

Ethical Considerations While Reducing Health Disparities in the LGBTQ+ Community

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Cláusula de no conflictos/ Disclosure

- Professor Vega Gerena, faculty for this CE activity, has no relevant financial relationship (s) with ineligible companies to disclose.
- La profesora Vega Gerena, facilitadora de esta sesion de educacion continuada, certifica no tener relación(es) financiera(s) relevante(s) con empresas no elegibles.

Objectives

- Pharmacists and pharmacy technicians should be able to:
 - Define key terminology as it applies to the LGBTQ community and appropriately use cultural information and terminology to establish clinical relationships.
 - Identify health disparities and risk factors impacting the LGBTQ community.
 - Identify the types of oppression and discrimination that LGBTQ individuals face within the health care system.
 - Outline legal and ethical obligations associated with treating patients that identify as LGBTQ, according to Affordable Care Act and PR Department of Health recent Regulations.

Objetivos

- Definir la terminología que aplica a la comunidad LGBTQ de forma que sea utilizada apropiadamente al para establecer relaciones clínicas, siendo culturalmente competente.
- Identificar disparidades de salud y factores de riesgo que afectan a la comunidad LGBTQ.
- Identificar los tipos de opresión y discriminación que enfrentan las personas LGBTQ dentro del sistema de atención de salud.
- Describir aspectos legales y éticos asociadas con el tratamiento de pacientes que se identifican como LGBTQ, de acuerdo con la Ley del Cuidado de Salud desde el Affordable Care Act y las Regulaciones recientes del Departamento de Salud de PR.

Objectives

- Identify steps that providers and health care organizations can take to address underlying cultural biases and improve the provision of nondiscriminatory care for patients who identify as LGBTQ.
- Discuss strategies for the pharmacy team to utilize in creating a patient-centered, anti-bias and anti-stigma environment to support patients.

Objetivos

- Discutir acciones, sugerencias y estrategias, que podrían adoptar proveedores y organizaciones que ofrecen cuidado de salud, para;
 - prevenir sesgos culturales,
 - mejorar la prestación de atención no discriminatoria para los pacientes que se identifican como LGBTQ.
 - Discutir estrategias para que el equipo de farmacia las utilice en la creación de un entorno centrado en el paciente, anti-sesgo y anti-estigma para apoyar a los pacientes.

Exercise 1

Explorando cuánto conocemos sobre las personas
LGBTQT+

Exploring how much we know about LGBTQT+ people

True or False

- LGBT people can be easily identified by certain mannerisms or physical characteristics.
- LGBT people can be cured by the appropriate therapy
- All trans people seek gender reassignment surgery.

Trasfondo

- Los primeros movimientos de lucha social LGBTTT se ubican en Alemania a partir del siglo XIX pues la homosexualidad era considerada un delito.
- En el Occidente, el movimiento social y político tuvo sus orígenes en el 1969, tras los disturbios de Stonewall en Greenwich Village; dicho movimiento se extendió a otros países alrededor del mundo. A partir de la década de los años 1980, los problemas de salud de esta población se hacen evidenciados pues se comienzan a reportar casos de HIV en la población homosexual, de la cual pasan juicios y discriminación a la población LGBTTT por falta de conocimiento sobre la epidemiología del HIV.

Escenarios de Farmacia y servicios a personas LBGTQT+

- El sistema de prestación de servicios de farmacia y comunidades defensoras de los derechos civiles ha evolucionado al punto de desarrollar modelos de cuidados de salud y servicios inclusivos para la población LBGTQT. Según descritas en las guías de la Campaña de Derechos Humanos (2017), “A resource guide for Pharmacist and Pharmacy Staff”, proveer cuidados inclusivos a la población envuelve diversos aspectos como manejo de situaciones, selección del lenguaje, y sobre todo empatía.

Background

- Research suggests that LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. Discrimination against LGBT persons has been associated with high rates of psychiatric disorders,¹ substance abuse, and suicide. Experiences of violence and victimization are frequent for LGBT individuals, and have long-lasting effects on the individual and the community. Personal, family, and social acceptance of sexual orientation and gender identity affects the mental health and personal safety of LGBT individuals, (US Department of Health and Human Services. Healthy People 2010. [Internet]. Available from: <http://www.hhs.gov>)

Background

- Pharmacy teams have a crucial role in addressing the health inequalities faced by LGBTQ+* communities including barriers to accessing healthcare, experience of prejudice and discrimination, and poorer health outcomes.

Issues of Concern

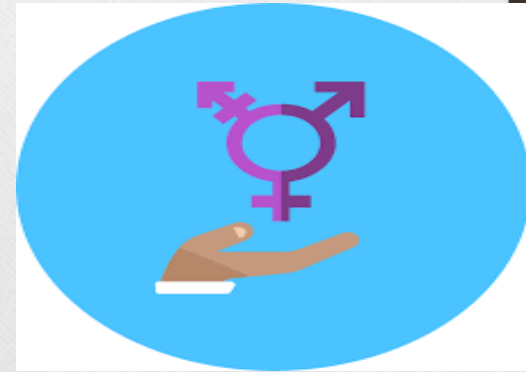
- “learning to take care of members of the lesbian, gay, bisexual, transgender, or queer community involves understanding and being open to multiple special considerations and avoiding unconscious and perceived biases. Members of the LGBTQ community have unfortunately experienced a challenging history, but health professionals can learn to provide compassionate, comprehensive, and high-quality care with education. The following will assist the provider in caring for LGBTQ patients” , (Lessard L, Puhl R, Watson R. Gay-Straight, 2020).
- <https://www.pharmacyregulation.org/regulate/article/new-pride-pharmacy-resources>

Para reflexionar

- “ aprender a ofrecer cuidados de salud a miembros de la comunidad lésbica, gay, bisexual, transgénero o queer implica comprender y estar receptivos a múltiples consideraciones, así como ; evitar sesgos involuntarios o percibidos. Desafortunadamente, los miembros de la comunidad LGBTQ han experimentado una historia desafiante, no obstante, los profesionales de la salud pueden aprender a brindar atención compasiva, integral y de alta calidad con educación. (Lessard L, Puhl R, Watson R. Gay-Straight, 2020)

Exercise 2

Self reflection



Ejercicio 2: Auto reflexión

- ¿Cuántos-as de ustedes atienden en la farmacia, conocen o trabajan con personas lgbttq+ ?
- Situación
 - Una persona transgenero le pide orientación para uso de terapia hormonal, ¿cuán cómodo-a se sentiría en una consulta?
 - ¿Como se siente ?, en una escala de 1-4, en la que 1 representa sentirse muy cómodo-a interaccionando,
 - 2 un poco incomodo-a
 - 3 las interacciones se limitan a lo indispensable,
 - 4, no suelo interaccionar con personas lgbttq+

Exercise 2: How do you feel about....

- How many of you, know or work with lgbttq+ people?
- Under the following situation, identify you feelings:
- A transgender person asks you for guidance on the use of hormone therapy, how comfortable would you feel in a consultation?
- On a scale of 1-3, in which 1 represents feeling very comfortable-a interacting, 2 a little uncomfortable-a and 3 the interactions are limited to the essentials, how do you position yourself?

Términos



Beyond Sex

An introduction to terminology on gender, sex and sexual orientation.

GENDER IDENTITY

A person's internal sense of their gender.

CISGENDER

Someone whose gender aligns with their sex assigned at birth.

TRANSGENDER

Someone whose gender identity differs from their sex assigned at birth.

NON BINARY

Someone whose gender identity isn't within the binary man/male or woman/female. They may identify as both (bigender), as neither (agender) or a gender identity that changes in expression or intensity (genderfluid).

GENDERQUEER/GENDER NON CONFORMING

People who display non-normative gender roles, expressions and identities as defined by cultural expectations for their sex assigned at birth,

INTERSEX

Those whose sex-defining characteristics or reproductive anatomy don't fit the binary male/female. Also know as "disorders of sex development"

SEXUAL ORIENTATION

Genders of the individuals towards whom someone is attracted. The reference point for someone's sexual orientation is gender not sex assigned at birth.

GAY/LESBIAN

Someone who is attracted to their same gender.

STRAIGHT

Someone who is attracted to a different gender. Ex: A trans woman who is attracted only to men.

