

## ROLE OF EMERGENCY MEDICINE IN ADDRESSING THE HEALTH NEEDS OF THE LGBT+ COMMUNITY

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**Abstract:** Discriminatory and unequal service to the LGBTQIA+ community has been an important subject of discussion, despite advances in awareness about sexual minorities. However, challenges still persist when dealing with this population in emergency rooms, compromising adequate care for their health needs. The objective of this study was to analyze the disparity in emergency care for sexual minorities, including delays in the first electrocardiogram for patients with chest pain, different use of invasive and non-invasive treatments, in-hospital care and other variables, and how this affects the diagnosis, care and prognosis of LGBTQIA+ patients. Only articles from clinical trials, prevalence studies, cohort studies, case control and qualitative research were used, which addressed the descriptors researched in literature from the last 5 years (2019 to 2023). Based on the inclusion and exclusion criteria adopted for the study, 10 articles were selected for analysis. The results reveal that structural issues negatively impact the health and well-being of these patients, especially in the emergency environment. Furthermore, the LGBTQIA+ community faces difficulties and fears when seeking medical help, leading many to avoid emergency services. This review study expands knowledge on the topic covered and shows the need to correctly train emergency room professionals to promote a practice environment that guarantees adequate care for LGBTQIA+ patients. It is necessary to improve social interactions between health professionals and LGBTQIA+ patients through educational interventions, in order to provide equal care and appropriate to their needs.

**Keywords:** Emergency medicine, sexual and gender minorities, patients, LGBTQIA+

## INTRODUCTION

The characteristics that make up this group must be carefully considered with regard to health care, paying attention to the heterogeneity that constitutes this group. Faced with a community with specific particularities, we face mechanisms for getting sick and also specific treatments. According to recent data from the National Health Interview Survey, it was revealed that sexual minorities, who make up this LGBTQIA+ community, have a worse state of health when compared to heterosexual groups, such as a higher risk of cardiovascular disease and mental illnesses<sup>4</sup>.

The reasons for the difference in incidence and prevalence of diseases are multifactorial, however, with great emphasis on social and cultural issues, covering the prejudices and challenges to which this population is exposed. Gender minorities actively report worse quality of health when compared to heterosexuals, as they experience high levels of stress such as discrimination, rejection, prejudice, homophobia, identity concealment, leading to greater health problems arising from the different scenarios to which they are exposed<sup>6</sup>, thus, having a greater risk of psychological illnesses, such as depression, substance abuse, risky behaviors and suicidal ideation<sup>4</sup>, in addition to chronic diseases, including cardiovascular ones, such as acute myocardial infarction and even stroke.

Avoidant behavior towards the health service is another pattern evident in this group. One-third of the US transgender population reported avoiding services due to fear of prejudice or negative past experiences<sup>6</sup>.

Therefore, in order to prevent discrimination, sexual and gender minorities continue to be less likely to seek preventive care, and they also tend not to reveal their true sexual preference to the professional receiving care. As a result, there is low effectiveness in addressing the individual needs of the

LGBTQIAP+ community in emergency rooms, which may be partly attributed to a lack of knowledge professionals about the particularities of this group, and how they may have different illness processes. Therefore, the patient seeks the service only in cases of extreme need, or of advanced illness, with a consequent increase in the risk of health complications and morbidity and mortality.

## METHODOLOGY

This is a literary review, carried out in the first half of 2023, seeking to understand the role of emergency medicine in addressing the health needs of the LGBTQIA+ community. To better approach the subject, we used original articles found in Bireme and Periódico da Capes, covering from 2019 to 2023.

The descriptors used were: emergency medicine, sexual and gender minorities, LGBTQIA+ and their respective in English. The combination of descriptors was performed using the OR and AND operators.

The following inclusion criteria were used: a) Full text (paid and free); b) articles published between 2019 and 2023; c) language in Portuguese, English and Spanish; d) clinical trials, prevalence studies, cohort and case-control studies; e) qualitative research. The exclusion criteria: a) studies prior to 2019; b) articles that do not address the inclusion criteria mentioned above; c) studies focusing on minorities other than those discussed above.

140 articles were identified in the databases mentioned above. We then carried out the verification and analysis, as shown in the flowchart below (Figure 1).

