# ABC of LGBT+ Inclusive Communication

## A guide for health and social care professionals

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# Foreword from Stonewall

## It's vital that healthcare professionals are empowered to care for all of their patients, including those who are LGBT+.

We at Stonewall welcome these guidelines, which will make it so much easier for healthcare staff to be inclusive across their work. This in turn will lead to better care, and better relationships between you and your patients. The ACCESSCare C team, led by King's College London have created this exemplary guidance, which centres the voices of LGBT+ service users. Placing LGBT+ patients at the heart of any guidance about them and their health is crucial if we are to create a truly inclusive future.

These guidelines come at a particularly pertinent time. Our LGBT+ in Britain: Health report showed that 13 per cent of LGBT+ people, including 32 per cent of trans people, have experienced some form of unequal treatment because of their identity in healthcare settings. Additionally, one in four LGBT+ people have experienced inappropriate questions and curiosity about their identity. We also found that one in ten LGBT+ people and more than one in four trans people have been outed without their consent by healthcare staff in front of other staff or patients. Experiences like this can prevent people from accessing help when they need it, and our report showed that one in seven LGBT+ people have avoided getting treatment for fear of discrimination. So while we know there are already many healthcare professionals who provide the medical support and knowledge LGBT+ people need, it's clear there's still a way to go.

We hope that these guidelines will be shared widely throughout the sector – they have the potential to make a huge, concrete difference to many LGBT+ people's lives. By working to ensure that all healthcare professionals are supported to care for all patients, we can make our healthcare system as effective and inclusive as it can be. When that happens, all of us benefit.

Stonewall DIVERSITY CHAMPION

# Foreword from Michael Brady

**Dr Michael Brady, NHS England National Advisor for LGBT Health and Consultant in HIV and Sexual Health**

LGBT+ people face inequalities in every area of healthcare. Their access to healthcare is poorer, their experience of healthcare is worse and, frequently, their outcomes from healthcare are not as good as heterosexual or cisgender people. These inequalities are experienced on the background of continued discrimination and harassment of LGBT+ people in many areas of society, which impacts on both mental and physical health and contributes to how LGBT+ people access and experience healthcare.

Our ability to connect, communicate, understand and empathise is fundamental to the quality of the care we provide. It builds confidence and trust, supports access and engagement in care, maximises the impact of health improvement messages, encourages better adherence to treatment and is important for improving both physical and mental health outcomes.

Whilst there is much that the 'system' needs to do to address this, there are simple things that every health and social care professional can do to ensure they deliver inclusive care and meet and address the individual needs of LGBT+ patients and service users. This evidence-based guide gives simple and practical tips that we can all use such as using neutral language, respecting and using the pronouns people use, being alert and sensitive to how patients behave and react, being aware of who is in the room with them and what their relationship with the patient is and ensuring we don't make assumptions about sexual orientation or gender identity.

This guide should be a 'must read' for all health and social care professionals. I would encourage everyone to use them and reflect on how we can continue to improve the quality of care we provide and ensure it is truly inclusive for all LGBT+ people.

## Who is this for?

These evidence-based guidelines are intended to support health and social care professionals to be more inclusive in communication with patients about sexual orientation, significant others, gender identity and gender history. This helps ensure that all patients, including those who identify as lesbian, gay, bisexual, trans, or anyone else who considers themselves to have a minority sexual orientation, gender identity or gender history (LGBT+), receive care that meets their individual needs.

Health and social care professionals are already expert communicators. These guidelines seek to build on that skill and knowledge to ensure LGBT+ people feel able to be themselves while with their health and social care teams, and to minimise the barriers they may face when accessing care.

## Why does it matter?

Sexual orientation, gender identity and gender history are important aspects of an individual's identity, and there is evidence that they can impact on access to healthcare and to an individual's health outcomes. Research shows that LGBT+ people suffer disproportionately from some serious illnesses. There is evidence that LGBT+ people are less likely to seek timely help for some of those illnesses and that they are less likely to receive equitable care when they do. Over the past decade there have been many initiatives to support better care for LGBT+ people. This is exemplified by the UK Government Equalities Office LGBT+ Action Plan, the appointment of a National NHS LGBT+ Health Advisor, and efforts by professional bodies such as the General Medical Council and the Royal College of GPs. This is vital progress. The guidelines presented here supplement these initiatives by offering practical support for health and social care professionals to enable them to communicate in a way that is inclusive of LGBT+ people.