BISEXUAL

Someone who is attracted to more than one gender. Recently, it is preferred to use the term pansexual as it doesn't imply a gender binary and it includes trans and nonbinary identities.

QUEER

A reclaimed slur for sexual orientation or gender identity outside the norm.

SEX (ASSIGNED AT BIRTH)

Construct that can induce characteristics of external genitalia, gonads, hormone levels and chromosomes, among other variables.

Courtesy of Mackenzie P. Lerario, adapted with permission from: Lerario MP, Rosendale N, Waugh JL, Turban J, Maschi T. Functional neurological disorders in sexual and gender minority people. *Neurologic Clinics*. 2023. In press.

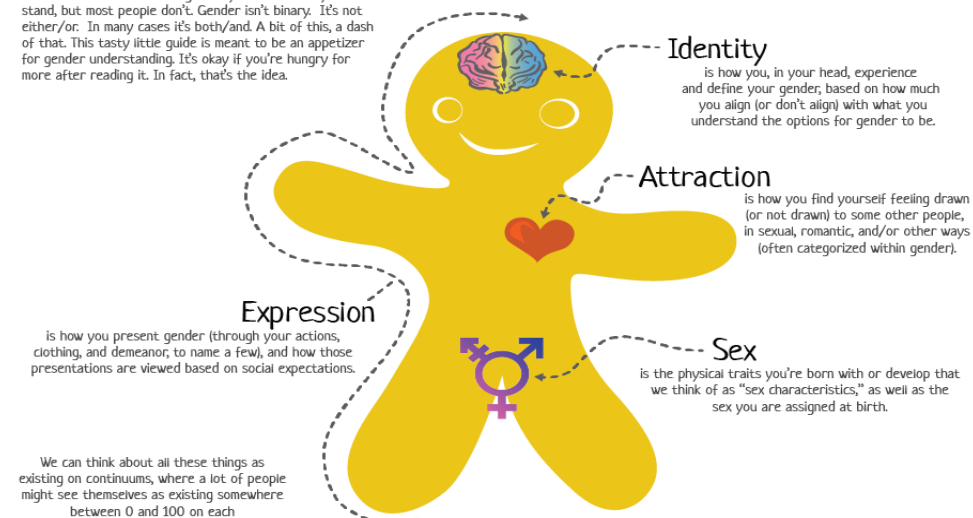
Términos y expresiones

¿Cuántos de estos terminos conocía?

The Genderbread Person

by its pronounced **METROsexual** .com

Gender is one of those things everyone thinks they understand, but most people don't. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more after reading it. In fact, that's the idea.



Gender Identity



personality traits, jobs, hobbies, likes, dislikes, roles, expectations

common GENDER IDENTITY things

Gender Expression



style, grooming, clothing, mannerisms, affect, appearance, hair, make-up

common GENDER EXPRESSION things

Anatomical Sex



body hair, chest, hips, shoulders, hormones, penis, vulva, chromosomes, voice pitch

common ANATOMICAL SEX things

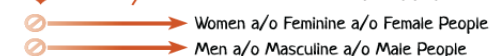
Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth

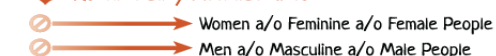
□ Female □ Intersex □ Male

Typically based solely on external genitalia present at birth (ignoring internal anatomy, biology, and change throughout life), Sex Assigned At Birth (SAAB) is key for distinguishing between the terms "cisgender" (when SAAB aligns with gender identity) and "transgender" (when it doesn't).

Sexually Attracted to...



Romantically Attracted to...



Genderbread Person Version 4 created and uncopyrighted 2017 by Sam Killermann

For a bigger bite, read more at www.genderbread.org

Clarifying False Assumptions and key terminology

- 'Transgender''

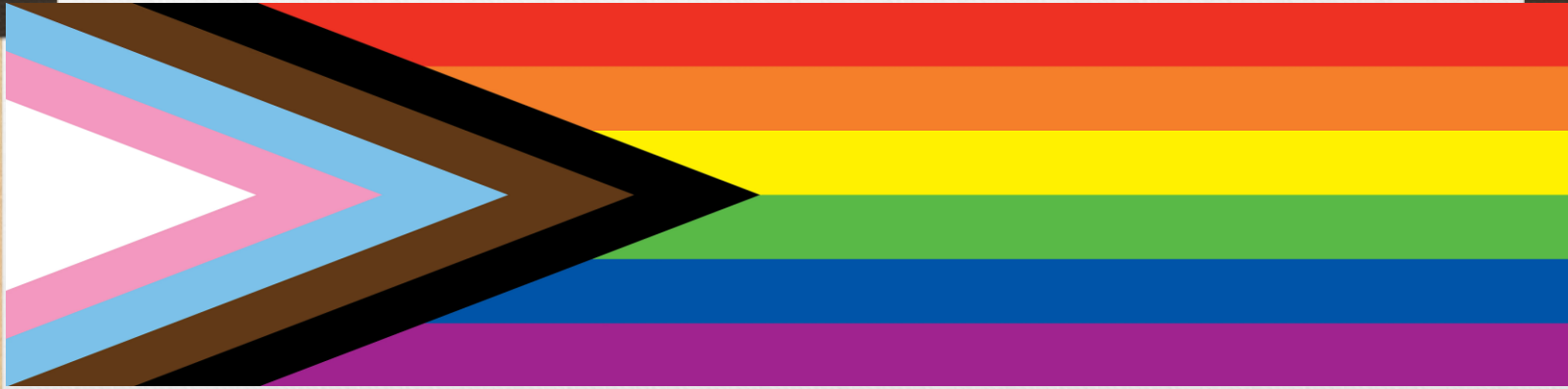
- Not to be characterized as a “mental disorder”

According to the newly revised version of The International Classification of Diseases known as ICD011, published by the WHO, “gender identity disorders” have been reframed as “gender incongruence.” Gender nonconformity is now included in a chapter on sexual health

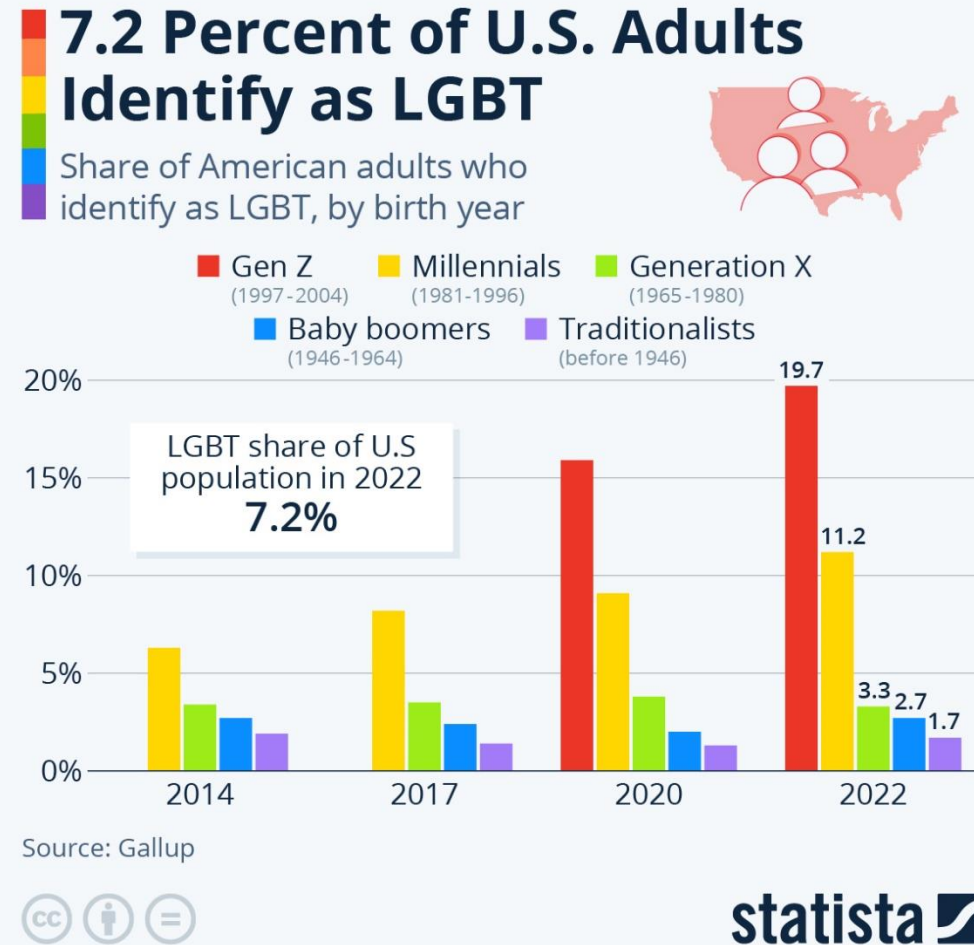
- **LGBTQ Is Not A Disease**

- At one point in medical history, being LGBTQ meant having a psychiatric disease. Fortunately, after years of lobbying, in 1973, the American Psychiatric Association members voted to determine if homosexuality was a disease. The ensuing vote led to a compromise, and homosexuality as a diagnosis was removed from DSM-II. It was replaced with “sexual orientation disturbance” for patients “in conflict with” their sexual practice and orientation. Later, in 1987, homosexuality was completely removed from the DSM.

