



The care of LGBTQIAP+ people with cancer: implications for inclusive care

O cuidado de pessoas LGBTQIAP+ com câncer: implicações para uma assistência inclusiva

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The acronym LGBTQIAP+ stands for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and Pansexual. The symbol “+” represents all other identities and experiences that are not specifically represented in the acronym. The acronym is used to refer to a diverse group of individuals who share similar experiences related to their sexual orientation, gender identity, and/or expression. It is important to note that although this acronym is widely used, it is not exhaustive, and some individuals may not identify with any of these labels.^{1,2}

The LGBTQIAP+ community faces unique health disparities, including cancer-related care. These disparities can be attributed to a variety of factors, including discrimination, stigma, lack of access to health care, and higher rates of certain risk behaviors.^{3,4}

It is important to note that research on cancer care for the LGBTQIAP+ population is still limited, and further studies are needed to fully

understand the unique health disparities and cancer risks faced by this community. Thus, health professionals should strive to create a welcoming and inclusive environment for LGBTQIAP+ people, and cancer prevention and screening programs should be tailored to meet the specific needs of this population.^{3,4}

The LGBTQIAP+ population faces numerous barriers to accessing and receiving quality health services, including institutional violence and prejudice, as well as a lack of preparation among health professionals.⁵ As a result, making healthcare settings more inclusive requires more than just addressing physical barriers. Actions such as recognizing, validating, and respecting sexual identities and practices (e.g., using less binary and less sexist language) can help mitigate neglect and promote health for this population. An inclusive approach can help promote the health and well-being of the LGBTQIAP+ population and ensure that all individuals have access to the health care they need.



The Epidemiological Bulletin of the State of São Paulo⁶ provides guidelines for health providers to implement an inclusive approach in healthcare settings. These guidelines include:

1. Introducing yourself by the first name and the pronouns you use and explaining your roles.
2. Asking patients about their preferred name and pronouns or listening to how they refer to themselves and asking, "I see you're referring to yourself as male/female, can I use these terms with you?"
3. Properly identifying patients in their medical records, emphasizing the name that should be used in the service.

For patients who are of legal age but have not yet changed their documents, inform them about how to do so at a notary's office.

How to start the inclusive people approach?

Starting an inclusive approach involves using language that acknowledges and respects diverse family relationships and support systems. Instead of assuming familial relationships by asking "Is this your mother?", it is more appropriate to ask, "Who is here with you today?". LGBTQIAP+ people mostly express that their support systems are their chosen family, which can consist of friends or other individuals who provide support rather than a partner or family member. Healthcare professionals can facilitate safe and inclusive interactions by understanding the diversity of support systems in the LGBTQIAP+ community and using inclusive language.^{7,8}

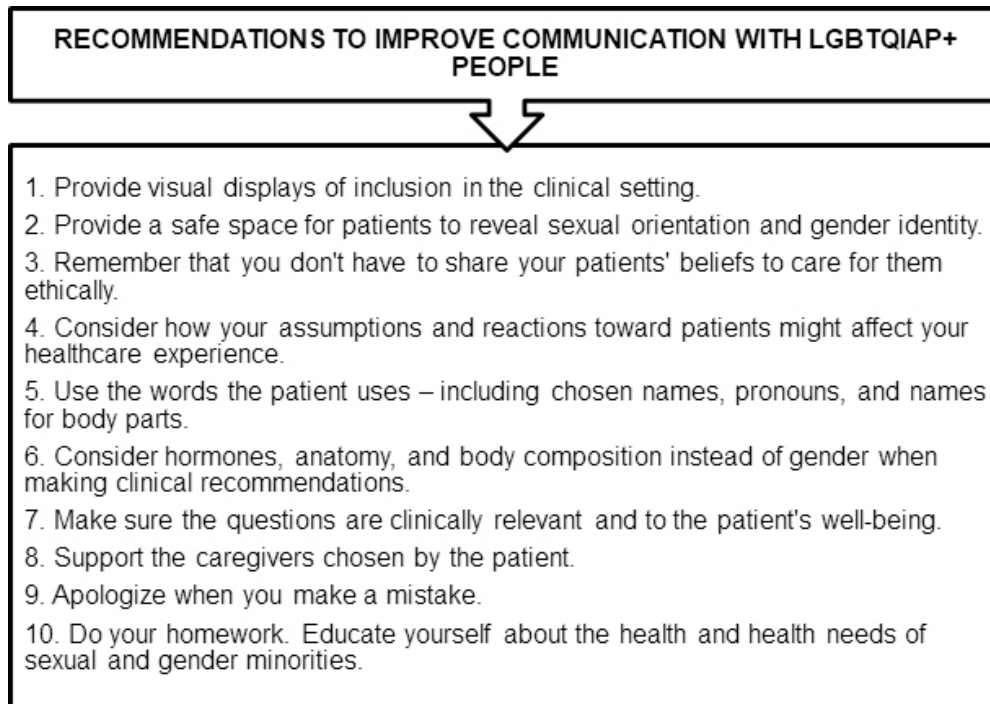
In the context of cancer care, nurses must take a sensitive and inclusive approach that considers the unique health disparities, cultural values, and individual needs of LGBTQIAP+ individuals. Nurses should strive to create a safe and supportive environment that fosters open communication and trust while also providing high-quality care that meets individuals' physical, emotional, and psychosocial needs.