## How was it developed?

These guidelines have been developed and tested through research conducted in the UK, led by King's College London with community partners[1]. This research explored experiences and preferences regarding communication about sexual orientation, gender identity and gender history in the context of serious illness. Interview participants included LGBT+ people living with serious illness, their significant others, and health and social care professionals from a wide variety of specialities (open access article: http://dx.doi.org/10.1136/bmjqs-2022-014792). Using the data, we developed an ABC approach to LGBT+ inclusive communication practices, and the guidance is split into those categories.

# Key Terms

***Gender*** is a set of ideas constructed by society that categorise people's expected behaviours and roles. Such expectations and roles are culturally dependant and change over time.

***Gender identity*** is something we all have. It refers to our feelings and convictions about our own gender. For some people, their gender identity is something they rarely think about, while some think about it a lot.

Someone whose gender identity aligns with the sex they were assigned at birth is ***cisgender*** (pronounced 'siss-gender').

Some people have a gender identity that does not correspond with their sex assigned at birth and may identify as ***trans/transgender***, non-binary, genderqueer or genderfluid. Some of these terms are used in trans status monitoring[1]. An individual's relationship between their gender identity and their sex assigned at birth can be referred to as their ***gender history***.

***LGBT+*** is an acronym for lesbian, gay, bisexual and/or trans people, while the ***+*** is used to be inclusive of anyone else who considers themselves to have a minority sexual orientation, gender identity or gender history that is not covered by these terms.

***Non-binary*** is an umbrella term for people whose gender identity does not sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

***Sex*** refers to our biological traits, including genitals, internal reproductive organs, chromosomes, and hormones. It is assigned at birth and registered on a birth certificate, usually based on our genitals – i.e. someone born with a labia, clitoris and vaginal opening is assigned female at birth (afab), while a baby with a scrotum, testes and penis is assigned male at birth (amab). Although sex is typically viewed as binary (i.e. male/female), some people have variations in sex characteristics demonstrating that it is a spectrum (e.g. intersex).

***Sexual orientation*** refers to the attraction we feel to people; with one gender identity or another (e.g. gay, lesbian, heterosexual); to those with any gender identity (bisexual); regardless of their gender identity (pansexual); or a lack of any sexual attraction (asexual) or romantic attraction (aromantic). Some of these terms are used in sexual orientation monitoring[2].

***Significant others*** are the important people in someone's life and may include partners, spouses, friends, and family.

# Contents





# Approach all interactions using inclusive language

**Gender identity and sexual orientation are important parts of who we are and how we interact with the world and those around us.**

You might not know about these aspects of patients' lives and experiences. Whether you are meeting them for the first time, or even if you have known a patient for a long time, always using language that is inclusive, and does not make assumptions can help to develop your professional relationship with them. The depth of discussion on these aspects of patients' lives will depend on their choices, their specific health needs and your role in their care. However, always facilitating a safe space through inclusive language allows people to be as open as they wish to about who they are, and who matters to them. This helps people to feel seen, respected and understood while in your care.

## 1) Use neutral language, until sure

When talking to patients, there are some aspects of language that can make people who identify as LGBT+ feel included or excluded. Choosing words and phrases that don't make assumptions about sexual orientation or gender identity creates a more supportive environment for individuals to be themselves. Incorrect assumptions put people in a position of either having to go along with the assumption, or to correct you. This can be a source of additional stress for LGBT+ people. They may have fears about how you will react if they correct you, and the implications of this for their care.

> "the vital bits are knowing the right kind of words for sexuality and gender identity, knowing pronouns and you know, knowing that if in doubt use neutral language, and then go from there."
>
> **A pansexual male, assigned female at birth, in his 20s, with a non-cancer condition**

**Okay, but how?**

- Using a combination of the gender neutral term "partner", the gender neutral pronouns "they" and "them", and names when talking about patients or their significant others is an easy way to avoid initial assumptions. Asking open questions early will help to get this right (see section A3 for guidance).
- If somebody accompanies a patient to an appointment, or visits them while in your care, do not make assumptions about what their relationship is to the patient (e.g. partner, spouse, parent, sibling, friend, etc.). Instead, call the person by their name, or ask (see section A3).

“ referring to people by the terms that the patient uses.[...] Just using the same terms, I’d say that’s one of the crucial things.”