Demographics, Disparities and Risk Factors



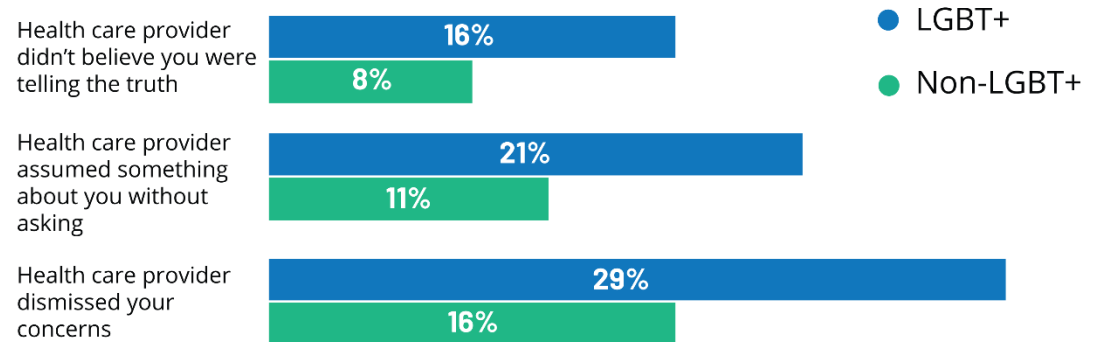
<https://www.statista.com/chart/18228/share-of-americans-identifying-as-lgbt/>, 2022



Perception of negative experiences with health care providers, KFF

Larger Shares of LGBT+ Adults Report Negative Experiences with Their Providers Compared with Non-LGBT+ Adults

Thinking about your health care visits in the last two years, did you experience any of the following, or not?

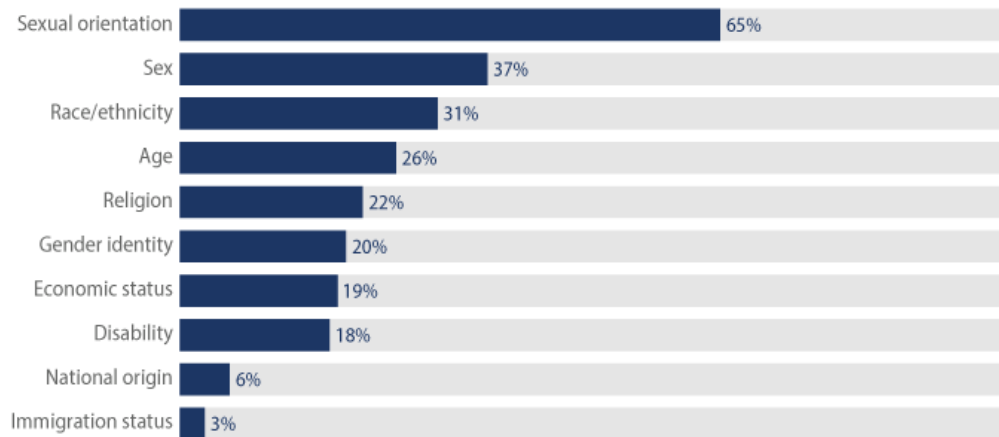


Impacto de discrimen por orientación sexual

FIGURE 8

Two-thirds of LGBTQ Americans have changed their behavior to avoid discrimination based on their sexual orientation

Percentage of LGBTQ Americans who reported having changed their behavior to avoid discrimination, by characteristic



* The statistics for transgender individuals include nonbinary, gender-nonconforming, genderqueer, and agender respondents.

** For the purposes of this survey, people of color include Black, Hispanic, Asian, and multiracial individuals, as well as those identifying as "other, non-Hispanic."

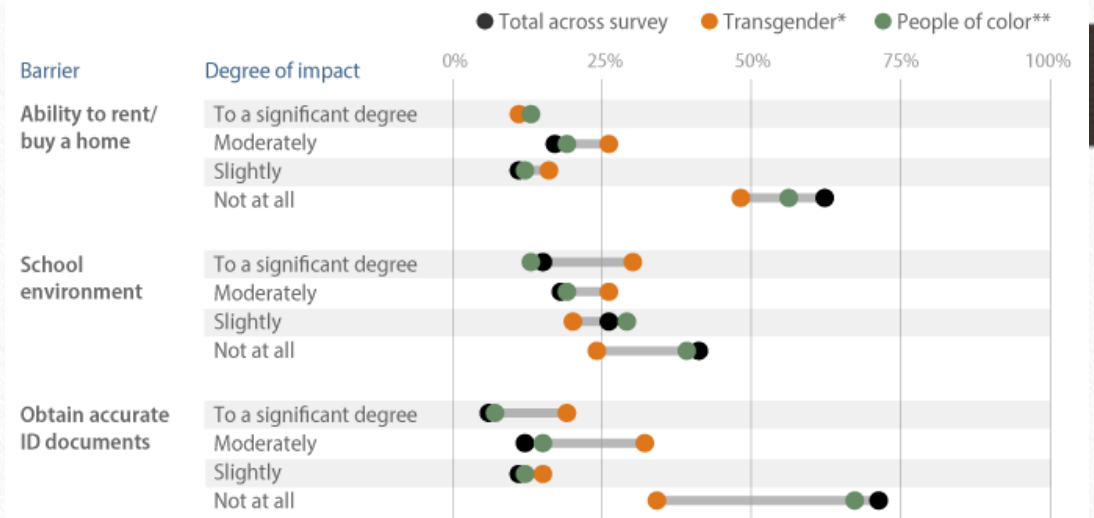
Source: Center for American Progress and NORC at the University of Chicago online survey, June 2020, on file with the authors.



FIGURE 4

LGBTQ Americans report high levels of discrimination in access to services

Percentage of LGBTQ Americans who reported the effect of discrimination on access to housing, schooling, and ID documents, by demographic group



* The statistics for transgender individuals include nonbinary, gender-nonconforming, genderqueer, and agender respondents.

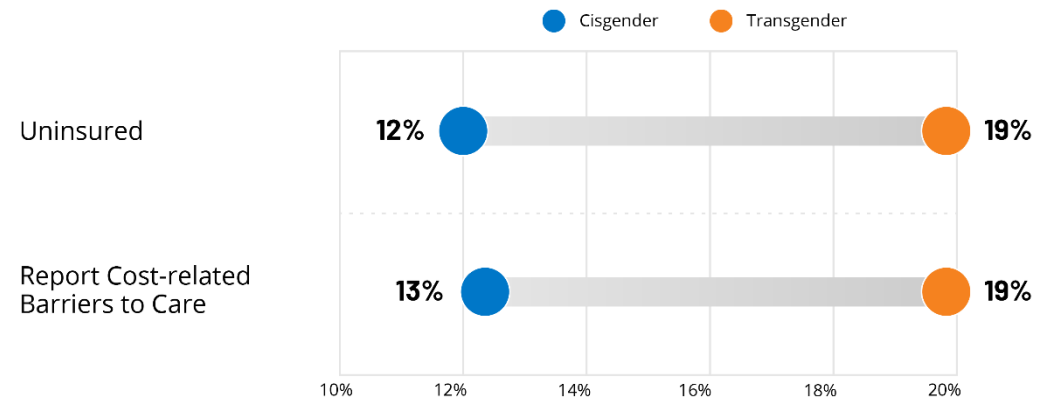
** For the purposes of this survey, people of color include Black, Hispanic, Asian, and multiracial individuals, as well as those identifying as "other, non-Hispanic."

