**Instructor Key**

**Case 1**

While most LGBT children are healthy and well adjusted they do have significantly higher rates of mental illness than the general population and frequently will not disclose their sexual orientation to their physicians. As in this case it is important for medical providers to look and identify signs of depression and to consider struggles with sexual orientation or gender identity as causes. It is also key to assess patients concerns of bullying and discrimination in and out of schools. This case should allow the participants to discuss and explore how to communicate with both the child and parents on above topics.

1. What is the best way to ask the patient about his romantic interests and sexual activity?

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| * *Discussion with group over what they feel is ethically appropriate in this case* * *Discussion with group over how to best ask child questions about sexual orientation, sexual activity, dating.* * *What would participants do in this situation?* * *Most experts recommend using open-ended questions when talking with teenagers. For example use “Are you currently interested in dating anybody” or “do you have a girlfriend or a boyfriend” rather than giving leading statements that may suggest that you are not open to the patient being gay such as “Do you have a girlfriend?”.* * *Parents should be removed from the room during this questioning and patients should be made aware that what they say will be confidential.* * *A general recommendations for interviewing LGBT adolescents is to use a modified HEADSS*   LGBT focused HEADSS   |  |  | | --- | --- | | Home | •Who do you live with?  •How out are you and to which family members?  •Does your family accept your sexual and gender orientation?  •Do you feel supported or rejected by family/friends?  •Do you feel safe at home?  •Assess risk of homelessness | | Education | •Are you in school and at an appropriate grade level?  •What are your future plans for education?  •Do you feel safe at school? Have you missed school days because of safety concerns?  •Are you supported at school by teachers, peers, and/or staff?  •Is there a presence of the Gay-Straight Alliance or coming out groups?  •Is there bullying at school? | | Activities | •What activities do you do for fun?  •Who are your peers? Are they the same age or older? Is there a LGBT peer group?  •Are you working? What are your future work plans?  •What sports or hobbies are you interested in? Investigate strengths of the youth. | | Drugs | •Do you use tobacco? How much do you use? Have you attempted to quit?  •Do you use alcohol? How much do you use? Does the youth meet the criteria for binge drinking? Does the youth drink with a peer group or with older people?  •Do you use marijuana? How much do you use?  •Do you use cocaine, crystal methamphetamines, amyl nitrite?  •Do you use other substances? Do you use club drugs? Do you attend raves?  •What are the circumstances of use? When and why do you use substances?  •Do you have blackouts or loss of consciousness?  •Do you want help to cut down or quit? | | Sex | Natal males •Do you have sexual attractions? Do you have crushes? Are you dating?  •What are your sexual activities? Ask about specific behaviors.  •What is the age of your partners? What is your partners’ HIV status?  •Do you use condoms? Are there STI risks? HIV risk factors  •Are you aware of HIV post exposure prophylaxis?  •Do you use substances before sex?  •STI testing based on risk behaviors Natal females •Do you have sexual attractions? Do you have crushes? Are you dating?  •What are your sexual activities? Ask about specific behaviors.  •Is there a risk of pregnancy? Are you aware of emergency contraception?  •Are you aware of the risks of STD? Do you use condoms?  •Are you aware of HIV postexposure prophylaxis?  •Do you use dental dams and finger cots?  •Do you use substances before sex?  •STI testing based on risk behaviors | | Suicide | •Are there depression, sadness, or self-injury behaviors?  •Have there been prior suicide attempts? Current ideation  •Are there mental health resources/support?  •Is there support from family and friends?  •Is there support at school? |   Abbreviations: HEADSS, Home, Education, Activities, Drugs, Sex and Suicide; HIV, human immunodeficiency virus; STD, sexually transmitted disease; STI, sexually transmitted infection.   * (John Steever MD, Et al. Sexual Minority Youth. Primary Care: Clinics in Office Pediatrics. Volume 42 Issue 3, September 2014, Pages 651–669) |

1. 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?

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| * *Discuss what providers think their obligations are to both the child and parents* * *Laws vary by state and health care providers should become familiar with their state laws.* * *Most states allow for un-emancipated minors to seek treatment for sexually transmitted diseases, mental health, substance abuse, and family planning (eg. Contraceptives and pregnancy related treatments).* * *Fear of a lack of confidentiality is a significant barrier to adolescents disclosing anything of a personal nature including sexual orientation or gender identity. (*Allen LB, Glicken AD, Beach RK, Naylor KE. Adolescent health care experience of gay, lesbian, and bisexual young adults. J Adolesc Health. 1998;23:212–20. [[PubMed](http://www.ncbi.nlm.nih.gov/pubmed/9763157" \t "pmc_ext)]*). It is in the adolescent patients best interest to allow them to discuss their sexuality and behaviors in a confidential manor. Teens should be given the opportunity to discuss issues of sexual attraction and orientation, mental health, substance and alcohol use, safer sex, school, family and friends (Canadian pedatric society. Adolescent sexual orientation.* Paediatric Child Health. 2008 Sep; 13(7): 619–623.  *)* * *Emancipated minors can seek treatment on their own* * *Providers should not disclose sexual orientation or gender identity to parents with out permission of patient. (Question 4 for further discussion).* |

3. What do the current laws state in regards to LGBT bullying and school discrimination?

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| * *Many states do not have protection for either and individual school boards may not be sympathetic.* * *LGBT children are at risk for bullying and violence at school (see slide set)* * *See state maps below from* [*www.HRC.org*](http://www.HRC.org) |

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1. How do you assess if the patient has appropriate support and if the he is in a safe home environment?

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| * *It may not be safe for LGBT children to come out to their family secondary to risk of physical or verbal abuse, or being removed from their home. One in 4 gay males are kicked out of their homes.* * *If an adolescent comes out to a provider, under no circumstances should this be told to the parents without the patient’s permission. In the case of suicidal ideation you can discuss being suicidal without telling parents the patient’s sexual orientation or gender identity.* * *Can help patient explore if it will be safe to come out at home* * *How have your parents spoke about or interacted with LGBT people?* * *How to they react to sudden or startling news?* * *Are their other adults or family members they might confide in first?* |

**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?

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| * *Group should discuss whether they would honor spouse in both an equality and non-equality state. Considerations may include other next of kin including children* * *If the wife of the patient presented, would there be the same hesitation (if there is any) about honoring resuscitation wishes?* |

1. What financial implications exist for the surviving spouse if they are in a non-marriage equality state?

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| * *There are multiple legal and financial implications including but not limited to:*   + *Release of body to next of kin (does state recognize spouse as next of kin if in a non-equality marriage state*   + *Probate-judge may not respect wishes of decreased, even if will indicate desires. Estranged family can be a threat financially to challenge will and have been successful in some jurisdictions*   + *Custody of children (if under age) may not be recognized if no second parent or joint adoption recognized by state and deceased patient is legal guardian/parent*   + *Cost of property transfer, and “death taxes” may be much higher if marriage not recognized*   + *Ability of spouse to inherit retirement benefits and income may not be recognized in non-equality state*   + *Medicaid liens from healthcare costs may be placed on spouses home. Such liens do not occur in marriage* |

1. What healthcare disparities would you predict in mature LGBT patients?

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| * *Subject to same health disparities as other aged LGBT individuals* * *Same rate of HIV infection >55 as those <55* * *High rates of depression (>50%), isolation (43%), suicidal ideation* (39%) |

1. 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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| * No legal protection spouse separation if in ECF (spouse can be sent to different facility if marriage not recognized) * Support network less likely to have children, social support network may not remain intact as patient and friends age * Report LGBT ECF: only 22% felt comfortable being open about sexuality, 43% report mistreatment based on sexuality |