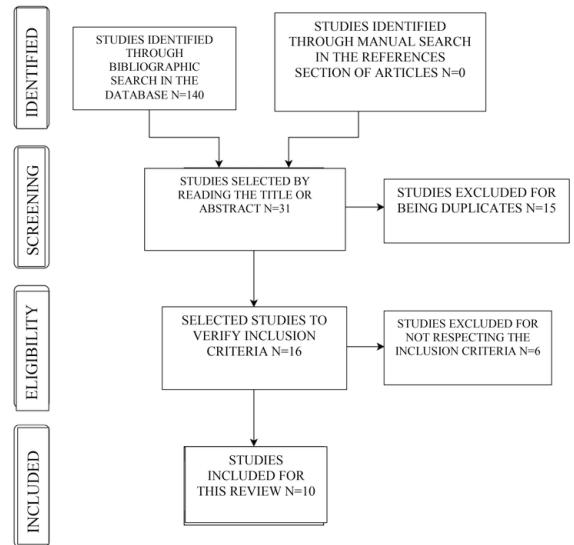


Figure 1 - Flowchart of articles included in the systematic review, based on Moher et al. (8)

These articles went through an initial verification and screening process, by reading the titles and their summaries, excluding those that did not fit the purpose of this study, then we manually removed duplicate articles. This leaves 16 articles after the previous criteria. The remaining articles were again compared with inclusion and exclusion criteria, leaving only 10 articles, used as the basis for the composition of this review, which were evaluated by all authors, without any disagreement regarding their inclusion.

## RESULTS

The selected studies addressed fundamental issues related to emergency medical care for LGBTQIA+ patients. One of the key findings was the existence of disparities in medical care based on gender and race/ethnicity.

The review of articles identified that the LGBTQI+ community faces significant disparities in emergency room care, especially related to gender and race/ethnicity. The study by Pérez Corral et al. (2019) revealed that LGBTQI+ patients may receive unequal treatment in situations of acute chest pain in the emergency department, with differences

in medical approach based on gender. This inequality can have serious consequences for the diagnosis and adequate treatment of LGBTQI+ patients with heart problems, directly impacting the prognosis of these conditions. Furthermore, it suggested that sexual minority patients may face delays in undergoing the first electrocardiogram, an essential test for diagnosing acute myocardial infarction. This delay in diagnosis can result in late or inadequate treatment, negatively impacting the patient's prognosis.

Furthermore, Rosenbloom et al. (2019) highlighted that LGBTQI+ patients may face disparities in opioid use in the emergency room, with evidence that individuals of different races/ethnicities and genders may receive different treatments. This can lead to undertreatment or inadequate treatment of pain, affecting the quality of emergency care for this population.

Among the studies analyzed, it can be seen that approximately 43% avoid seeking health services due to negative experiences in the past. Such experiences lead to fear of being discriminated against again, which can have a detrimental impact on their physical and mental health. Furthermore, a considerable number of individuals within the LGBTQIA+ community, around 41%, reported that their sexual orientation was a reason for discriminatory treatment during consultations. Likewise, the same proportion, i.e. 41%, mentioned having faced transphobic and homophobic language within the medical environment, which made them feel uncomfortable and unwanted. These experiences of discrimination and negativity in healthcare settings can have a lasting impact on the health and well-being of the LGBTQIA+ community. Therefore, it is essential to have a more inclusive healthcare system that meets the diverse needs of all individuals, regardless of their sexual orientation or gender identity.

LaPlant et al. looked at emergency department avoidance rates among different patient groups, including sexual minorities, gender minorities, and cisgender heterosexuals. Gender minorities reported higher rates of emergency department avoidance compared to sexual minorities and cisgender heterosexual respondents. Care avoidance was also associated with annual income level and type of insurance. These results highlight the importance of considering the specificities of different populations when addressing issues related to access to emergency care.

This highlights the need to improve the cultural and structural competence of health professionals to provide adequate and sensitive care to the LGBTQI+ community. Click et al. (2020) highlighted the importance of including relevant content about the health of sexual minorities in their curricula, in order to better prepare future doctors to deal with the specific needs of this population. Streed et al. (2019) evaluated the preparation of internal medicine residents to care for LGBTQI+ patients. Results suggested that residents may have gaps in their cultural competence and sensitivity regarding issues of gender identity and sexual orientation. This finding highlights the need to improve medical training to ensure adequate and inclusive care.

Studies highlight the importance of structural competence in emergency medicine to provide quality care to transgender and gender non-conforming patients. This involves a deeper understanding of the social, political and economic systems that impact the health of this population. Lack of structural competence may result in additional barriers to appropriate emergency care for these individuals.

Furthermore, there is a great impact on the patient's diagnosis, care and prognosis. It is understood that inadequate care can have

a significant impact on the diagnosis, care and prognosis of LGBTQI+ patients. It is emphasized that a lack of cultural sensitivity and inadequate understanding of the specific health issues of this population can result in diagnostic errors and inappropriate treatments. This can lead to negative health and well-being outcomes for LGBTQI+ patients and contribute to persistent health disparities.