Source: Center for American Progress and NORC at the University of Chicago online survey, June 2020, on file with the authors.

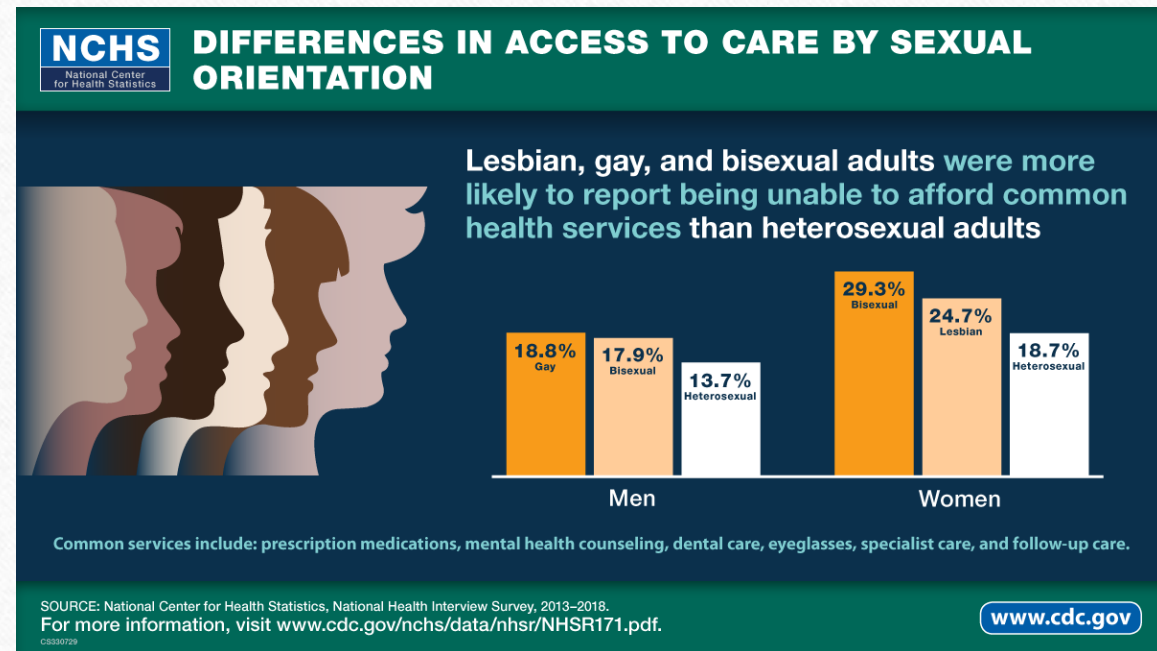


Medical coverage inequities

A Larger Share of Transgender Adults are Uninsured and Report Barriers to Care due to Cost than Cisgender Adults



Heslin, K., Alfier, J. (2022). Sexual Orientation Differences in Access to Care and Health Status, Behaviors, and Beliefs: Findings from the National Health and Nutrition Examination Survey, National Survey of Family Growth, and National Health Interview Survey. CDC National Health Statistics Reports. Number 171, May 25, 2022





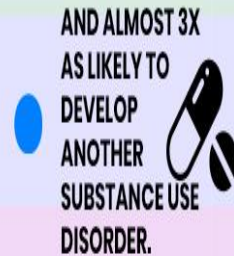
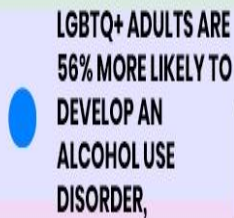
(THAT'S NEARLY 15 MILLION PEOPLE)

OF THEM, 1/3 EXPERIENCE A MENTAL ILLNESS
(60% MORE THAN HETEROSEXUALS)

AND ARE 2-3x MORE LIKELY TO HAVE LONG-TERM
PSYCHOLOGICAL OR EMOTIONAL PROBLEMS

REGULARLY FACING PREJUDICE,
HARASSMENT, & DISCRIMINATION

WHICH CAUSES SERIOUS ISSUES
WITHIN THE LGBTQ+ POPULATION...



SOURCES:

<https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.aspx>
[https://link.springer.com/article/10.1007/s211606-014-2905-y](https://link.springer.com/article/10.1007/s2111606-014-2905-y)

<https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>
<https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.htm>

PRIORY PRIVATE
HEALTHCARE

5 FACTS ABOUT LGBTQ+ AND MENTAL HEALTH



52%
of LGBT people
experienced
depression in
2018

64%
of LGBTQ+ people
have experienced
anti-LGBT+
violence or abuse

42%
of LGBTQ+ school
pupils have been
bullied in the past
year

52%
of LGBT pupils hear
homophobic
language 'frequently'
or 'often' at school

62%
of LGBT respondents
have witnessed or
experienced homophobia
or transphobia in sport

Suggests distrust,
limitations and service
access barriers



Impact

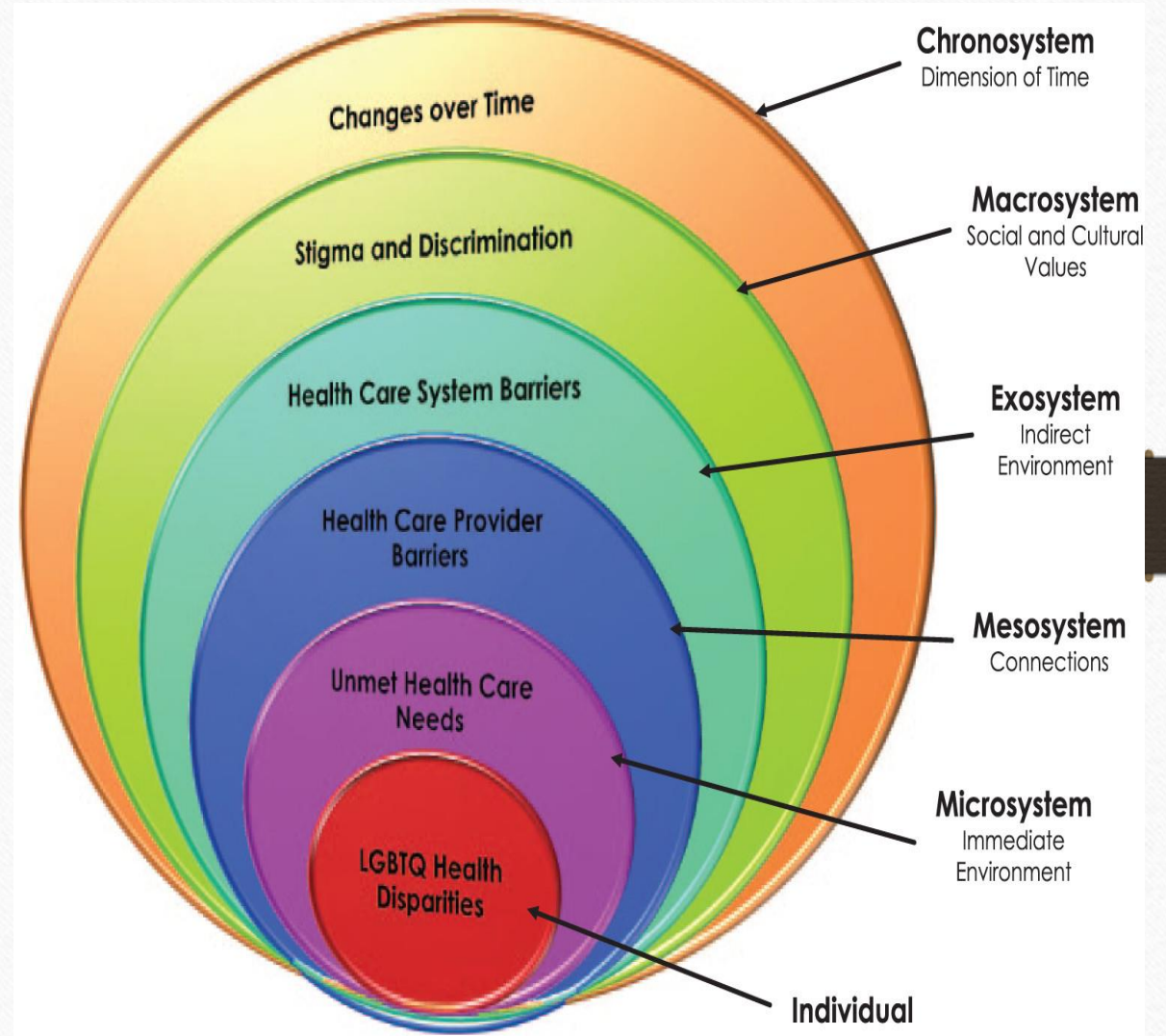
- Failure to remember to use gender-neutral terms such as significant other or partner
- Higher rates of anxiety, depression, and stress
- Higher rates of eating disorders
- Higher rates of homelessness
- Higher rates of sexually transmitted infections and HIV transmission
- Higher rates of tobacco and substance abuse
- Individuals may be reluctant to share sexual practices and hormone use
- Individuals may have prior traumatic experiences with clinicians

