Canadian Medical Education Journal

Letter to the Editor

Response to: Education of doctors providing service to LGBTQ patients

Brenda L. Beagan, 1 Erin Fredericks, 2 Mary Bryson3

¹School of Occupational Therapy, Dalhousie University, Halifax, NS

Published: December 11, 2015

CMEJ 2015, 6(2):e82-e83 Available at http://www.cmej.ca

© 2015 Beagan, Fredericks, Bryson; licensee Synergies Partners

This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

We want to thank this group of scholars and practitioners¹ for their comments on our recent paper,² and thank the editor for giving us the opportunity to respond to those comments. We completely agree with the points being made in the letter.

We agree that gathering perspectives only from health professionals is inherently limited. The paper we published in *CMEJ* 6(1) drew on data from a larger qualitative study, which – as we noted in the paper – included interviews with nurses and with LGBTQ patients. Most good qualitative research produces far more data than can be analyzed in a single paper. Accordingly, we have published several other papers from the study. Some of those focus on the experiences of nurses and physicians, ^{3,4} some on the experiences of the LGBTQ participants, ⁵⁻⁸ and some on both. ⁹ Some specifically teased out the experiences of and with transgender participants for group specific analyses.

We also completely agree that physicians (and other health professionals) need training regarding working effectively with LGBTQ populations, not only in entry-to-practice programs, but also through continuing education for practitioners.

We want to emphasize that at either level training in communication skills and in patient-centered care — while invaluable — is not sufficient. Skillfully treating each patient as an individual may still ignore social group differences that continue to have predictable (though not inevitable) effects on health, health care and everyday experiences. Developing the skills to recognize and explore important social differences, as well as to recognize the biases, assumptions and limitations connected to one's own social and cultural background are essential first steps toward more equitable health care.

References

- Parlak A, Develi S, Parlak N, Eyi YE. Education of doctors providing service to LGBTQ patients. Can Med Educ J. 2015.
- Beagan B, Fredericks E, Bryson M. Family physician perceptions of working with LGBTQ patients: physician training needs. Can Med Educ J. 2015;6(1):e14-e22.
- 3. Beagan BL, Fredericks E, Goldberg L. Nurses' work with LGBTQ patients: "They're just like everybody else, so

Correspondence: Brenda Beagan, School of Occupational Therapy, Dalhousie University, PO Box 15000, Halifax NS, B3H 4R2; Email: bbeagan@dal.ca

²Sociology Department, St. Thomas University, Fredericton, NB

³Institute for Gender, Race, Sexuality, and Social Justice, University of British Columbia, Vancouver, BC

- what's the difference?" *Can J Nurs Res.* 2012;44(3):44-63.
- Beagan BL, Chiasson A, Fiske C, et al. Working with transgender clients: Learning from physicians and nurses to improve occupational therapy practice. *Can J Occup Ther.* 2013;80(2):82-91. doi: 10.1177/0008417413484450
- Fredericks E, Harbin A, Baker K. (under review). Being (in)visible in the clinic: a qualitative study of queer, lesbian and bisexual women's health care experiences in Eastern Canada. Submitted to Health Care Women Int.
- Baker K, Beagan BL. 'Unlike Vancouver... here there's nothing': imagined geographies of idealized healthcare for LGBTQ women. Gend Place Cult. 2015

- Aug; early online doi: 10.1080/0966369X.2015.1073694
- 7. Baker K, Beagan BL. Making assumptions, making space: an anthropological critique of cultural competency and its relevance for queer patients. *Med Anthropol Q.* 2014;28(4):578-98. doi: 10.1111/maq.12129
- 8. Hattie B, Beagan BL. Reconfiguring spirituality and sexual/gender identity: "It's a feeling of connection to something bigger, it's part of a wholeness." *J Relig Spiritual Soc Work.* 2013;32(3):244-68. doi:10.1080/15426432.2013.801733
- 9. Harbin A, Beagan BL, Goldberg L. Discomfort, judgment, and health care for queers. *J Bioeth Inq.* 2012;9(2):149-60. doi:10.1007/s11673-012-9367-x