NURSES HEALTH EDUCATION ABOUT LGBT ELDERS
A TEACHING GUIDE

MODULE 1
LESBIAN, GAY, BISEXUAL AND TRANSGENDER: AN INTRODUCTION
Intervene
Seek to end the harassment (physical or verbal) immediately.
Create a physical barrier (including standing between) or distance between the harasser and the harassed.

Follow Up
Don’t try to collect information while you try to de-escalate the situation as it will only increase the escalation.
Gather information using open-ended questions.
Provide reality checks based on what you observed and heard.

Check Your Understanding
Prompt participants with questions found in the discussion guide (1-14) and ask them to discuss with 1-2 people sitting near them.

References

Legend
References
Check Your Understanding
Participant handout
Continued to the next page
Prompt Reflection Activity
Try It
Welcome! Before we begin,
Let’s discuss the packet of papers you have in front of you. You should have one sheet that is a pre-test and post-test. Copies of the slide content and the last page is an evaluation.

I’m going to ask you to take the pre-test NOW. This will tell me what you know now, then after our discussion I will ask you to take it again. This measures how well I am able to teach you.

Then, at the end of the session, I will ask you to fill out the evaluation. This information is very important to us so I want you be honest, tell us what you like and dislike, do you think it was relevant and helpful. We use this information to edit the content as seems necessary. Also, ask any questions that you may be shy about asking in front of your peers. Then I will return next week and answer your question, keeping the person who asked the question confidential. If one person has a question, probably someone else does too! Our time together is casual, if you have a question, put your hand up and I’ll be happy to answer for you.
Describe the grant project.

Started in 2009 and followed these steps...through 2012.

- Curriculum research/development
- Pilot presentations to academic settings, community-based clinics and long-term care facilities
- Evaluation by like minded peers in the field of Geriatrics and Gerontology
- Revision in content
- Creation of online products
- Establishment of website for dissemination
- Presentation of findings

Howard Brown Health Center is the Midwest’s premiere provider of health care and community services to the LGBT community since 1974.

_Howard Brown Health Center exists to eliminate the disparities in health care experienced by lesbian, gay, bisexual and transgendered people through research, education and the provision of services that promote health and wellness._
We offer this training with no commercial bias, I am not trying to sell you anything, I don’t work for a pharmaceutical company, I don’t even want you to come at work at Howard Brown, even though it’s a great place to work. All nurses will receive 1 continuing education unit for each module you attend.

And, more importantly, I am not here to dissuade anyone from their personal beliefs. I acknowledge that we are all different, I am here to provide you with information that will allow you to be better informed, more sensitive care givers for your LGBT Elders.

I am here to present this information, all 6 hours, in the context that nurses and healthcare professionals we strive to have as much knowledge as possible, to better serve our patients. I will say for the first time of many, that personal bias has no place in the medical encounter.

We became nurses, providers, to promote the health of our patients and do it in a caring effective way. That is the focus of bringing you this information. So as we go along, always keep in the back of your mind, our ultimate goal is excellent patient care.
We will cover these topics in the next hour...

We will go over these objectives...

ASK NOW: Who can define cultural competency?
LET’S TALK ABOUT THAT...

Who would say that they treat all their patients the same?

We are talking about cultural competency, saying we treat everyone the same is cultural blindness. We need to be aware of all aspects of culture.

SO WHAT IS CULTURE? SHARED ASPECTS OF LIFE? GIVE SOME EXAMPLES...

- Values, expectations, beliefs, attitudes
- Age, gender, race/ethnicity
- Sexual Orientation
- Language, history, geography, customs, rituals
- Food, clothing, music, art
- Religion
- Education, literacy, occupation, income, class, social status
- ETC

WHY IS CULTURAL COMPETENCE SO IMPORTANT TO LGBT ELDER PATIENTS?

- Sexual diversity is often taboo, so we see:
  - Stereotypes
  - Misconceptions
  - Myths
  - Disrespect/ Discomfort

LEADING TO POSSIBLE REJECTION FROM PROVIDERS!

