

Double Vulnerable: Adolescents, Geriatrics and People of Color who are also LGBT. Introduction to and Module from the new ADIEM LGBT Residency Curriculum.

SAEM 2015

Case 1

A 14 year old white male presents to the Emergency room with the complaint of abdominal pain. This complaint often arises on Monday mornings when the child has to go to school and has been occurring more frequently over the last 6 months. The patient has been evaluated by his primary care doctor on multiple occasions and has attributed the pain to constipation. Mom notes that her sons grades have been dropping over the same period of time and that he had been an A student, but is now receiving C's. You examine the patient and find mild diffuse abdominal pain, no guarding or rebound. Patient affect is flat. You request that the mother leave the room for further questioning. You want to inquire about how to best ask the patient about depression and inciting causes and to ask about his current sexual activity and interests in dating.

1. What is the best way to ask the patient about his romantic interests and sexual activity?
2. Do you have an obligation to disclose a minor's sexual orientation to the parents? What if this is tied to him being depressed or suicidal?
3. What do the current laws state in regards to LGBT bullying and school discrimination?
4. How do you assess if the patient has appropriate support and if the he is in a safe home environment?

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Case 2

A 72-year-old male with metastatic colon cancer presents to the ED hypotensive and tachycardia with a man who states he is his husband. Shortly after being brought back to the resuscitation bay, he undergoes cardiac arrest. The man with him states he would not want to be on a ventilator or have CPR. He does not have his advanced directive on him, but states it should be in the hospital record.

1. Do you attempt to resuscitate this patient?
2. What financial implications exist for the surviving spouse if they are in a non-marriage equality state?
3. What healthcare disparities would you predict in mature LGBT patients?
4. If this patient survived, but required assistance in his care and could not live alone, what factors should be considered in determination of appropriate placement? What if he did not have a partner/spouse, how would that affect his disposition?

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Case 3

35-year-old Jamal Johnson, an African American male, presented to the emergency department complaining of flu-like symptoms. He admits to feeling sad since his girlfriend broke up with him 2 months ago. He and his friend Liam O'Connell filled out applications on line for apartments in a new building. Liam got an apartment; he didn't-the manager said they went fast. When he called he learned Liam got the last remaining apartment. As he sat in the waiting room waiting to be called into an examination room, he overheard triage staff snickering and talking about him. He overheard one of the clerks say the "faggot." The patient left the waiting room and went back to crash on Liam's sofa. He did not see a doctor that day. One month later, feeling worse, he went to another emergency department. His ED doctor showed genuine concern and convinced him to take a rapid HIV test, which was positive.

1. What are some of your immediate thoughts? What might be some challenges for this patient?
2. Despite being friends and being equal otherwise, what might be unequal?
3. Is the ED doctor obligated to report the patient's diagnosis to his ex-girlfriend?
4. Should this patient develops respiratory distress and becomes critically ill requiring intubation, and his mother comes to the hospital, are you obligated to hare his diagnosis with his mother? What is the rule?
5. As this patient's ED provider, how can you best help him on his first visit?