



Supporting 2SLGBTQ+ patients in your practice

Andrew J. Organek MD CCFP(EM) FCFP Thea Weisdorf MD CCFP FCFP



Every family doctor in Canada will care for 2SLGBTQ+ patients over the course of their careers. It is important that we be prepared to address the health challenges faced by these diverse communities, especially now, when their access to health care is being threatened in many parts of the world. There is a need to create safe practice environments for family doctors to provide sensitive care for 2SLGBTQ+ patients and their families. As Vice Chair and Chair of the College's 2SLGBTQ+ Health Member Interest Group, we are delighted to contribute this guest editorial for this special Pride issue of *Canadian Family Physician*.

Statistics Canada data from 2015 to 2018 revealed that almost 1 million Canadians identify as lesbian, gay, or bisexual, representing 3.2% of the population aged 15 and older.¹ In 2021 the census included questions about sex at birth and gender for those 15 and older for the first time.² One in 300 people 15 and older identified as transgender or non-binary. Nearly two-thirds (62.0%) of these individuals were younger than 35.² It is reasonable, then, to assume that every family doctor in Canada provides primary care to patients in 2SLGBTQ+ communities.

The Health of LGBTQIA2 Communities in Canada: Report of the Standing Committee on Health summarized many of the challenges facing these populations.³ Canadians who are 2SLGBTQ+ are more likely to develop mental health disorders, have suicidal thoughts, and attempt suicide than heterosexual people are. Lesbian and bisexual women are more likely than heterosexual women to develop chronic diseases such as arthritis. Gay, bisexual, and other men who have sex with men are at greater risk of anal cancer and HIV infection than their heterosexual counterparts.³


Barriers to care result from a long history of discrimination and stigmatization. Transgender or gender-diverse (TGD) Canadians tend to have less access to primary care and more unmet health care needs than the rest of the population.⁴ Inequities are exacerbated when other identity factors and social determinants of health—age, ethnicity, income, and access to health care—intersect with gender identity and sexual orientation. Canadians in 2SLGBTQ+ communities tend to have lower incomes and have higher rates of homelessness, exposing them to additional vulnerabilities.⁵

While the world is learning more about 2SLGBTQ+ health inequities, these communities continue to struggle with finding acceptance. More than half of hate crimes targeting sexual orientation in Canada are violent

crimes, with 2SLGBTQ+ individuals experiencing twice as much public violence and harassment as heterosexual Canadians.⁵ Conspiracy-driven fear and hate continue to rage worldwide, exacerbating the health gap.

This issue features important content for 2SLGBTQ+ primary care. Use of appropriate language when providing care to 2SLGBTQ+ patients cannot be undervalued. Dr Robyn Moxley presents a powerful resource for family doctors caring for TGD patients in pregnancy (page 407).⁶ Dr Moxley offers practical and impactful gender-affirming solutions that require little effort to learn and that have substantial impacts on many patients seeking pregnancy care and new parenting support.

Two Third Rail articles in this issue explore the problems that patients can experience when care is fragmented (page 415)⁷ and recommendations to mitigate this fragmentation (page 418).⁸ In trying to minimize physical and psychological harm to TGD patients, family doctors may refer patients to gender-affirming care specialists. With extraordinary wait times (up to 2 years), the messaging that gender-affirming care is beyond the scope of family medicine reinforces many harmful barriers that TGD patients encounter.

In today's political climate, the human rights of 2SLGBTQ+ communities are being threatened. Family doctors, many of whom are 2SLGBTQ+ themselves, have a crucial role to play. We hope that the content in this issue provides you with the confidence to deliver affirming health care to these populations. 

Dr Andrew J. Organek is an emergency physician at Mount Sinai Hospital in Toronto, Ont; Assistant Professor in the Department of Family and Community Medicine at the University of Toronto; and Vice Chair of the College of Family Physicians of Canada's 2SLGBTQ+ Health Member Interest Group. **Dr Thea Weisdorf** is a family physician at St Michael's Hospital in Toronto, Assistant Professor in the Department of Family and Community Medicine at the University of Toronto, and Chair of the College of Family Physicians of Canada's 2SLGBTQ+ Health Member Interest Group.

Competing interests
None declared

References

1. Statistics Canada. *Family and household characteristics of lesbian, gay and bisexual people in Canada*. Ottawa, ON: Government of Canada; 2021.
2. Statistics Canada. *Canada is the first country to provide census data on transgender and non-binary people*. Ottawa, ON: Government of Canada; 2022.
3. *The health of LGBTQIA2 communities in Canada. Report of the Standing Committee on Health*. Ottawa, ON: House of Commons of Canada; 2019.
4. Trans PULSE Canada Team. *QuickStat #2—primary care and unmet health care needs*. Toronto, ON: Trans PULSE Canada; 2020.
5. Statistics Canada. *A statistical portrait of Canada's diverse LGBTQ2+ communities*. Ottawa, ON: Government of Canada; 2021.
6. Moxley R. Affirming pregnancy care for transgender and gender-diverse patients. *Can Fam Physician* 2023;69:407-8.
7. Weisdorf T, Organek AJ, Bauld H. Should all family physicians provide gender-affirming primary care? *Can Fam Physician* 2023;69:415-7.
8. Agnihotri K. In pieces. A defence of family medicine. *Can Fam Physician* 2023;69:418-9.

Can Fam Physician 2023;69:377 (Eng), 379 (Fr).
DOI: 10.46747/cfp.6906377

Scan to learn
more about
CFPC Pride



Cet article se trouve aussi en français à la page 379.