

tips for clinicians

www.gaymenshealthandwellbeing.org



- **don't assume** gay, lesbian or bisexual patients will automatically disclose their sexual orientation to you and recognise how difficult disclosure may be
- **ask open ended** rather than closed questions
for example: "Have you got a partner?" as opposed to "Are you married?"
don't be afraid to ask if a partner is male or female
- **acknowledge** when a patient tells you they are gay, lesbian, bisexual or transgender
- **take time** to discuss with them if they have any needs with regards to their sexual orientation or transgender identity
- **remember** terms in common use are not without **ambiguity**
for example partner may or may not mean emotional attachment is present or a sexual relationship exists
- **avoid** making **assumptions**
for example not all gay men have anal sex and anal sex is becoming increasingly common among heterosexual couples
do not assume that lesbian women have never had sexual relationships with men (including at the present time)
- **always** be able to **justify** the rationale behind asking probing questions about sexual activity
for example "can you tell me what sort of sex you have so I know what sort of testing would be best for you and how to advise on the risk of infection?"
- **seek to explain** to patients why their sexual orientation may be relevant to the care they received for a whole range of conditions
- **display** LGBT affirming imagery and resources within your consulting room
for example a flyer on your wall saying "You can talk to me about lesbian, gay, bisexual and transgender issues"

equality for
all