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Not Queer Enough: How Current Medical School Curriculum is Failing the LGBT+ Community

Vanessa C. Iroegbulem
Augustana College, Rock Island Illinois

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WGSS 350: Queer Theories, Queer Activisms

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The practice and education of medicine is always changing which often reflects our similarly evolving society. However, when it comes to the healthcare needs of the LGBT+ community, change has been noticeably slow. Studies have shown that many health professionals do not feel confident in their ability to provide quality care for LGBT patients. This problem is exacerbated when it comes to older LGBT+ populations. According to a study conducted by Karen I. Fredriksen-Goldsen, an estimated 2.7 million adults ages 50 and older self-identify as LGBT+ in the United States, including 1.1 million who are ages 65 and older.[1] This generation of medical students will be more likely than the last to be faced with an increased population of older LGBT+ patients, and while their health concerns may be similar to their non-LGBT+ peers, the older LGBT+ community have distinct healthcare needs and there is an evident disparity in the quality of healthcare they receive. Current medical school education fails to address the medical needs of the LGBT+ community, and in order to provide comprehensive care of the LGBT+ community, specifically older LGBT+ individuals, it is crucial that we re-examine, critique, and reform the curriculum used to teach our current and future medical professionals.

There is accumulating evidence of health disparities among older LGBT+ adults, making them an at-risk population. The Centers for Disease Control and Prevention (CDC) defines health disparities as differences in health that negatively affect groups of people who have systematically experienced greater social or economic obstacles to health and is historically linked to discrimination or exclusion.[2] While we may focus specifically on older LGBT+ adults,

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[1] Fredriksen-Goldsen, Karen I., and Hyun-Jun Kim. "The Science of Conducting Research With LGBT Older Adults- An Introduction to Aging with Pride: National Health, Aging, and Sexuality/Gender Study (NHAS)." *The Gerontologist* 57, no. Suppl 1 (01, 2017).

[2] "Definitions." Centers for Disease Control and Prevention. March 10, 2014. https://www.cdc.gov/nchhstp/socialdeterminants/definitions.html.

it is important to recognize that there are so many ways in which we may also address how the intersection of gender, sexuality, race, and even class play a role in the different experiences of older LGBT+ adults in regard to the medical care and attention, or lack thereof, they receive. For example, approximately one in five older LGBT+ adults are people of color, a proportion that is expected to double by 2050.[3] LGBT+ people of color also have unique experiences related to both their sexual orientation and gender identity and their race and ethnicity. These experiences, in turn, are closely related to increased disparities in their reported rates of wellbeing, which includes both physical and mental health.

Intersectionality, coined by Kimberlé Crenshaw,[4] seeks to address these multifaceted identities and how they impact a variety of factors within an individual's life. Older LGBT+ adults' social and economic experiences are two essential determinants that largely impact health disparities recognized among this population. According to the World Health Organization (WHO), social determinants of health are the conditions in which people are born, grow, live, work, and age, as well as the wider set of forces and systems that shape the conditions of daily life.[5] These forces and systems may include, but are not limited to, political systems, social and economic policies, or social norms. Research has shown that while it is more evident that older LGBT+ adults have significant differences from their heterosexual peers, there are also significant differences between sub-groups of the LGBT+ population that are overlooked because they are often classified together in research and policy analysis. Various studies have

[3] Sage, and Lgbtagingcenter. "Understanding Issues Facing LGBT Older Adults." Issuu. Accessed November 08, 2019. https://issuu.com/lgbtagingcenter/docs/understanding_issues_facing_lgbt_ol/28.
[4] Crenshaw, Kimberle. "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color." *Standford Law Review 43*, no. 6 (07 1991): 1241. Doi: 10.2307/1229039
[5] "About Social Determinants of Health." World Health Organization. September 25, 2017. Accessed November 06, 2019. https://www.who.int/social_determinants/sdh_definition/en/.

revealed that compared to their heterosexual peers older LGB adults display higher rates of poor mental health, smoking, and limitations of activities of daily living.[6] Other studies have found that sub-groups within the older LGBT+ adult populations, including those who identify as bisexual, transgender, older than age 80, and living with HIV infections maybe at greatest risk for economic insecurity which has a subsequent impact on their health and access to health-care.[7] Significant health disparities also exist when one takes into consideration race and ethnicity. Among LGBT+ elders of color, Black people are two times, and Latino people are about 1.5 times more likely, than their White counterparts to have Alzheimer's and other dementias; American Indian/Alaska Native people have higher rates of heart disease and diabetes than other racial/ethnic groups; and approximately 30% of all Latinos lack health care insurance and a regular source of health care.[8] Medical institutions should be utilizing intersectionality as a lens for studying the social determinants of health and reducing health disparities, especially when the relationship between oppression and privilege are intrinsic to most societal practices. An overwhelming amount of evidence demonstrates that health disparities do not exist in isolation. Health disparities are part of a complex web of issues associated with inequality and inequity in social spheres like education, employment, and housing.