Our patients count on us, expect us, to not only care, cure, treat them, but also to RESPECT THEM!
WHAT IS ONE OF THE FIRST THINGS WE LEARNED IN NURSING SCHOOL?

Therapeutic communication, learn to have a therapeutic relationship with your patient. How? We need to get to know them.

2011 Joint Commission guidelines specify The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

The Center for Disease Control states (CDC): Special Populations Identified includes Risk Status Related to Sex & Gender: LGBT Health, Men who have sex with Men (MSM) & Lesbians. “There is . . . a need for culturally competent medical care and prevention services that are specific to this population. Social inequality is often associated with poorer health status, and sexual orientation has been associated with multiple health threats. Members of the LGBT community are at increased risk for a number of health threats when compared to their heterosexual peers.[1-5] Differences in sexual behavior account for some of these disparities, but others are associated with social and structural inequities, such as the stigma and discrimination that LGBT populations experience.”

This is unquestionably a group in need of awareness and sensitivity.


Define the 4 terms. There are many more, but LGBT covers the group as a whole.

“Lesbian and Gay refer to individual people who are romantically and or sexually attracted to, and or partner with people of the same gender”.

“Bisexual people refer to individual people who are romantically and or sexually attracted to and or partner with people of more than one gender”.

“Transgender describes people who identify with or express a gender different from the sex assigned to them at birth”.

Address the QQAAI2-s:

- Queer
- Questioning
- Alternative
- Ally
- Intersex
- Two-Spirit

Define Homophobia: The irrational fear of LGBT individuals.

Define Heterosexism: The universal view that “straight” is natural, normal, expected, and superior. “Everywhere I look I see straight people…” Where do we look to affirm ourselves in the world? Case Study: Young latina woman in 1960’s looks at b/w TV and sees what? Who looks like her on TV? Look to media images, TV, magazines, the world around us for validation.

Can you tell by looking at someone if they are Gay? No...

Do experts agree that homosexuality is a choice? No...

There are many other terms that LGBT people may choose to use to describe themselves but providing a complete list would be impractical, if not impossible, since new terms are frequently being introduced. In addition, many of the terms being used by younger LGBT people (such as “queer”) are not often embraced by older adults. A good suggestion is to simply ask your patient how they choose to identify and then mirror their language. If you are not familiar with the term that they use, ask them to explain what it means to them.

The terms sex, gender and sexual orientation are often used interchangeably. Despite sounding similar, they actually have three distinct meanings.

**Sex**
Biological maleness or femaleness. Males have XY chromosomes. Females have XX chromosomes. Sex is determined the instant a woman’s egg is fertilized by a man’s sperm. If an X sperm fertilizes an X egg, the fetus will be female. If a Y sperm fertilizes the X egg, the fetus will be male.

**Gender**
The behavioral, cultural, and psychological traits typically associated with one sex. Babies are usually assigned a male gender at birth if they have a penis, and a female gender if they have a vulva.

**Sexual Orientation**
A term used to refer to a person’s emotional, romantic, and sexual attraction to individuals of a particular gender (male or female).

**Gender Identity**
A person’s inner sense of being male or female, usually developed during early childhood as a result of parental rearing practices and societal influences and strengthened during puberty by hormonal changes.

These combined give us a picture of identity, it is an important part but it is not everything.
In a 2003 survey by the Center on Halsted...

Demographic estimates are just that, estimates due to a lack of census data on LGBT people of all ages. Estimated at 5-10% of the population—some consensus. Research and collection of LGBT data poor at best. Allows for “homogenous” view of the LGBT community.

Stereotypical homosexual: Young, active, partying with toes in the sand and a marguerita, lots of disposable income. Right?

There will be nearly 2 to 7 million LGBT elders in the United States by 2030. Estimate 40,000 in Chicagoland at present.
Some estimates of 75% older LGBT adults live alone. Most of those adults are women.
Most LGBT adults live alone: multiple studies portray that many LGBT people live alone, much more than the general population.

What are hazards of elders living alone?: Greater risk from falls, depression, substance abuse and malnutrition

Four times as likely to have no children. Children are a safety net!
Module 2 covers Barriers to Care/Health Disparities

Why do people go to the doctor?

