

Access to sexual health care

How family physicians can open the door



Sarah Fraser MSc MD CCFP, DEPUTY EDITOR

If you are reading this editorial in print, the journal might seem a bit thicker than usual. You're not wrong—this is the first year *Canadian Family Physician* is releasing a combined July/August issue. As mentioned in the Publisher's Notes Message last month, this will happen yearly, along with a combined November/December issue. The theme of this first larger issue is sexual health, since there is a range of topics to cover, including barriers faced by patients in accessing sexual health care.

With roots in popular Latin (*barra*) the word *barrier* dates back to the Middle Ages, when the term was initially used to describe a stake or rod used to keep a gate closed.¹ In Old French, *barrière* was defined as an obstacle or gatekeeper.¹ Since that era, the word has taken on more metaphoric meanings, such as this definition from the *Merriam-Webster.com Dictionary*: "something immaterial that impedes or separates."²

People seeking sexual health services across the country continue to be impeded from receiving the care they need³ and providers also face barriers when trying to care for patients. One way to reduce barriers for patients is through obtaining knowledge about sexual health so that we as family doctors can help them directly without having to refer them elsewhere. Many articles in this issue will help us to this end. Testing for common sexually transmitted infections in men who have sex with men is reviewed in an article by Dr Patrick O'Byrne et al (page 449),⁴ and you will also find a clinical review about the management of a common postoperative complication for trans women who have undergone vaginoplasty (page 456).⁵ Dr Dominika Jegen et al offer a practical and novel technique for intrauterine device insertion training using avocados (page 476).⁶ This technique could be used when teaching residents or when picking up this skill ourselves.

Yet even when we believe we have maximized our clinical knowledge and are practising at the edges of our comfort zones, there are systemic barriers to address. For example, in her study on breast cancer screening, Dr Dalia Eldol highlights barriers faced by newcomers to Canada, which includes being unable to access care in one's own language (page 491).⁷ The research article by Praniya Elanganesan et al showed patients in Ontario preferred human papillomavirus self-testing when compared with cervical cancer screening done by health care providers (page 479).⁸ They concluded patients may be more likely to access cervical cancer screening if offered

self-testing. When we understand the existing roadblocks, we can begin breaking down barriers.

Sexual health services are a form of primary care, and whether we perform these services ourselves to help expedite care, or advocate for change more broadly to achieve the same goal, we can break down barriers, removing the metal bars that seem to block the entrance to health care.

Whichever action we are taking, whether it is learning a new skill, having those personal and perhaps difficult conversations, or advocating for change, there will be a certain level of discomfort involved. However, this is something we are used to in family medicine. We have uncomfortable conversations daily—we might feel discomfort with diagnostic uncertainty and medically unexplained symptoms. We feel an emotional discomfort with the cognitive dissonance that comes with being unable to provide optimal care given health system limitations. The sentiment of discomfort is therefore not a new one. Exposure to uncomfortable situations is also the very thing that will ultimately open up not only our comfort zones, but also the locked-up gate patients might encounter when accessing sexual health services.

In line with the early etymology, family physicians are often referred to as gatekeepers of the health care system, tasked with ensuring resources in publicly delivered care are managed appropriately. Perhaps instead of gatekeepers, we can view ourselves as stewards, helpers, implementers, or facilitators, and ask ourselves, "What doors can we open?"

The opinions expressed in editorials are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

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