**A cisgender female, in her 40s, with a friend with comorbidities**

## 2) Echo language

One way to demonstrate LGBT+ inclusiveness, and build rapport with patients is to echo the language that they use. This a way of showing respect, and supporting their decision to share this information with you.

### Okay, but how?

- Use the pronouns that they do. When a patient refers to a significant other, or vice versa, they will probably use their pronouns – e.g. he/him, she/her or they/them. By using the same pronouns as they use, you can ensure you demonstrate respect for their gender identity.
- Refer to significant others in the same ways they do. For example, if someone refers to their spouse as their “partner” do not change this to “husband” or “wife.” Echoing the relationship labels they use shows you understand the relationship they have with that person.
- Use the same words to refer to sexual orientation, gender identity and gender history that they do. The labels people use to describe themselves are important, and often carefully chosen. For example, if patient describes themselves as “gay”, do not change this to “homosexual” or “lesbian”, as this may mean something different. Or if a patient describes themselves as “non-binary” or “genderqueer”, do not change this to “trans”.

“ they kept on calling [my partner] my friend, and they wouldn’t let it go [...] they were like ‘Your friend’s over there’ and I’m like, ‘That’s my partner!’”

**A gay genderqueer person, in their 20s, with cancer, with a non-binary partner**

## 3) Ask open questions

When asking about things that may relate to gender identity or sexual orientation, ensure that you phrase questions in an open way. It can be easy to think that only a small minority of patients would consider themselves part of the LGBT+ communities, but without asking open questions, and giving people the opportunity to identify themselves in their own terms, how can you know?

### Okay, but how?

***Gender identity.*** Asking open questions around gender identity ensures that people feel respected, when they are spoken to or referred to by you and your team. This includes how you ask about somebody’s title, name and pronouns. It’s useful to incorporate these discussions early in your interaction with a patient.

Asking someone who was assigned female at birth “Are you Miss, Ms or Mrs?” carries with it an assumption that their gender identity matches the sex they were assigned at birth (i.e. cisgender). To ask openly you could try:

“What is your title?”
“How do you like to be addressed?” or “What would you like me to call you?”
“My pronouns are XXXXXX. What are your pronouns?”

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“I do think terminology is difficult isn’t it, because people use different terminology, and I think this is key … Allowing people to define themselves how they want to be defined.”

**A social worker, in her 40s**

(Prompts to help: 1. “Do you prefer other people to refer to you as he/she/they or something else?”
2. “When people refer to me, they say e.g. ‘(insert your pronoun) said hello.’”

“I identify as (insert your gender identity). Would you mind telling me your gender identity?”

***Significant others.*** Ensuring open language when asking about significant others in a patient’s life is key. This allows people to share information on anyone important to them, including but not limited to partners/spouse. Be aware that even if the person you are speaking to identifies as heterosexual and cisgender, they may have a significant other who does not, so your language should always be inclusive. Ways to ask include:

“Who are the most important people in your life?” or
“Do you have anyone important in your life who might be involved in your care now or in the future?” or
“Who are the people who give you support?”

***Sexual orientation***. If you are asking specifically about a partner or spouse, using gender neutral language to ask is important. Asking a man whose sexual orientation is unknown to you about his “wife” or “girlfriend” assumes that any partner he might have would be a woman. If that man is in a relationship with a man, that forces him to decide whether to correct you or not. Also, remember even if a man has a partner who is a woman, this does not necessarily mean he is heterosexual – he may be bisexual, pansexual, or identify in another way. If you label the relationship incorrectly, this puts everyone in the interaction in an awkward position, and may hinder the professional relationship you are trying to build. Instead, start by using a neutral term to ask questions, such as “partner”. For example:

“Do you have a partner?”
…and then echo whatever term they use to describe them.

## TIP: Apologise, correct, move on

“taking ownership for a mistake. So, if you do accidently misgender someone, or you assume someone has a partner or anything like that, you don’t just gloss over it, or just continue … You just kind of go back and check.”

**A gay genderfluid person, in their 30s, with cancer**

Mistakes happen. If you make a mistake in the language you use, the most respectful and affirming way forward is to acknowledge your mistake, apologise for it, correct yourself and continue with the appointment, ensuring you use the correct language going forward. LGBT+ people are often marginalised and may have experienced discrimination. They may find it daunting to correct you, so the words you use matter. If you said something by accident, not apologising can signify ignorance or indifference, while over-apologising can make patients feel awkward and shift the focus of the interaction, and their energy, to you and your feelings.