## DISCUSSION

Emergency medicine plays a crucial role in providing quick and efficient healthcare. However, recent studies have revealed significant obstacles in exclusively serving the LGBTQIA+ group, which corresponds to a large portion of the population. According to the National Health Survey on Self-Identified Sexual Orientation of the Adult Population, released on May 25, 2022 by IBGE, in Brazil, 2.9 million people aged 18 or over declare themselves to be lesbian, gay or bisexual. Significant data indicate that a substantial portion of this population avoids health services due to previous negative experiences, resulting in fear of facing discrimination again. Transphobic and homophobic language was also reported within the hospital environment, contributing to a scenario of inequality and difficulties for LGBTQIA+ patients.

By analyzing the available literature, we can highlight some of the main results found in studies on the topic. It must be emphasized that the main psychiatric diagnoses in the LGB population are: depression, anxiety disorders, substance use, eating disorders, generalized anxiety and panic disorder. The prevalence of psychiatric illnesses in cis gay men, for example, is 20%, 2.4 times higher than in cis heterosexual men. The use of substances such as marijuana, alcohol and opioids is more prevalent in the population of cis lesbian women, while ecstasy, cocaine, LSD and

opioids are more used by the population of cis gay and bisexual men. Furthermore, one third of young people in the LGB population have harmful eating behaviors, which include the use of laxatives, diet pills, prolonged fasting, among others. Thus, cis gay men are at greater risk for anorexia and bulimia when compared to cis heterosexual men. Furthermore, cis gay and bisexual men have a 2 to 4 times higher prevalence of suicidal ideation. It must be noted that LGB adolescents have a 7 times greater risk of making a suicide attempt, with the main predictor being the perception of discrimination. Furthermore, the main psychiatric diagnoses in the transsexual population are: anxiety disorders, depressive disorders, substance use, suicide attempts and suicides. Approximately 40% of trans individuals have attempted suicide at some point, while this percentage is reduced to 3% in the general population.

In a study that investigated gender disparities in the treatment of ischemic chest pain in the emergency department, differences were observed in the care of men and women. Women, seen at an older age, sought care more frequently during the summer months and received benzodiazepines, antidepressants and diuretics more frequently than men. Furthermore, they had a higher proportion of cardiovascular risk factors, mainly high blood pressure. On the other hand, men sought care more frequently during the autumn months and had more history of coronary heart disease and cardiac interventions. These results suggest that different approaches and outcomes are present in the management of ischemic chest pain in the emergency department, according to the patient's gender.

Another area addressed in the studies was the preparation of health professionals to care for LGBTQIAP+ patients. An interactive focus group (IGR) aimed at improving medical students' comfort and knowledge in caring

for transgender patients has shown promising results. The IGR resulted in a significant increase in students' comfort in dealing with transgender patients, as well as knowledge about standards of care in transgender medicine. Additionally, many students were receptive to including transgender health in the general medical curriculum. This type of intervention highlights the importance of adequate training of health professionals to deal with the specific needs of the LGBTQIAP+ community.

However, not all studies showed positive results. Research into emergency department care experiences for transgender and gender nonconforming (TGGNC) patients has revealed a high prevalence of discrimination resulting in emergency department avoidance. Additional difficulties included a lack of policies and procedures to accurately document gender identity or sex assigned at birth, poor communication between healthcare professionals and TGGNC patients, as well as inappropriate assignment of spaces based on gender rather than identity of gender. These results highlight the urgent need for improvements in the emergency medicine approach to TGGNC patients, with a focus on more respectful and inclusive care.

## CONCLUSION

The studies analyzed show structural issues that negatively affect the health of LGBTQIAP+ patients, especially in the context of emergency medicine. Gender disparities were identified mainly in the management of health conditions. Therefore, to avoid worsening these conditions, health professionals must avoid assuming the sexuality and gender of patients and must understand that sexual minorities are not homogeneous, and it is extremely necessary to recognize the specificities of the health of each group in this population. Furthermore, it is necessary to respect the social name, gender of identification and, above all, the autonomy of these patients. Therefore, the importance of adequate training of health professionals to care for LGBTQIA+ patients is highlighted, as well as the need for inclusive policies and procedures to accommodate the diversity of gender identities. Therefore, it is clear that it is necessary to improve emergency service delivery practices in order to guarantee appropriate care that is sensitive to the needs of the LGBTQIA+ community. Cultural competence and adequate training of healthcare professionals are critical to achieving this goal and promoting equitable and inclusive care for all patients, regardless of their gender identity or sexual orientation.

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