How do they feel when they come into care?

Fear of discrimination may be based on: Real life experience, how a person is treated in the world at large vs. how they are treated in the health care system? They will believe that the experience they have in real-life may also happen to them in the health care setting. For these reasons:

- Personal experiences in the past with medical providers
- Experiences relayed by other LGBT people: When you have a bad meal at a restaurant, who do you tell?
- Concern that societal homophobia will also occur in the medical setting: If someone comes into your facility or setting and someone makes a derogatory comment, everyone knows racial slurs are unacceptable and they know to keep their mouths shut. It is not always the case for LGBT people.

What is MY level of discomfort and what can I do to change it? How can I be the most effective provider?

- As nurses, it is important to examine one’s own beliefs and understand how they affect the many aspects of patient care.
- You may not approve of everything you encounter in patient care it, or agree that person's actions, and some things you may encounter will go against strongly held religious or moral beliefs.
- It is important for you to be aware of those beliefs and as a medical professional continue to give compassionate care with empathy and act in all ways as the patient’s advocate so you can deliver the quality care that every patient deserves.
- Through education, we can become more aware of our own feelings and prejudices and address them as we strive to provide care in a non-judgmental manner.


CASE STUDY

Benitez case, a woman went to a privately funded health clinic for in-vitro fertilization. She was denied care because they did not approve of a family unit of lesbians. For nearly a year starting in August of 1999, Guadalupe “Lupita” Benitez was denied infertility treatment by the North Coast Women’s Care Medical Group because she is a lesbian. Her former doctors are conservative Christians who claim their religious beliefs give them a right to withhold care from Benitez that they routinely provide to heterosexual patients. With Lambda Legal’s help, Benitez has been fighting this injustice. The case is currently before the California State Supreme Court. The highest state court in the state court system on the question whether individual anti-gay religious beliefs allow doctors to violate the state civil rights law that applies to commercial businesses, including for-profit medical clinics like North Coast Women’s Care.
In February 2007, Janice Langbehn and her partner of 18 years, Lisa Pond, were departing on a family cruise with their three adopted foster children when the unthinkable happened: Pond, a healthy 39-year-old, suddenly collapsed while playing basketball with her children and was rushed to Miami’s Jackson Memorial Hospital where she was diagnosed with a non-survivable aneurysm. Then matters got worse.

When Langbehn and her family arrived, the hospital refused to take information from her regarding Pond’s medical history. The hospital also refused Langbehn and their children visitation for nearly eight hours, telling her that she was in an anti-gay city and state, and could expect no information or acknowledgment as family. Communication between the staff and Janice happened through Lisa Pond’s sister.

Later, Langbehn was denied Pond’s death certificate by the State of Florida and the Dade County Medical Examiner, even though it was crucial for their children’s life insurance and Social Security benefits.

Lambda Legal has filed a lawsuit against Jackson Memorial Hospital, on behalf of Janice Langbehn and her children. “There is nothing that can make up for what my children and I endured that day,” she says. “We only want the hospital to take responsibility for how they treated us and ensure that it doesn’t happen to another family.”

So, here’s a person who thinks they have everything in order and an unthinkable scenario unfolds… **Who could have helped this situation? Who else was in that emergency room?**

You can be that **one person** who could have helped that situation.
So let’s talk about the attitudes of providers, the statistics from 1998 are the most recent in a larger scale study, although there have been more recent studies that say these statistics might be changing for the better. However, it remains that there are still concerns with provider attitudes and the ability to deliver non-judgmental care to their patients who fit into the LGBT population. This is illustrated by several cases:

- Nursing student survey: No nursing training required, 5 hrs. avg. for medical schools. Surprising comments.

- GLAMA survey: Gay and Lesbian Medical Assn. mission to ensure equality for LGBT patients and providers.

If a provider is making remarks about patients, what is unwritten is that they are also making remarks about their own colleagues.

Providers uncomfortable with the sexuality of older adults.