As an example, if you have been told about a patient’s or their partner’s gender identity, but then use the incorrect pronoun to refer to them, one way to apologise might be:

“I’m sorry, I realise I just used the wrong pronoun for you/your partner. I’ll be more mindful from now on.”

# Be aware of self and surroundings

> “communicating with me is a very holistic thing, you’ve got to use your whole demeanour, you’ve got to smile, you’ve got to nod, you’ve to go look into my eyes and things like that.”
>
> **A gay cisgender male, in his 50s, with comorbidities**

**When interacting with patients, several aspects of communication are important to keep in mind, in addition to the words and phrases you are using.**

## 4) Be aware of non-verbal cues

The words and phrases you use only make up a proportion of the message you are conveying. Non-verbal communication includes the additional messages we convey through things like eye contact, facial expressions, tone of voice, and pauses in speech. Being aware of these aspects of communication, and utilising them carefully is vital, and possibly something you have already learned about in your training. When communicating with patients about things that relate to sexual orientation, gender identity or gender history, LGBT+ people may be more aware of your non-verbal communication, particularly if they have had negative experiences in the past.

### Okay, but how?

- ***Facial expressions*** often link strongly to how we feel and can communicate a lot without us saying anything. When LGBT+ people share information about sexual orientation, gender identity or gender history, some have experienced disapproving expressions from professionals. Holding your neutral expression when discussing sexual orientation and gender identity helps to reassure patients and their significant others.

- Your ***positioning and posture*** may suggest things to people about how you are feeling. After sharing sexual orientation, gender identity or gender history, some LGBT+ people have experienced professionals backing away from them physically. When talking about LGBT+ related topics, an open posture with patients and their significant others can show that discussion is welcomed, while a shift to a more closed posture can suggest discomfort or an unwillingness to discuss further – e.g. turning your body/head away, or backing away.

- ***Eye contact.*** Making eye contact with the people you’re speaking to lets them know that you care about what they’re telling you, and this is particularly important when discussing sexual orientation, gender identity or gender history. Looking away more frequently, or excessive focus on a computer or paperwork may suggest you’re uncomfortable with the discussion. If there’s more than one person present, swapping who you are looking at to include everyone important to the patient signifies inclusiveness.

- The ***tone and volume*** of your words communicate a lot. For example, emphasising words through tone or increased volume can indicate surprise, while an increased pitch can communicate nervousness. When patients share information about their sexual orientation, gender identity of gender history, intonation and volume is important in your response, as showing surprise is stigmatising.

- ***Speed.*** Don’t speak faster than usual when talking about sexual orientation, gender identity or gender history as this can suggest you don’t have time to listen, or you feel uncomfortable and you’re trying to rush through the discussion.

> “when I say, “lesbian” I’ll look for a little micro-expression behind the eyes, a twitch, to see how sensitive they are to it.”
>
> **A lesbian gender non-conforming female, in her 60s, with cancer**

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- ***Practice.*** If you are worried that you might have any of these reactions, practice talking about sexual orientation, gender identity and gender history with a colleague you trust. Ask for their feedback. This can help you to feel more prepared and relaxed.

## 5) Consider environment and who is in the room

When communicating with patients about things that relate to their gender identity and sexual orientation, think about the environment you are in. Can other people overhear the discussion? Or see it?

While some people may be open about these topics, others may be selective about who they want to share this information with. It is upsetting to have any personal information shared against your will but, as stated in the Gender Recognition Act 2004 and explained by the General Medical Council[2], disclosing someone's gender history to other health professionals without their consent or without medical purpose may be unlawful, so this requires particular care.

Being aware of your environment and the people around means you can approach these conversations appropriately and respectfully. This is important all the time, even when the patient is not present, or when you don't think they can hear.

> curtains are normally drawn around the patient. So, it's semi-private, but sound does travel through curtains. If it's anything delicate, you go off to the room and have a separate conversation."
>
> **A doctor in his 40s**

> a doctor wouldn't talk to another patient about my medical history, unless I give permission to. By misgendering me in front of other patients, they're also effectively 'outing' me. If I've been passing as female, and I'm on a female ward, And then you start using masculine pronouns, that would alert people who were maybe not aware in the first place and can change the whole world dynamic about how we interact."
>
> 
>
> **A bisexual female, in her 50s, assigned male at birth, with a non-cancer condition**

### Okay, but how?

- Always ensure that you and your team try to get patients' pronouns right. If you are caring for a trans patient and you or a colleague uses pronouns that correspond with their sex assigned at birth, rather than their gender identity, this divulges information that you do not have permission to share. This may be unlawful and can cause a lot of distress. Remember titles and names can also represent gender identity. Referring to a patient's gender history is something that, if requiring discussion, should always happen in private, unless they have explicitly said otherwise.