Impact

- Insensitivity towards individuals that may engage in relationships with multiple partners or individuals of the same sex
- Lack of understanding of behavior or terms and being uncomfortable in questioning meanings
- A tendency to make assumptions about behavior based on appearance
- Use of alternative medications such as black market hormones
- Using language or words that are derogatory or discriminate

Influencing Factors and variables

Gender Judgement People
Preferences Ethnicity Unfair
UNCONSCIOUS
Cognition BIAS Stereotypes
Research Subtle Decisions
Respect Beliefs Reaction
Subconscious Prejudice Diversity



Interacting with LGBTQ+ persons but not limited to this specific sector, requires

- Build rapport as a way to counteract the exclusion, discrimination, and stigma that many have experienced previously in health care.
- Despite our best intentions, however, internal --or implicit--biases may affect the way we talk to and behave with patients.
- For health care professionals, biases can lead to inequitable care, either through biased clinical decisions, or through communicating bias in conversation with patients
- During these exchanges, a clinician or other staff person may say something or use body language that communicates a stereotype or antagonistic message about LGBTQ people (but not limited to this specific sector).
 - National LGBTQ Education Center (2018). Learning to Address Implicit Bias Towards LGBTQ Patients: Case Scenarios. <file:///C:/Users/mlvega/Downloads/learning-to-address-implicit-bias-towards-lgbtq-patients-case-scenarios.pdf>

Types of Oppression and Discrimination

- According to the Healthcare Equality Index (the national benchmarking tool for LGBTQ healthcare equality), LGBTQIA+ patients are, by and large, unhappy with the care they are receiving by their healthcare providers due to stigma and bias.⁹ LGBTQIA+ patients avoid seeking healthcare services, or avoid full disclosure about their sexual orientation or gender identity rather than face the possibility of misunderstanding, discrimination, or even maltreatment by a healthcare provider. Of those surveyed for the Health Equality Index in 2014, 70% of transgender and gender-nonconforming respondents and almost 56% of lesbian, gay, or bisexual respondents had at least one of the following negative experiences:
 - Healthcare providers using harsh or abusive language
 - Healthcare providers refusing to touch them or using excessive precautions
 - Being blamed for their health status
 - Healthcare providers being physically rough or abusive
 - Patients being refused needed care
- Healthcare Equality Index (2019). , Human Rights Campaign <https://www.hrc.org/hei/>

Challenges To Caring for LGBTQ Community

- Healthcare providers without training and education often face challenges in the care of patients in the LGBTQ community such as:
 - Difficulty in openly discussing sexual health-related issues
 - Due to higher rates of sexually transmitted infections among MSM, the CDC recommends annual screening for chlamydia, gonorrhea, HIV, and syphilis, as well as immunization for hepatitis A and B
 - Failure to be familiar with gender modification surgeries
 - Failure to be sensitive in addressing sexual acts or complications unique to the LGBTQ community



Legal and Ethical Considerations and Obligations



Trans Health Victory at the Supreme Court

Today, the U.S. Supreme Court upheld the Affordable Care Act. Here's what it means for you:

- **Protection from gender identity discrimination** by health care providers.
- **Protection from being denied or dropped by insurance** because you are trans or have HIV or another medical condition.
- **No-cost preventive health care** like basic screenings, tests and services.
- **Expanded coverage** for HIV and AIDS treatment.
- **Community prevention grants** focused on LGBT health.
- **Access to increased support** for community health centers serving LGBT people.
- **Inclusion in federal health surveys** to understand health disparities among transgender communities.

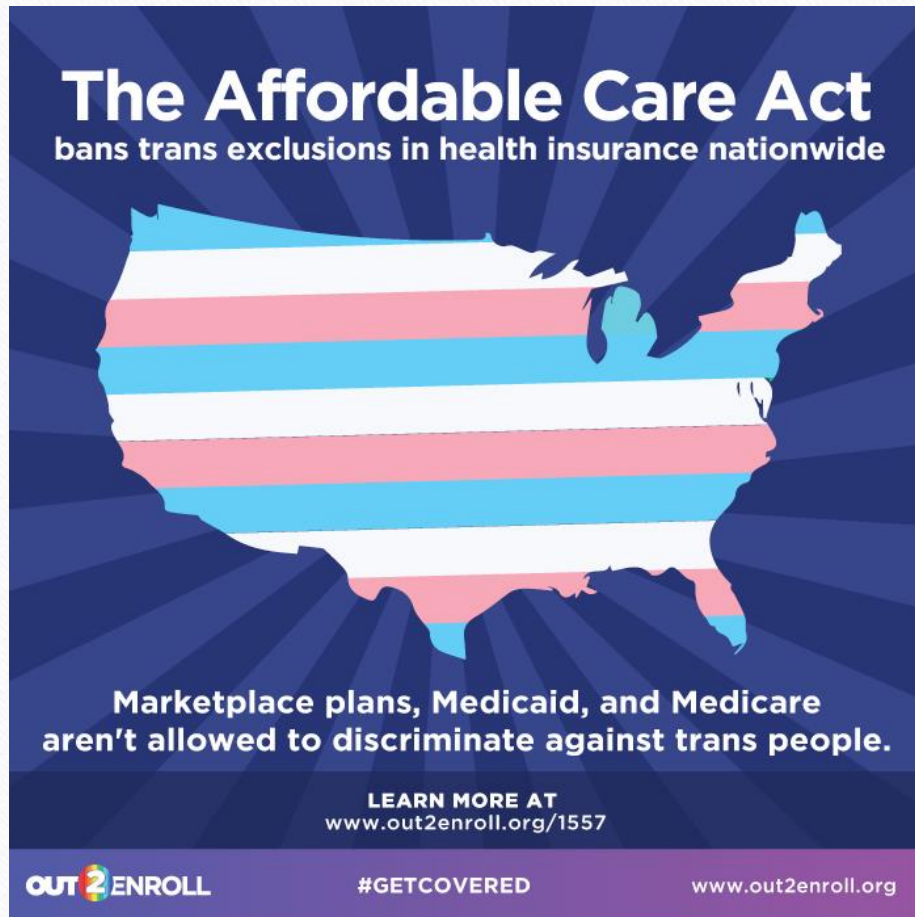
Learn more about how the Affordable Care Act protects you. Download our health care "know your rights" guide at www.TransEquality.org/Resources



Legal Obligations : Affordable Care Act (ACA)

- Section 1557 is the civil rights portion of the ACA that prohibits discrimination based on race, color, national origin, sex, disability, and age by health care programs that receive federal funding, are administered by a federal agency, or were created by the ACA.³ Programs that receive federal funding include insurance companies, hospitals, and pharmacies that accept or administer Medicaid or Medicare.
- After speculation about whether the term “sex” in the original legislation applied to transgender patients, the Department of Health and Human Services (HHS) created a regulation, “Nondiscrimination in Health Programs and Activities,” that declares that discrimination based on sex includes gender identity and expression.
- This regulation applies to all previously stated entities except those administered by federal agencies other than the HHS, such as the Veteran’s Health Administration or the Federal Employee Health Benefits Program. Although this rule applies to every aspect of health care, it most affects pharmacy in terms of its application to insurance coverage and health care providers.