References:


In 2010 Lambda Legal (oldest and largest national org. devoted to full recognition of civil rights for the LGBT community) did a study entitled, “When health care isn’t caring”. They asked volunteers to participate via the internet or at events, to agree or disagree with the following statements...

Note: As we look at these graphs, let’s not assume that an exclusively heterosexual population would answer ZERO, neither would another minority demographic. Anyone may have a poor experience when coming into health care.

Also, in the upcoming graphs, for each statement the bar on the left represents Lesbian, Gay and Bisexual respondents and the bar on the right represents Transgender respondents. They were separated to emphasize the large disparity that exists even among the lesbian, gay, bisexual and the transgender population.

They are looking for fundamental fairness, does any of what you have heard so far sound fair? This is why cultural competency is so important.
SLIDE 18


SLIDE 19


Again, surprised.

What are excessive precautions? Gloves, gown, mask to take a BP?
Even the most challenging patient never deserves abusive language.

Only ever raised voice to turn on hearing aid... otherwise, never.

How can a person be blamed for their health condition? Can you imagine, going to the clinic to discover you have hypertension and having your provider blame you for it?

“It’s your fault you have diabetes, it’s your fault you have high blood pressure, it’s your fault you have HIV...”

Would you ever think that the person who is supposed to help you would speak to you in such a manner? It implies a value judgement and has no place in the medical encounter.
Remember, this demographic is already at risk for abuse. This should be zero for all.

After looking at this survey, it’s important to look at how nurses and staff develop plans of care and nursing diagnoses. For physicians, how do you direct your team?

Evidence base practice has become the gold standard for nursing care. All standards of care exist because some quantifiable data or research supports that this is the safest and best way to treat our patients that produces healthful outcomes.

There is no infrastructure that supports research on LGBT health issues at this time.

There is also a distinct lack of training available to medical and nursing students. Nurses zero required hours, med students, an avg. of 5 hours.


“Ageism’ is a profound psychosocial disorder characterized by institutionalized and individual prejudice against the elderly, stereotyping, myth-making, distaste, and/or avoidance.

Some stereotypes include the following: older people are more like infants or are child-like; they do not have or share or understand the experiences of younger people; aging equals mental incapacity; aging itself is a pathological process; depression is a normal part of aging. Stereotypes of asexuality stem from that fact that there is great discomfort with the sexuality of older adults in general. It is also a stereotype that all people age the same way or that it is a homogeneous process. Traditionally, aging has been viewed as a sad continual process of decline. Clinical depression is never a normal part of aging.

“Unfortunately, this stereotyping results in systematic discrimination that devalues senior citizens and frequently denies them equality”.

“In his review of the attitudes toward aging shown by humor, Palmore (1986) found that elderly people were often portrayed negatively. The humor tended to focus on physical and mental losses, as well as on decreases in sexual attractiveness and drive. Jokes about older women tended to be more negative than those about older men”.


For the elder LGBT cohort, these factors, age, shared history and the coming out experience, binds this group together.

- Even though greater protections exist for LGBT people today, many LGBT seniors still fear discrimination or less-than-equal treatment if they disclose that they are lesbian, gay, bisexual or transgender.

Some LGBT persons were aware of their sexual orientation long before they came out. Sometimes this was as a child, sometimes as an adolescent or young adult. However, many felt it was not safe to do so and waited until their circumstances changed.

However, when someone “came out” has an affect on their response to being gay. If someone is 80 now and came out in their 50’s, that would have been in the 1980’s. There may have been more freedom to be out then and their life circumstances may have changed, e.g. children had grown and they no longer had direct family responsibilities. Some one who is currently in their 60’s and came out in their 20’s would have been involved in the community during the height of the HIV crisis. Understanding a patient’s level of comfort about being open is influenced by many factors, including when and how they first interacted with the LGBT community.

Many older LGBT adults may not relate to the term gay, lesbian or queer. May keep their sexuality and partners a secret.


Now I’d like to move our discussion to build the concept of an Age Cohort, the LGBT elder has a common experience related to coming out and their shared history.

**Sexual identity development: exploring the “coming-out process”**

This can be a wonderful or horrible process. “We always knew, now you can live your life…” “Or, get out of my house!”

