+ stand for?

LGBTIQ+ or ‘the alphabet soup’ stands for ‘Lesbian Gay Bisexual Transgender Intersex and Queer’. The plus symbol at the end is there because there are lots of labels out there that can be used to describe gender identity and sexual orientation.

Keep in mind that each group is their own entity but are often grouped together under the ‘rainbow umbrella’ because they share the experience of exclusion, discrimination and stigma.

In Figure 1 you can see that gender identity, gender expression, sexual attraction and biological sex are all independent of each other.

Gender identity is your psychological sense of self, e.g. female, male, non-binary, transgender.

Gender expression is how you can present gender through your actions, clothing, demeanor and more.

Biological sex is the sex that you are assigned at birth that is determined by genitalia, chromosomes and hormones, e.g. female, male, intersex. One thing it does not define is your gender.

It’s also good to keep in mind that a person’s gender can fall anywhere on the spectrum and someone who is gender fluid moves between genders.

Why is an inclusive health service important for all?

It has been documented that there are differences in health outcomes between those who identify as LGBTIQ+ and those who don’t. The idea is that an inclusive health service will improve patient health outcomes. However, little is known about what matters to LGBTIQ+ cancer patients regarding health care.

Is this discussion really needed? Why is this still an issue?

Compared to metropolitan areas, regional and rural areas lack visibility, representation and openness that leads to the stigma around LGBTI topics. Until LGBTIQ+ people can feel safe and free to be themselves, this topic is still relevant and the actions to improve patient-centred care should be a priority.

Below are some examples of real experiences of stigma and discrimination.

Figure 2 is a poster I put up in a waiting area before the marriage law postal survey. I wanted to promote visibility and show support to the LGBTI community. However, you can see that it got vandalised, so I removed it immediately.

A patient of ours had the courage to write a coming out letter to one of our radiation therapists. However, he must not have been comfortable in our environment to express himself to everyone else.

Latrobe Community Health Service had a free rainbow family fun day; however, on the day, the Facebook account was hacked into, and the event cancelled.

The first local AFL Pride cup round had volunteers put rainbow flags up around the oval. But the night before the event, they were removed and stolen.

What are some of the key findings from current research?

Margolies and Scout² LGBT patient-centred outcomes study findings were that: Stigma plays a prominent role in LGBT health care; the local healthcare environment determines one’s experience and is highly variable; Disclosure is often related to perceived safety; Respecting LGBT patients means respecting their support teams; The expectation of gender conformity can be alienating; and LGBT survivors need more culturally appropriate support and information.

Feature

How can medical radiation practitioners improve patient-centred care for LGBTIQ+ patients?

Below are results from research conducted by Margolies and Scout² that investigated what matters to LGBT cancer survivors:

- ensure providers are educated in how to speak about sex and sexuality to LGBT patients. Also become educated about the LGBT community and specific stresses and support
- actively convey LGBT inclusion and equality in the organisation. They need to display and acknowledge their LGBT welcoming policies and training to potential and current patients
- they should convey a zero-tolerance environment for any discriminatory behavior on the part of staff. And cultivate the safety of LGBT employees to be out at the workplace
- they should collect referral lists for LGBT welcoming providers, including local mental health services
- review all educational materials to remove heterosexist language choices.

What is the Rainbow Tick?

The Rainbow Tick is a national accreditation quality framework to help organisations become safe and inclusive for the LGBTIQ+ community. The framework consists of six standards developed by Rainbow Health Victoria that are designed to build lasting LGBTIQ+ inclusion: Organisational capability, Workforce development, Consumer participation, a Welcoming and accessible organisation, Disclosure and documentation, and Culturally safe and acceptable services.

What outcomes/changes have been implemented during the Rainbow Tick accreditation journey?

Some of the outcomes that have been implemented include new staff members having the option of a standard or rainbow lanyard, a '5 Tips for LGBTIQ+ inclusivity' card that can attach to lanyard, rainbow guide developed to assist staff to develop a greater awareness and to create a welcoming and inclusive practice.

What aspect of the Rainbow Tick accreditation process has been the most rewarding?

Increased visibility around the hospital has been amazing. For example, seeing staff wear rainbow lanyards, TV screens and posters promoting Latrobe Regional Hospital diversity and inclusivity and the 'Being an Ally: 5 tips for LGBTIQ Inclusivity' animation being awarded best video for the person-centred care challenge.

Organising a pride walk around the hospital, which started in 2020. Another chance to boost visibility and start the conversation.

How can healthcare providers be more mindful of LGBTIQ+ patients?

It can be hard to tell if someone identifies under the LGBTIQ+ umbrella and I guess it is important to be mindful not to assume and let them be the one to tell you.

What do you say to medical radiation practitioners who state that they don't need to do cultural safety training because they "treat all their patients the same"?

To ensure that all patients are feeling safe, heard and understood being treated the same as everyone else sometimes doesn't lead to the desired outcomes.

Every patient undergoing radiotherapy has a set-up and dosimetry plan that is specific to them. Medical radiation practitioners should feel the same way about cultural and diversity inclusion, there is no 'one size fits all' approach to treating people in different circumstances. For example, the radiation oncologist discussing treatment options for a patient with breast cancer. If that patient was transgender, the practitioner should understand the hormone treatments they are on and what affects it could cause them mentally if they were to stop, is stopping even an option?