• Department of Health and Human Services, 2016. Nondiscrimination in Health Programs and Activities Proposed Rule: Section 1557 of the Affordable Care Act. [hhs.gov/civil-rights/for-individuals/section-1557](https://www.hhs.gov/civil-rights/for-individuals/section-1557), 2016.



- Sección 1557 del “Affordable Care Act”
- - Sección de ley federal que prohíbe la
- discriminación de pacientes por su identidad
- sexual.
- - En caso de una falta, el proveedor de salud debe
- tomar acciones correctivas tales como:
- - revisión de políticas y procedimientos
- - implementación de programas de monitoreo y
- entrenamiento
- - compensación por daños
 - www.out2enroll.org. Affordable Care Act; Know your rights guide”.

Affordable Care Act y Carta Normativa DS de Puerto Rico, 2019: Base legal

- Sección 1557 del “Affordable Care Act” - Sección de ley federal que prohíbe la discriminación de pacientes por su identidad sexual. - En caso de una falta, el proveedor de salud debe tomar acciones correctivas tales como: - revisión de políticas y procedimientos - implementación de programas de monitoreo y entrenamiento - compensación por daños.
- Carta Normativa DS de Puerto Rico, 2019
- Acceso igual a medicamentos para personas transgénero, según Carta Normativa 19-0305, Enmendada. Esta comunicación establece “ La Política Pública de anti discrimen para beneficiarios por razón de identidad de género, expresión de género u orientación sexual real o percibida, al solicitar y recibir servicios de salud
-
- Premisa 1: Los servicios farmacéuticos se deben de proveer a toda persona que lo requiriera sin importar su identidad de género.

Affordable Care Act : Base legal

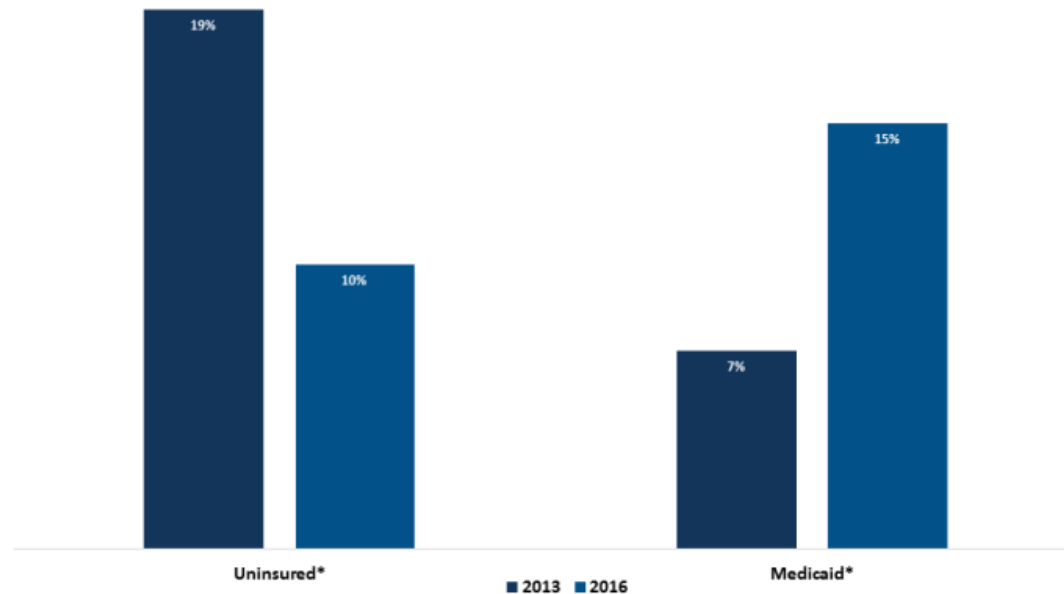
- Premisa 2: Negar servicios por identidad de género es discrimen y atenta contra la salud y calidad de vida de un paciente.
- Premisa 3: Negar servicios farmacéuticos por razones discriminatorias violenta los principios de justicia, beneficencia y no-maleficencia. Además, va en contra del código de la profesión, ya que limita el acceso y el derecho al paciente. Conclusión: Se debe proveer servicios farmacéuticos a personas transgénero.
- Premisa 4: Los pacientes transgénero reciben atención segura y efectiva cuando los profesionales de la farmacia reconocen y valoran la diversidad. Esto logra que los pacientes estén envueltos en el cuidado terapéutico que están recibiendo.
- Premisa 5: Ofrecer servicios farmacéuticos a estos pacientes aumenta el cumplimiento de su régimen de medicamentos debido a que se provee educación sobre el mismo. Esto es importante debido a que sus terapias son indefinidas y complicadas, así que requiere mayor intervención del farmacéutico.
- Conclusión: Los farmacéuticos pueden colaborar/trabajar con los pacientes transgéneros y ofrecer educación en su terapia de medicamentos

- www.out2enroll.org. Affordable Care Act; Know your rights guide”.

Dawson, L. Kates, J., Damico, L. (2018).
**The Affordable Care Act and Insurance
Coverage Changes by Sexual
Orientation.** Recuperado de
<https://www.kff.org/racial-equity-and-health-policy/issue-brief/the-affordable-care-act-and-insurance-coverage-changes-by-sexual-orientation/>

Figure 1

Changes in Uninsurance Rate and Medicaid Coverage, Among Lesbian, Gay, and Bisexual Individuals, 2013-2016



* denotes statistically significant at $p < .05$.

Source: KFF analysis of NHIS, 2013 and 2016.

Puerto Rico Department of Health Response in 2019

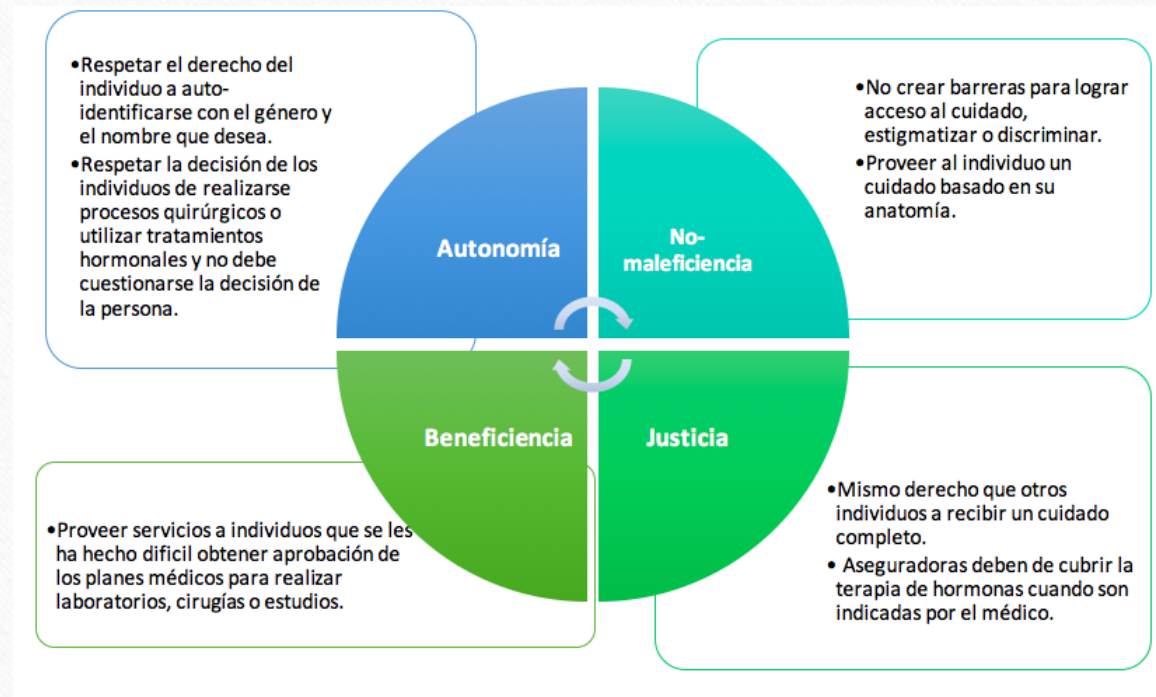
- Ethical and Dignified Treatment Policy for Transgender People
- “ In the spirit of protecting the rights of this sector of the population, the Health Services Administration of the government of Puerto Rico, has generated and circulated to health service providers Normative Letter 19-0305, Amended. This communication establishes "The Public Policy of anti-discrimination for beneficiaries based on gender identity, gender expression or real or perceived sexual orientation, when requesting and receiving health services.