Communication as a tool to mitigate the challenges in the care of LGBTQIAP+ people

Professionals and health institutions, both public and private, must address various challenges in providing adequate care for LGBTQIAP+ people. Collaboration with teaching and research entities is necessary to generate robust data that can inform clinical practice.

Effective communication is crucial in creating a safe and trusting environment where LGBTQIAP+ individuals can comfortably express their needs and concerns about healthcare. To achieve this, healthcare professionals must ask open-ended and unbiased questions to gain a thorough understanding of their patients' experiences.

While many researchers have studied the interfaces of communication in the field of health, it is crucial to adapt the way that professionals and institutions communicate with LGBTQIAP+ people with cancer to ensure they receive individualized care and feel welcome. In her publication *Cancer Care Considerations for People of Sexual and Gender Minorities*, researcher Pratt-Chapman⁹ released a list of ten recommendations for improving communication with LGBTQIAP+ people with cancer (Box 1).



Source: Pratt-Chapman & Potter (2019).

Effective communication is crucial in reducing healthcare disparities and improving the quality of care for LGBTQIAP+ people. It is essential for healthcare professionals and institutions to recognize the diversity within this community and be willing to learn and adapt their practices accordingly. This includes creating a safe and inclusive environment, using inclusive language, and being sensitive to cultural values and individual needs.

Access barriers and risk factors, what is the role of nursing in this field?

Nursing plays a crucial role in overcoming these barriers and mitigating risk factors for cancer. Nurses can act as advocates for inclusive care by ensuring that LGBTQIAP+ people receive the appropriate treatment and attention, regardless of their gender identity or sexual orientation.

The LGBTQIAP+ population has higher rates of tobacco, alcohol, and illicit drug use. The use of combined psychoactive substances during sex significantly increases exposure to sexually transmitted infections (STIs). The practice of unprotected sex, exchanging partners during group sex, dryness, dehydration and loss of sensitivity, can increase the chances of tissue injuries and bleeding.¹⁰ Additionally, lesbian women have higher rates of obesity diagnosis.¹¹ All of these findings can be considered risk factors for the increase in chronic diseases, including cancer.

Sexual and Gender Diversity (DSG) populations face numerous barriers in accessing cancer prevention, screening, treatment, and future care due to inequalities in healthcare access. The lack of training and technical-scientific preparation among health professionals, as well as the lack of scientific funding, development of protocols, and policies specifically directed towards this group, exacerbate this distance and result in a lack of tailored assistance for this population.⁶

The implications for nursing care for LGBTQIAP+ people are significant and require a culturally competent and inclusive approach that is sensitive to the disparities and unique health needs of this population. This includes educational actions, training on the subject, the use of affirmative and respectful language, the promotion of a welcoming environment, and the practice of inclusive care. Additionally, there is a need for collaboration and advocacy of policies and practices that promote equity in health, such as support for inclusive screening programs and the prevention of cancer in the LGBTQIAP+ population.

By providing high-quality care that is affirmative and tailored to meet individual needs, nurses can help improve cancer outcomes and promote health equity for this population, reducing barriers to care.

Indexers

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