- Informed choice is vital. Tell patients that you want to ask a few personal questions, including things about their gender identity and relationships. Discreetly ask if they are happy to have these discussions where they are and with the people around present, or if they would prefer somewhere else. This gives them the opportunity to choose to go into a more private space if they prefer, and if possible.

“(Our nurse) knows we’re together and she sort of, she talks to you both. So she’s great. She’s brilliant and that’s probably the best experience I have with someone in the hospital. Whereas a doctor will come and get (my girlfriend) and I’ll sort of be tagging behind, but (our nurse will) treat us like a unit.”

**A gay cisgender female, in her 40s, with a girlfriend with comorbidities**

## 6) Involve significant others appropriately

When a patient brings someone to their appointment with them, clarify who that person is without assumption, and if they are comfortable having discussions with them present. While your focus will be on treating the patient, bringing somebody along may signify an important relationship. If you’re led by the patient to include the other person, make sure you do – this demonstrates your respect and acknowledgement of that person; that they are important in the patient’s life, and that they may also be vital in their care. Depending on the illness that a patient is dealing with, you may be able to offer support to the patient’s significant other.

### Okay, but how?

Asking open questions about relationships when you first meet people can help you to gauge how central they are in patient’s life, and ensure that you refer to them appropriately. If there is someone with the patient who you don’t know, you could try:

“It’s a pleasure to meet you/see you again. And who do you have with you today?”
...and if they only answer with a name, you could follow up with:
“And would you mind me asking, what is your relationship to each other?”
...and finally:
“So I refer to you correctly, can I ask what your pronouns are?”

***Small gestures*** can say a lot to patients and their significant others. They can demonstrate that you recognise the importance of that person in a patient’s life. Supportive gestures can include: greeting significant others, making eye contact with them as well, asking if they have any questions, or, if you have an ongoing relationship, asking how they are if they don’t come along to the next appointment.

## TIP: Take care in written communication

“if someone misgenders me to my face in a way that’s very obviously a slip, I can deal with that [...] But to go through the process of writing a letter, putting my address on it and sending it to me, and not recognising that slip, that’s beyond just a slip; that is complete and utter ignorance.”

**A queer nonbinary trans woman in their 30s, with cancer**

While you can immediately apologise for verbal mistakes disclosing something in clinical correspondence is less easily rectified. With regards to sexual orientation and gender history, you should not assume that you automatically have consent to share this information. If you’re unsure about what information a patient wants to be communicated, ask.

If a patient’s gender history is not directly relevant to the healthcare issue at hand do not disclose it. Ensure you get their gender identity right by using their correct pronouns, name and title in all communications.

Disclosing sexual orientation or gender history in medical records or other written communication without consent and medical purpose is unlawful. If gender history is directly relevant to a person’s care, you should seek their consent to disclose, explaining the relevance of that information, who will see it, and how it will enable the team to ensure care is delivered appropriately. Further detail on this is covered in section C9.

# Create inclusive opportunities for sharing

> “I do recognise part of my job is to do that … to ask the questions that might help the patient rather than failing to communicate and failing to understand the situation because everyone’s tiptoed around the relevant issues.”
>
> **A doctor in her 40s**

**For many of the people you care for, you may be unaware of their sexual orientation or their gender identity.**

It is important to communicate to patients that they can share or discuss any aspect of sexual orientation, gender identity or gender history if they wish, by offering explicit opportunities to do so. Taking responsibility for creating that opportunity takes the pressure off them, assures them you will not discriminate, and allows them to focus on their health while being as open as they are comfortable to be.