Many people who feel attracted to members of their own sex have a so-called “coming out” at some point in their lives. Generally, coming out is described in three phases. The first phase is an internal coming out, or the phase of opening up to yourself, “when you are asking yourself questions, moving toward coming out to yourself and perhaps the decision to tell others.” The second phase, sometimes referred to simply as “coming out” is the period when one begins to actively talk about one’s sexuality with others, such as friends and family. The final phase, “living openly”, is an ongoing process.

“The development of a lesbian, gay, or bisexual (LGB) sexual identity is a complex and often difficult process. Unlike members of other minority groups (e.g., ethnic and racial minorities), most LGB individuals are not raised in a community of similar others from whom they learn about their identity and who reinforce and support that identity. Rather, LGB individuals are often raised in communities that are either ignorant of or openly hostile toward homosexuality”.

“Outing” is the process of exposing someone’s sexual orientation or gender identity as being gay, lesbian, bisexual or transgender to others, usually without their permission. Outing is most common in the case of public figures, including celebrities and politicians, often as part of a political or moral agenda but it can also have other motives. The ethics of public outing in the media has long been controversial, with some saying that journalists have an obligation to out public figures, and others maintaining that varying degrees of privacy around sexual orientation should be observe.
Quick history lesson: It is important to realize that this historical event may not be the seminal event for everyone and that for many people the civil rights movement, and other historic events were more significant at the time.

UNDERSTAND THAT YEARS OF DISCRIMINATION, THE ADAPTIVE BEHAVIOR OF NOT DISCLOSING LGBT STATUS IS NECESSARY FOR SURVIVAL.


Cook-Daniels, L. (2007). Living memory LGBT history timeline: Current elders would have been this old when these events happened. Retrieved from http://wwwforge-forwardorg/handouts/LGBT_elder_timelinepdf

Individuals who were young adults at this time are now about 80 years old.

“Homosexuality as a public issue in American life remained in the postwar closet until the publication of a remarkable book about sexual behavior. In 1948, Alfred Kinsey, an Indiana University zoologist, published his report on human sexuality. He shocked the conventional wisdom by asserting that one third of all American men had had at least one homosexual experience after puberty. And he became the first significant opinion maker to argue that scientists should divorce their judgments about sexuality from the “religious background” of the culture. He also enraged the psychiatric establishment by suggesting that homosexual inclinations might not be “abnormal or unnatural,” or even “constitute evidence of neuroses.” These assertions made this huge national best seller the first essential document of gay liberation. By adopting a disinterested tone and divorcing all of his judgments from the traditional Judeo-Christian influences, Kinsey helped many Americans to think about sex in ways they never had before”.

Furthermore, 10% of males were more or less exclusively homosexual and 8% of males were exclusively homosexual for at least three years between the ages of 16 and 55. This is where the frequently quoted “10%” figure comes from. 2-6% of women reported more or less exclusively homosexual experience or response. First notion that sexuality is viewed as a spectrum.

Cook-Daniels, L. (2007). Living memory LGBT history timeline: current Elders would have been this old when these events happened. Retrieved from http://www.forge-forward.org/handouts/LGBT_elder_timeline.pdf


Individuals who were young adults at this time are now about 70 years old. But those who came of age in the ‘50s remember a period of terrible repression, which was partly a reaction to the visibility homosexuals had achieved in the ‘40s. “The homosexual menace continued as a theme of American political culture throughout the McCarthy era,” wrote historian John D’Emilio (1983, p. 43). Right-wing crusaders targeted homosexuals along with communists as security risks. Virtually no one was open about homosexuality. When a State Department official testified at the beginning of 1950 that most of the 91 department employees who had been fired for moral turpitude were gay, his remarks sparked a witch hunt inside the federal government. State and local authorities followed the lead of the Feds in trying to eliminate homosexuals from all government employment. “Those who engage in overt acts of perversion lack the emotional stability of normal persons,” a Senate committee asserted in a typical report in 1950. “Indulgence in acts of sex perversion weakens the moral fiber of the individual.”