Given the size and diverse identities of the older LGBT+ adult population, the intersection of age, class, gender, race, and sexual orientation must be considered when examining health outcomes. Additionally, it is crucial that we also question how these categories

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[6] Conron, Kerith J., Matthew J. Mimiaga, and Stewart J. Landers. "A Population-Based Study of Sexual Orientation Identity and Gender Differences in Adult Health." *American Journal of Public Health* 100, no. 10 (10 2010): 1953-960.

[7] Fredriksen-Goldsen, K. I., C. A. Emlet, H.-J. Kim, A. Muraco, E. A. Erosheva, J. Goldsen, and C. P. Hoy-Ellis. "The Physical and Mental Health of Lesbian, Gay Male, and Bisexual (LGB) Older Adults: The Role of Key Health Indicators and Risk and Protective Factors." *The Gerontologist* 53, no. 4 (10, 2012): 664-75.

[8] "Infographic: LGBT Health, Racial Disparities, and Aging-by the Numbers." Diverse Elders Coalition. May 15, 2013.

relate to and impact one another. One might ask, what role does class and privilege play in feelings of isolation? Rabbi Erica Steelman, author of "Person-Centered Care for LGBT Older Adults", examines the problem of diminished quality healthcare for older LGBT adults from a person-centered perspective.[9] Steelman surveys how older LGBT+ adults have been largely invisible to healthcare providers. Invisibility to providers often leads to negative health outcomes arising from fear of being mistreated, disrespected, or even harmed. These fears result in an avoidance of going to the doctor, which in turn delays receiving healthcare, and in many circumstances halts the administration of care completely. Unfortunately, this issue is exacerbated in older LGBT+ adults as they age and require long-term care. Not only do they experience fears and anxiety of being mistreated, disrespected and harmed, but they must also be weary of being outed. These fears are them worsened by the vulnerability associated with requiring assistance for their daily needs. These biomedical and psychosocial challenges that the older LGBT+ population faces further emphasize the crucial need for LGBT+ focused education and training for all future and current medical professionals.

In 2007, the Association of American Medical Colleges (AAMC) and the John A. Hartford Foundation (JAHF) hosted a National Consensus Conference on Competencies in Geriatric Education in order to attain consensus on a minimum set of graduating medical student competencies to assure competent care to older patients by new interns.[10] The finalized consensus consists of 26 competencies nested within eight content domains: medication management; cognitive and behavioral disorders; self-care capacity; falls, balance, gait disorders;

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[9] Steelman, Rabbi Erica. "Person-Centered Care for LGBT Older Adults." *Journal of Gerontological Nursing* 44, no. 2 (02, 2018): 3-5.

[10] Leipzig, Rosanne M., Lisa Granville, Deborah Simpson, M. Brownell Anderson, Karen Sauvigné, and Rainier P. Soriano. "Keeping Granny Safe on July 1: A Consensus on Minimum Geriatrics Competencies for Graduating Medical Students." *Academic Medicine* 84, no. 5 (05 2009): 604-10.

health care planning and promotion; atypical presentation of disease; palliative care; and hospital care for elders. How individual medical schools will assure that students receive the education or preparation needed to achieve these geriatric competencies will vary, however the minimum competencies establish performance benchmarks for all U.S medical school graduates. The medical student competencies in geriatric medicine was endorsed by the American Geriatric Society and the Association of Directors of Geriatric Academic Programs in 2008. While these minimum competencies are vital to foundational geriatric care, there is a lack of LGBT+ specific education. Some may argue that LGBT-specific education may not be necessary in this level of education, but when you look at the very distinct LGBT+ specific healthcare needs and the now vastly documented health disparities the LGBT+ communities face, it is just as vital that LGBT-specific education be required. A median of *only* five hours is directed towards LGBT+ health in American medical schools,[11] with most medical schools not providing any LGBT+ health education at all. Not receiving this education, largely diminishes medical professionals' capacity to care for their LGBT+ patients.

The gap that remains in the training of medical professionals is only contributing to the disparities the LGBT+ community faces, and it is leaving our country's health care professionals ill-equipped to meet the needs of their LGBT+ patients. A survey of 170 medical schools and 4,262 students found that most students viewed their school's LGBT+ curriculum as 'fair' or worse.[12] A medical student at New York Medical College reported that during her first year she

[11] Braun, Hannan M., Ilana R. Garcia-Grossman, Andrea Quiñones-Rivera, and Madeline B. Deutsch. "Outcome and Impact Evaluation of a Transgender Health Course for Health Profession Students." *LGBT Health* 4, no. 1 (02 2017): 55-61.