- www.Salud.gov.pr (2019). **Carta Normativa 19-0305, Enmendada.**

**Providing health services to
LGBTQ+ persons (patients)**

**Ethical and Bioethical
Dimensions**

Ethical Principles



Cases

Treating LGBTTTQ+ persons



Case 1 : Rowan

- A transgender man may still require birth control if there is a possibility of pregnancy. Therefore, if an insurance company covers medications for nontransgender patients, can insurance companies refuse to cover that medication for transgender patients?
- Please comment



¿Qué base legal aplica?

¿Qué principio éticos se ven afectados?

¿Cuáles deben ser garantizados?

- Rowan (hombre transgénero), llega a la Farmacia YXZ, y pide una consulta con usted , previa su visita con el ginecólogo. Rowan acaba de iniciar una relación y desea posponer un embarazo. Durante la consulta, le menciona que tiene cita programada con el ginecólogo y desea conocer si usted sabe si su plan médico le cubrirá algún medicamento para control de natalidad?
- Si una compañía de seguros cubre medicamentos para pacientes que no son transgénero, ¿pueden las compañías de seguros negarse a cubrir esos medicamentos para pacientes transgénero?

Case 2 : Roscoe Rike

- Roscoe Rike, 30, of Oakland, says he has been going to VVVVZ pharmacy on Telegraph Avenue for nearly a decade. He's been picking up his HRT, or hormone-replacement therapy, at the same location for the past three years, always without issue.
- Rike says this time was different. A pharmacist that Rike had never seen at the location before asked what exactly the medication was for, which seemed unusual.
- "I told him I was pretty sure that it wasn't any of his business," Rike said. At this point, the pharmacist then told Rike that he would not be able to fill the prescription "due to his religious beliefs," Rike said.

Case 2 : Roscoe Rike

- Recording. Video from the interaction shows the pharmacist standing at the pharmacy computer.
- “So right now you’re telling me that you’re going to deny me my medication because of your personal religion, you’re not my [expletive] doctor,” Rike responds. The pair fall silent for a while, and a fellow customer can be heard in the background.
- After another exchange, the pharmacist can be heard suggesting that Rike come back a while later, when another member of the pharmacy team would be there to help him. The video cuts off.
- Rike refuses to come back again, saying later that he had already been notified by the store that his prescription was ready for pick-u

Case 2 : Roscoe Rike

- “At this point, I completely lost my temper and demanded to speak to a manager,” Rike said. The pharmacist walked away and a pharmacy technician called the manager to the front desk.
- “The manager who arrived apologized profusely, as did a few of the other workers,” Rike said.
- The manager was able to give him his medication, but Rike said that’s not enough. “I don’t know about the legality of what he did, but if it was legal, we need to change the law,” Rike told



- What legal basis does it apply?
- What ethical principles are affected?
- What must be guaranteed?

**Principios fundamentales,
cuando los proveedores de salud son consultados o tratan con personas
trans, según OPS, 2013:**

- Respetar la identidad de género preferida por la persona consultante y utilizar
- nombres, pronombres y la terminología que la persona prefiera, cuando no son
- llamados por el nombre social, a lo cual hicimos referencia anteriormente.
- No tratar a la persona trans como si sólo fuera un cuerpo. El cuerpo de una
- persona trans puede tener elementos, rasgos o características que no se ajustan
- a la identidad de género de la persona.

Cont. Principios fundamentales, cuando los proveedores de salud son consultados o tratan con personas trans, según OPS, 2013:

- Para las personas trans, su anatomía necesariamente las define, aunque esa anatomía, puede requerir tratamientos que típicamente suelen otorgarse a las personas del otro sexo.
- El profesional debe respetar la identidad de género de la persona que consulta, independientemente de su apariencia física.

Fundamental principles, when health providers are consulted or deal with trans people, according to PAHO, 2013:

- Respect the gender identity preferred by the consulting person and use names, pronouns and the terminology that the person prefers, when they are not called by the social name, to which we referred previously.
- Do not treat the trans person as if they were just a body. the body of a trans person may have elements, traits, or characteristics that do not fit to the person's gender identity.

Fundamental principles, when health providers are consulted or deal with trans people, according to PAHO, 2013:

- For trans people, their anatomy necessarily defines them, although that anatomy may require treatments that are typically given to people of the other sex.
- Health professionals must respect the gender identity, regardless of their physical appearance.

How to Create A Practice That Welcomes Members of the LGBTQ Community?

- There are several ways providers can welcome members of the LGBTQ community, such as:
 - Advertise practices as accepting of members of the LGBTQ community
 - Educate staff and providers to be comfortable in discussing sexual orientation, gender orientation, and sexual practices
 - If possible, include members of the LGBTQ community as part of your staff and train your staff to refer to patients by their name and chosen descriptive pronoun (Mr., Ms., Mrs., etc.)***
 - Maintain an open mind and avoid judgment regarding sexual orientation and practices
 - On intake forms include the term partner in addition to the spouse; include transgender as an option
 - Participate in referral programs such as : Proyecto ARARAT, Clinicas Municipio de San Juan, etc.

Discusión

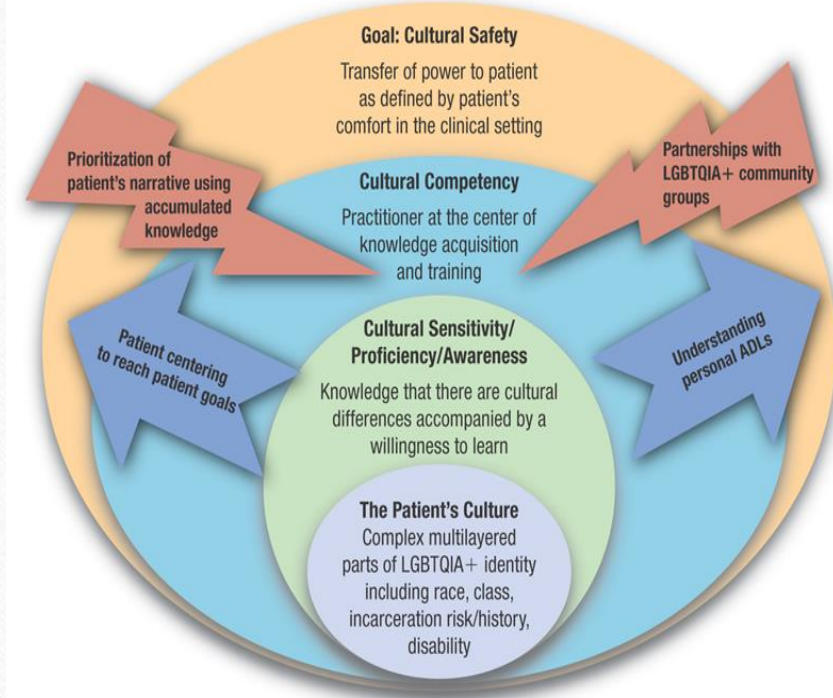
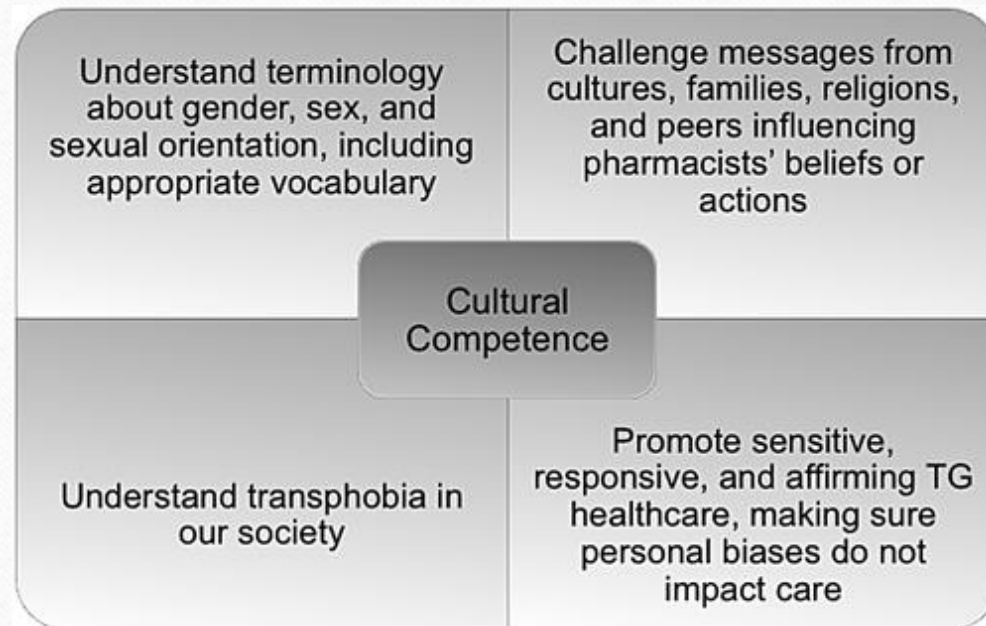
- Si enfocamos el análisis en los principios bioéticos