Practically every public reference to gays was a negative one. Throughout the 1950s and 1960s, the Federal Bureau of Investigation (FBI) and police departments kept lists of known homosexuals, their favored establishments, and friends; the U.S. Post Office kept track of addresses where material pertaining to homosexuality was mailed (Edsall, 2003, p. 278). State and local governments followed suit: bars catering to homosexuals were shut down, and their customers were arrested and exposed in newspapers. Cities performed “sweeps” to rid neighborhoods, parks, bars, and beaches of gays. They outlawed the wearing of opposite gender clothes, and universities expelled instructors suspected of being homosexual (Adam, 1987, p. 59.) Thousands of gay men and women were publicly humiliated, physically harassed, fired, jailed, or institutionalized in mental hospitals. Many lived double lives, keeping their private lives secret from their professional ones.

UNDERSTAND THAT ADAPTIVE BEHAVIOR OF NOT DISCLOSING LGBT STATUS IS ADAPTIVE AND NECESSARY FOR SURVIVAL.
Individuals who were young adults at this time are now about 60 years old (Cook-Daniels, 2007).

Very few establishments welcomed openly gay people in the 1950s and 1960s. Those that did were often bars, although bar owners and managers were rarely gay. The Stonewall Inn, at the time, was owned by the Mafia (Carter, 2006, pp. 79-83). It catered to an assortment of patrons, but it was known to be popular with the poorest and most marginalized people in the gay community: drag queens, representatives of a newly self-aware transgender community, effeminate young men, hustlers, and homeless youth. Police raids on gay bars were routine in the 1960s, but officers quickly lost control of the situation at the Stonewall Inn, and attracted a crowd that was incited to riot. Tensions between New York City police and gay residents of Greenwich Village erupted into more protests the next evening, and again several nights later. Within weeks, Village residents quickly organized into activist groups to concentrate efforts on establishing places for gays and lesbians to be open about their sexual orientation without fear of being arrested.

After the Stonewall riots, gays and lesbians in New York City faced gender, class, and generational obstacles to becoming a cohesive community. Within six months, two gay activist organizations were formed in New York, concentrating on confrontational tactics, and three newspapers were established to promote rights for gays and lesbians. Within a few years, gay rights organizations were founded across the U.S. and the world.

**IMAGE SOURCES**


Cook-Daniels, L. (2007). Living memory LGBT history timeline: Current elders would have been this old when these events happened . . . . http://www.forge-forward.org/handouts/LGBT_elder_timeline.pdf


People who were young adults at this time are now in their 50’s.
The 1970's saw a surge of activity from within the gay community.
1973 the APA removes homosexuality from list of mental illnesses
1979 the first March on Washington for Lesbian and Gay rights is held and 100,000 people attend.

Cook-Daniels, L. (2007). Living memory LGBT history timeline: Current elders would have been this old when these events happened. http://www.forge-forward.org/handouts/LGBT_elder_timeline.pdf

Young adults in the 80’s are now approaching their 40’s, elder status. These people have been acculturated in a more permissive society, an environment of equality and civil rights. But there continue to be hate crimes, even on the upswing. In the news every week there are cases of unspeakable injustices happening to LGBT people.

1981 – First reported cases of what came to be called AIDS
1982 – Parents & Friends of Lesbians and Gays (PFLAG) founded
1983 – First federal official to come out as gay while in office
1984 – Berkeley (CA) becomes first U.S. city to extend domestic partnership benefits to lesbian and gay employees.

CYU
Comparative Mini-cases about how time period shaped experiences of patients.

Cook-Daniels, L. (2007). Living memory
LGBT history timeline: Current elders would have been this old when these events happened . . . .
http://www.forge-forward.org/handouts/LGBT_elder_timeline.pdf

Here’s a quick summary and action plan. Questions???

If no, please fill out the post-test and the 2-sided evaluation. If you have a question that you want me to answer confidentially, I will bring an answer back next week.
In February 2007, Janice Langbehn and her partner of 18 years, Lisa Pond, were departing on a family cruise with their three children when the unthinkable happened: Pond, a healthy 39 year-old, suddenly collapsed and was rushed to Miami’s Jackson Memorial Hospital where she was diagnosed with a non-survivable aneurysm. Then matters got worse.