[12] White, William, Stephanie Brenman, Elise Paradis, Elizabeth S. Goldsmith, Mitchell R. Lunn, Juno Obedin-Maliver, Leslie Stewart, Eric Tran, Maggie Wells, Lisa J. Chamberlain, David M. Fetterman, and Gabriel Garcia. "Lesbian, Gay, Bisexual, and Transgender Patient Care: Medical Students' Preparedness and Comfort." *Teaching and Learning in Medicine* 27, no. 3 (07, 2015): 254-63.

watched a BuzzFeed video about what it's like to be an intersex or a transgender person; the video was paired with a 30-minute lecture on sexual orientation.[13] This was the only LGBT+ focused information Sarah and her fellow classmates received in their foundational course. Reflecting on the experience, Sarah says, "it was a good video, but it felt inadequate for the education of a class of medical students, soon to be doctors."[14] There is a general consensus that where LGBT+ specific education exists, it's usually taught through special elective courses or didactic lectures, and they are often taught as night courses or during lunch time. It is telling that medical students are needing to jump through hoops to get LGBT+ focused education and training during their medical school experience. In light of this, it is crucial that we assess the core medical school curriculum and not only expand on the current education being provided but incorporate it into the mandatory curriculum as well. Studies show that when LGBT+ focused education and training is implemented, the quality of care LGBT+ patients receive increases exponentially.

In 2014, the Association of American Medical Colleges (AAMC) published a 300+ paged resource for medical educators outlining the implementation of curricular and institutional climate changes in order to improve the healthcare of LGBT+ and gender nonconforming patients.[15] However, particular needs of aging LGBT+ patients are still less documented within current medical education standards. And while the AAMC resource lays out some of these concerns, it's calls to action addresses only few of the unique healthcare needs of older LGBT+

[13] Cohen, Rachel D. "Medical Students Push For More LGBT Health Training To Address Disparities." NPR. January 20, 2019.
[14] Ibid
[15] Hollenbach, A., K. Eckstrand, and A. Dreger. *Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators*. Washington, DC: AAMC, 2014.

adults. Reforming medical school curriculum across the nation will not be an easy task, but it can be accomplished if it is done strategically.

In 2018, a study systematically evaluating Georgetown University School of Medicine's (GUSOM) preclinical curriculum for its LGBTQI-identified patients demonstrated a promising way to accomplish a curricular audit of medical schools' curriculum which would ultimately allow educators to develop targeted content to address any unmet LGBTQI health competencies.[16] Their systematic curricular audit makes use of pre-recorded video or audio 'lecture captures' for the preclinical years of the curriculum. The lecture captures are first used to complete a curricular assessment which identifies what LGBTQI health content the preclinical curriculum already contains, then the data collected from this assessment is then used to compare their preclinical curriculum to nationally established assessment tools, such as the AAMC. After comparing existing LGBTQI curricular content to the nationally established assessment tools, educators can designate each competency objective as "'completely met,' 'partially met,' or 'unmet.'"[17] By using this method, educator can assess what their curriculum is lacking and adjust its content accordingly. The result of this study revealed that GUSOM did not adequately prepare its students to meet the health needs of their future LGBTQI patient.[18] This kind of re-assessment and critique of medical school curriculum is important because it allows educators to revise and reform its preclinical curriculum so that it is better able to prepare its students to care for LGBTQI patients. This working systematic curricular auditing process could be replicated at

[16] Devita, Timothy, Casey Bishop, and Michael Plankey. 2018. "Queering Medical Education: Systematically Assessing LGBTQI Health Competency and Implementing Reform." *Medical Education Online* 23 (1): 1510703.
[17] Ibid
[18] Ibid

other medical schools, which would allow educators to develop more targeted LGBTQI-focused content to address any unmet competencies in their existing curriculum.

The next generation of matriculating medical students will be met by an increasing number of older LGBT+ patients, and while these patients face healthcare concerns similar to their non-LGBT+ aging peers, the older LGBT+ community has distinct healthcare needs and healthcare disparities that requires a focus of attention. To reduce these barriers, medical school curriculum must prepare and educate future medical professionals to not only adequately treat older LGBT+ adults, but also provide high-quality and culturally competent care. By 2060, the number of older adults who identify as LGBT+ will exceed five million. Thus, reforming medical schools' curricula to include LGBT+ specific education and training so that current and future medical professionals are adequately equipped to address the medical needs and concerns of the exponentially growing population of LGBT+ individuals, specifically older LGBT+ adults, is vital.

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