## 7) Ask, don’t assume

Don’t make assumptions about a patient’s gender identity, sexual orientation, or what their relationship is with someone. While assuming may feel the less daunting option for you, it transfers the onus of whether to share sexual orientation, gender identity or gender history to the patient, either now or in the future. This can be an additional source of worry for them, because they may be concerned that you would treat them differently if you knew. During your training you will have learned how to have all sorts of potentially sensitive conversations. You are just applying those skills to a new area. Assumptions can damage the trusting, professional relationship you are trying to build and maintain, and may cause patients to become disengaged in their care. If you don’t know, and knowing would be helpful for delivering holistic care, ask.

> “Misgendering somebody [pause] is like giving them a good clout across the face. It’s not gonna kill you, but, the cumulative effect can be quite damaging or cause you to be anxious, or cause you to maybe withdraw a little bit. That is how it felt. That is how it feels.”
>
> 
>
> **A bisexual female, in her 50s, assigned male at birth, with a non-cancer condition**

### Okay, but how?

Before asking questions, ***prepare and be clear*** on what you are asking and why. This demonstrates your understanding of the importance of these topics and that there is nothing exceptional about having these discussions. It may prevent you stumbling over your words which can signal embarrassment and also lead to unclear questions.

***Prepare*** by taking time to think about how you feel about asking these questions, and why. Familiarising yourself with the health evidence on LGBT+ communities in your speciality will help inform your thinking. Research shows that LGBT+ people have poorer outcomes and care experiences across a range of health conditions, and may be less likely to seek timely help. Further information is in the resource list at the end of this guide.

***Be clear*** by practicing asking open, inclusive questions with colleagues. This can help to improve clarity and confidence. Remember to ask for their feedback on what you say, and what you communicate non-verbally.

***Explain relevance of questions.*** Enabling people to make an informed choice about whether to share any aspect of sexual orientation, gender identity or gender history is vital. It can help you demonstrate respect and work to meet a patient’s individual needs. For patients living with serious illness, understanding who they are, and who matters to them, is particularly important for delivering holistic person-centred care.

- Sexual orientation, gender identity and gender history may be covered on demographics monitoring forms. However, there is not a link to the care individuals receive, which may impact their willingness to share information. Therefore, it is important to explain to patients why you are asking. You could try approaching the questions like this:

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> when you're on a ward system, if you're having a ECG and you know she'll be asked to leave the room and I'll be like 'No I want her to stay', 'Well friends can't stay', 'Well she's not a friend, she shares a bed with me.' [...] we're not really in the dark ages, like gay people really exist. You know, don't make assumptions."

**A gay cisgender female, in her 20s, with comorbidities, with a girlfriend**

"It is important for us to understand who you are, what matters to you, and who is important to you, in order for us to provide the best care we can. This includes understanding about your sexual orientation and your gender identity. I would like to speak with you about these topics. I do this with all of the patients I care for, as understanding these aspects of your life may enable me and the team to support you, and any significant people in your life better...

....Would you mind sharing your gender identity with me?
...And what are your pronouns?

Can I ask if you have any important people in your life?...And would you mind sharing your sexual orientation?"

- Note that discussing sexual orientation without the focus of a partner to build the conversation around may feel more difficult. Some LGBT+ people become accustomed to weighing up how safe it is for them to share these aspects of themselves, and if you haven't made them feel safe, they may be less likely to be open. It is useful to have open, inclusive discussions early on.

- Only ask about aspects of gender history if relevant. For example, do you as a clinician need to know about anatomy or hormones to provide person centred care? If you need to ask, do so in private, using specific justifiable questions.

## 8) Give choice and time

> Ask, 'I hope you don't mind', or 'If you want to offer this information – you don't have to.' You know, give them a choice. Give them an option."

**A gay cisgender male, in his 50s, with a gay cisgender friend with comorbidities**

When asking patients about any aspect of gender identity, gender history or sexual orientation, ensure they understand that answering your questions is not compulsory. Patients may not feel comfortable to share when you ask them. That is perfectly okay. What's important is that you are raising the topic in an open and respectful way, which communicates that you understand this information is important. This gives the choice to share there and then, or the time to reflect on whether they want to in future. They may decide to come back to that discussion the next time, or the next. Or they may not.

You may have long professional relationships with some of the people you care for, getting to know them and possibly their significant others over time. But things can change. Sexual orientation and gender identity can be fluid, so being ready to discuss these topics anytime is important.

> chronic illness is such a long thing often, someone's gender identity might be changing as they're going through it."