When Langbehn and her family arrived, the hospital refused to take information from her regarding Pond’s medical history. The hospital also refused Langbehn and their children visitation for nearly eight hours, telling her that she was in an antigay city and state, and could expect no information or acknowledgment as family. Later, Langbehn was denied Pond’s death certificate by the State of Florida and the Dade County Medical Examiner, even though it was crucial for their children’s life insurance and Social Security benefits.

Lambda Legal has filed a lawsuit against Jackson Memorial Hospital, on behalf of Janice Langbehn and her children. “There is nothing that can make up for what my children and I endured that day,” she says. “We only want the hospital to take responsibility for how they treated us and ensure that it doesn’t happen to another family.” (Lambda Legal 2010)

**DISCUSSION QUESTIONS**

1. What are your organization’s policies about the role and rights of family in providing care? Do these policies include allow for the same roles and rights of all families? If not, who in your organization might lead efforts to review policies to make them inclusive of all families?

2. Some of the discrimination faced by Janice Langbehn had nothing to do with hospital policies (i.e. denying visitation because she was told it was an anti-gay city) but rather the attitudes of providers. What are your thoughts or feelings about this? Do you think the actions taken by care providers in this case were in line with the ethical duties of health care providers?

3. What could you do to prevent something like this from happening in your workplace?

4. What if you personal values or morals differ from a patient or client, what is your ethical obligation as a healthcare provider?
In providing care to clients, healthcare providers are expected to uphold ethical expectations focused on trustworthiness, respect, responsibility, fairness, and caring. Still, client experiences within healthcare settings resulted in survey findings where LGBT persons noted that they were denied access to care, were treated harshly or disrespectfully, or were shamed or insulted by care providers (see slides 15-21). Take a few minutes and write down your own thoughts about the questions:

1. Are there any circumstances where I might think it is okay to deny care to a patient? If so, what are those circumstances?

2. If you encounter a patient who discloses that they engage in sexual behavior known to increase the risk of certain diseases, how knowledgeable are you of the procedures and protocols you might follow in administering a physical exam, collecting specimens, assisting with the feeding or bathing of this patient? How confident are you that you could follow procedures that provide both appropriate care to the patient and reduce your risk of exposure? If you lack knowledge or confidence in the appropriate procedures, where could you go to get additional information and training in order to deliver respectful, competent care?

3. How will Our Decisions Affect Other People? Experience has shown that if we apply the following ethical tests to our actions we’ll know how a proposed action will affect our relations with others.

   a. The Golden Rule (“How would I like it if someone did it to me?”);

   b. Accepted principles of ethical conduct, like the Ten Commandments or the Six Pillars of Character;

   c. The Rule of Universality (“How would it be if everyone did it?”);

   d. The Rule of Disclosure (“How would I feel if the whole world knew what I was doing or going to do, especially my family and school or business associates?”);

   e. The Rule of the Most Honoring Choice. When there is a conflict between your personal values and those of others affected by the decision, we should then choose the alternative which honors the most important long term values for the most stakeholders (people, animals, the environment), giving reasonable priority to the stakeholders to whom we owe duties of obligation or loyalty.

To what degree do you think this describes your own decision-making process about how to treat others in the workplace?
Lesbian, gay, bisexual and transgender (LGBT) elders may approach “mainstream” aging, health, and other public and private services differently than their heterosexual peers. Every person is shaped in part by the major public events that happen during their lifetime, whether these events are tragedies like 9/11 or struggles and triumphs like the Civil Rights Movement or passage of the Americans with Disabilities Act. LGBT people who are now aged 50 – 100 (i.e., elders) have lived through a lot of changes in how the wider society views LGBT issues. Here is a brief timeline noting how public views changed in regards to LGBT people in the United States during the formative years of today’s LGBT elders.

From Living Memory LGBT History Timeline found at http://www.forge-forward.org/handouts/LGBT_elder_timeline.pdf