Dr Amanda Bolderston – Queering Cancer

Amanda is a radiation therapist and researcher. For the past three years she has been an educator at the University of Alberta in the radiation therapy undergraduate program. Amanda recently completed a Doctor of Education at the University of British Columbia and her research examined how coming out as a sexual minority healthcare professional can affect relationships with patients and peers. She is co-founder of the Canadian Institute of Health Research funded website, 'Queering Cancer' for LGBTQ2S+ patients and their loved ones affected by cancer.

Queering Cancer

Cancer affects everyone, one in two Australian men and women will be diagnosed with cancer by the age of 85 years.³ However, how we experience cancer will vary depending on our backgrounds, identities and circumstances. People who are lesbian, gay, bisexual, trans, queer or two-spirit* (LGBTQ2S) can sometimes encounter discrimination when accessing health care, and may often deal with healthcare professionals who aren't educated about their needs. Some patients can even delay seeking care because of fear of discrimination. For example, in a 2018 survey of the LGBTQ community in Nova Scotia, Canada, respondents were asked about their recent healthcare experiences; 36.4 percent of lesbian, gay or bisexual patients and 55.5 percent of trans patients reported at least one bad experience related to their sexual orientation and gender identity/expression in the past 12 months.⁴

These issues are compounded when people enter the cancer pathway. A cancer diagnosis is a life-changing and emotional experience. It is hard enough to navigate this process without having the additional worry about how your sexual orientation or gender identity might affect your treatment while going for an MRI or in the radiation therapy department.

In addition, LGBTQ2S patients can be disadvantaged at all stages of their cancer journey. Delays in screening are common and this can lead to a later diagnosis, which may compromise survival. Patients

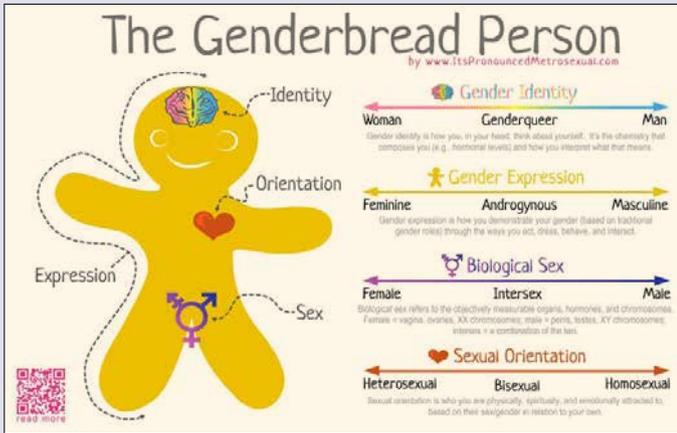


Figure 1. Genderbread Person¹



Figure 2. Poster in Gippsland Radiation Oncology waiting room, 2018

are less satisfied with written information and resources provided around diagnosis and subsequent care. In the survivorship stage, the layering of a new cancer identity on top of a non-normative sexual orientation or gender identity can compound psychological distress.⁵ And, sadly, LGBTQ2S people can experience significant barriers to accessing palliative and end of life care.⁶

So, we know that there is a well-known lack of cancer-specific resources and information for LGBTQ2S patients and their loved ones. Enter 'Queering Cancer'! A website designed with a searchable data base of information, a library of patient stories and educational resources.

The site originated with a Canadian Institutes of Health Research knowledge-translation grant and three keen graduate students, Evan Taylor (University of Fraser Valley, British Columbia), Meghan McInnis (Queens University, Ontario) and me (University of Alberta). The grant designed to address known healthcare gaps within the LGBTQ2S population; we had all conducted research in LGBTQ2S cancer experiences and were aware of the lack of information tailored to this patient group. We collaborated with a healthcare communications company (Bird Communications) and developed a community-validated survey using our research connections and community partners to connect with patients. The survey helped us decide what to focus on, as well as the look and feel of the site. We also asked our participants to tell us about their experiences with cancer treatment.

One person commented: "MANY feel miserable and unsupported because of staff behaviour, e.g. assuming a partner is a friend."

We also heard: "There's nothing I've found useful to me as a trans masculine person with a reproductive cancer."

Development took 18 months, and the QueeringCancer.Ca website was launched in October 2020. Since last year we've done several media interviews and many educational sessions with oncology healthcare professionals. The most common question we get asked by healthcare professionals is how they can improve care for LGBTQ2S people in their clinics and departments. We always respond by saying better education for all providers (including receptionists, clerks and all patient-facing roles). Most medical radiation technologists have very little education in this area, and those that do have usually voluntarily pursued it after graduation.⁷ The Queering Cancer site has collected several free and low-cost online education resources. For an in-depth and profession-

specific educational experience, the Canadian Association of Medical Radiation Technologists has a series of modules called 'Identity Matters'. Better knowledge about how to deliver affirming care will help us improve patient experience and satisfaction for this traditionally marginalised population.

*Two-spirit is an indigenous term to describe sexual, gender and/or spiritual identity that refers to someone who identifies as having both a masculine and a feminine spirit.

Resources

Rainbow Tick: rainbowhealthvic.org.au/rainbow-tick

Queering Cancer: queeringcancer.ca

LGBTIQ+ Health Australia: lgbtiqhealth.org.au

Minus18: minus18.org.au

Switchboard: switchboard.org.au

CAMRT Identity Matters series: www.camrt.ca/identity-matters-lgbtq2s-education-for-mrts/ Exclusive ASMIRT benefit – purchase all four modules and receive a discount!

Instagram: [Inclusivecareproject](https://www.instagram.com/inclusivecareproject) – for health professionals with tools for inclusion and allyship with LGBTIQ+ and BIPOC communities.

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