**A gay genderfluid person in their 30s, with cancer**

### Okay, but how?

Be clear that this is a choice. You should explicitly tell patients and their significant others that it is their decision whether to discuss these aspects of their lives. As part of asking a question, you could say something like:

"I always let people know that it's your choice whether you want to talk about this. I'm asking so I can support you as best as I can, and also offer any support to people important to you. But, if I ask you a question that you don't want to answer, that's fine. You just need to let me know. Or you might prefer to come back to some of these questions at another point. Does that sound okay?"

*continued on page 14*

> “ the more I’ve been thinking, especially in, in later years and what I’ve seen with people – sexuality is less fixed [pause] than used to be perceived before. It’s much more fluid, these days.”
>
> 
> **A lesbian cisgender female, in her 70s, with comorbidities**

***Remain open to change.*** It is helpful to always be inclusive in your communication, and be ready to adapt your language if required. This helps to ensure the care you provide is person-centred.

If you notice something may have changed in relation to a patient’s sexual orientation (e.g. new partner) or gender expression, exploring this sensitively may give a patient the confidence to share further if they wish. Having this discussion also allows you to offer related support if required.

## 9) Ask permission to record information

Patients may share things about their sexual orientation, gender identity or gender history with you in many ways – some formal, some less formal. This information is sensitive, and must handled carefully – like data on an individual person’s health, data regarding sexual orientation and gender history is “special category data” under the General Data Protection Regulation (GDPR)[3]. You should seek consent from patients about whether information relating to sexual orientation or gender history is held on their medical records. Let them know who would be able to see it and openly discuss how that would be recorded. If it is recorded, ensure that you do so appropriately and lawfully[4, 5], and that patients and any significant others are referred to correctly.

### Okay, but how?

Ask permission to record. It is important to ask those you’re caring for whether it’s okay for you to record information they share relating to their sexual orientation, gender identity or gender history anywhere on their file or in their patient notes. Reminding patients and their significant others early on in conversations that you will always seek their consent first is important. You could say:

> “I won’t record what you say about sexual orientation/gender identity/gender history in your records unless you agree that it’s okay to do so. Does that sound okay to you?”

Getting consent is vital, and it is also an opportunity to reassure patients of the person-centred nature of the discussion. Accompany any question with the reason why it might be helpful for you or your team.

> “I want to ask whether you’re willing for me to record what you have just told me about sexual orientation/gender identity/gender history in your medical record? That record can be seen by me (and the XXX team). I think it would be helpful for us to understand this about you, so we can ensure that we care for you as best we can, but it is completely your choice.”

A note on pronouns. Asking a patient or their significant other their pronouns is important in respecting their gender identity. Recording this on their record is helpful, as it directly impacts how you and your team refer to them in verbal and written communication. For example, if you know, that a patient was assigned female at birth, but uses the pronouns “he/him”, it is important to use his pronouns correctly whenever you’re referring to him. This may be when talking with other

> “ I would ask them, just because it’s not just me that reads their notes. It may be that although I’ve got the relationship with them, that I may know, it may well be that other people don’t know and, it’s not fair to [share that information with] everyone, if they don’t want them to know.”
>
> **A nurse in his 20s**

*continued on page 15*

team members, on patient notes, or in letters to other health and social care professionals. Explaining this to those you're caring for is important. You could say:

> "Thank you for sharing your pronouns. To ensure that the whole team refer to you correctly, are you happy for me to record your pronouns on your record?"

## TIP: Be honest regarding limits of knowledge

If a patient shares something about their sexual orientation, gender history or gender identity and you are unclear on its meaning, or how that impacts upon their life, politely tell them so. You could show willingness to understand by saying something like:

"Thank you for sharing that. That's not something I'm very familiar with, and I don't want to make assumptions or get anything wrong. Would you mind telling me what that means to you? If you'd rather not, that is of course fine, and I can look into it in my own time. What would you prefer?"

By being honest about your own limitations in knowledge, and making space and time to reflect on this, you remain open to learning new things, and to providing the best care you can.

This evidence-based guidance was created to provide health and social care professionals with practical ways to be LGBT+ inclusive in their communication with all the people they care for. You are already expert communicators, committed to delivery of high quality care, and small changes can make all the difference.

You can find out more about the research study that informed this guidance in the open access article: http://dx.doi.org/10.1136/bmjqs-2022-014792

You can contact the ACCESSCare team via email: accesscare@kcl.ac.uk

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## Additional resources

These are links to useful information to enable you to explore the topics covered in this guidance further.


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# Our partners


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