Schools of Pharmacy

Should consider a proactive approach in incorporating LGBT contents throughout the PharmD curriculum, services, research and publications

Incorporate LGBTT issues within social and clinical contents




Medical Sciences Campus, School of Pharmacy Experiences

Curriculum, services, research and publications

Iniciativas para abordar discrimen y exclusión hacia personas transgenero

CONOCE LAS TERAPIAS HORMONALES UTILIZADAS POR LA POBLACIÓN TRANSEXUAL



MUJER TRANS Tratamiento hormonal:
ESPIRONOLACTONA 100-300 mg/day
ESTRADIOL (PO,IM,TD)


MONITOREAR CADA 3 MESES:
PANEL METABOLICO BASICO
NIVELES DE POTASIO
ESTRADIOL (META: 100-200 PG/ML)
TESTOSTERONA (META: <50 NG/DL)

HOMBRE TRANS Tratamiento hormonal:
TESTOSTERONA (IM, SQ, gel, parcho)

MONITOREAR CADA 3 MESES:
TESTOSTERONA (META: 400-700 NG/DL)
LIPIDOS & CBC
PRESIÓN ARTERIAL

Monitoreo luego del 1er año puede realizarse 1-2 veces al año

Curso Ética Profesional
Prof. Mayra Vega Gerena

 **SCHOOL OF PHARMACY**
UNIVERSITY OF PUERTO RICO

Referencias: Endocrine Treatment of Gender Dysphoria/Gender Incongruent Persons. An Endocrine Society Clinical Practice Guideline

- Abordar tema desde curso primer año
- Discutir casos desde la dimensión etica y bioética
- Desarrollo de casos para ejercicio de paciente estandarizado en PY 1
- Desarrollo de contenidos para una campaña de salud (sondeo entre estudiantes y profesionales)
- Desarrollo de Investigaciones y publicaciobes
- Estudiante en rotación de academia desarrolló:
 - contenidos para dos sesiones de clase, un paquete de materiales educativos, un video y una publicación en revista professional
 - facilitó una sesión de educación continuada para farmacéuticos

Addressing discrimination and exclusion towards transgender people

- Address topic during first year course
- Discuss cases from the ethical and bioethical dimensions
- Develop cases for standardized patient exercise in PY 1
- Content development for a health campaign (survey among students and professionals) Research development and publications
- Student in academy rotation developed:
 - contents for two class sessions, a packet of educational materials, a video and a publication in a professional magazine facilitated a continuing education session for pharmacists

Piezas educativas desarrolladas desde la Escuela de Farmacia en en una rotación de academia, Dr. JFC y MLVG



TRANSMASCULINE HORMONE THERAPY

Female to Male



- 1 TREATMENT GOAL**
 - Development of male secondary sex characteristics
 - Increase facial hair, virilizing changes in voice
 - Suppression of female secondary sex characteristics
 - Redistribution of facial and body subcutaneous fat
- 2 HORMONE LEVELS**
 - Achieve and maintain testosterone hormone levels in the normal physiologic range for men
 - 30.4-34.7 nmol/L (100-1000 ng/dL)
- 3 INITIAL APPROACH**
 - Common testosterone regimens include parenteral, gels, or patches
 - Testosterone
 - Higher testosterone levels are more easily achieved with parenteral therapy administered subcutaneously or intramuscularly every week, 2 weeks or 12 weeks depending on formulation
- 4 TRANSITION**
 - 3-4 months of treatment
 - cessation of menses, deepening voice, increased muscle mass, increased hair and increased sexual desire
 - After longer periods
 - male hair pattern and clinical enlargement
- 5 COMMON SIDE EFFECTS**
 - Acne, hair loss and migraines are common at the beginning
 - Masculinizing hormone therapy may bring about changes in emotional and social functioning
 - mood disorders such as premenstrual dysphoric disorder
 - Androgenic alopecia erythrocytosis
- 6 MONITORING**
 - Testosterone → serum testosterone levels every 3 months or with each dose adjustment
 - Once stable → 1-2 times per year
 - Additional laboratory testing includes hematocrit and hemoglobin
- 7 PREVENTION AND DISEASE SCREENING**
 - Clinicians should pay attention to all tissues and organs present following established guidelines for the general population
 - Guidelines have suggested testosterone to avoid cancer risk from endometrial exposure to androgens
 - Overall health risk profile will change to that of a man
 - Increased risk of heart disease, diabetes, high blood pressure, and high cholesterol should be considered
 - Access to health

CREATED BY JONATHAN FISHERMAN COLON

TERAPIA HORMONAL TRANSFEMENINA

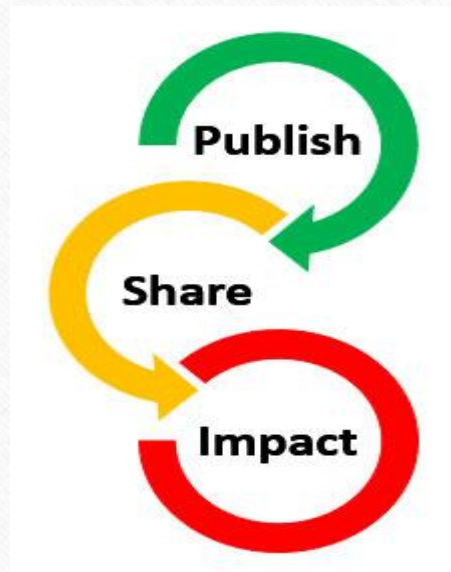
Masculino a Femenino



- 1 METAS DE TRATAMIENTO**
 - Desarrollar características sexuales secundarias femeninas
 - Inducir crecimiento de senos y cambios en distribución de la grasa subcutánea
 - Suprimir características sexuales secundarias masculinas
 - Reducir el crecimiento de vello facial
- 2 NIVELES HORMONALES**
 - Disminuir niveles de testosterona a los rangos femeninos
 - <1.7 nmol/L (<50 ng/dL)
 - Datos suprafarmacológicos de estrógenos suprimen la producción de testosterona por retroalimentación negativa
- 3 INICIO DE TERAPIA**
 - Combinación de terapia con estrógenos y un antiandrogénico
 - 17 β -estradiol oral es el estrógeno más comúnmente recetado, existen también formulaciones transdermales y parenterales
 - Espironolactona, antiar de hipertensión y agonista de la hormona liberadora de gonadotropina (GnRH) son 3 de los más comunes agentes antiandrogénicos utilizados
- 4 RIESGO DE TROMBOSIS**
 - Las mujeres transgénero que reciben terapia hormonal pueden tener un mayor riesgo de trombosis venosa profunda, embolia pulmonar, accidente cerebrovascular e infarto de miocardio
 - Se puede considerar evitando con dosis bajas de estrógenos oral o usando productos de estrógenos transdermales o inyectables
- 5 EFECTOS SECUNDARIOS COMUNES**
 - Estrógenos pueden causar migrañas, cambios de humor, sedación y aumento de peso
 - Espironolactona pudiera ocasionar poliuria, polidipsia o hipotensión ortostática
- 6 MONITOREO**
 - Monitorear cada 3 meses durante el primer año con concentraciones séricas de estradiol <2 veces el valor de corte cada vez que se ajuste
 - Después de 6 a 18 meses se espera crecimiento de los senos, disminución de la masa muscular, una piel más suave, disminución del vello facial y senos erectores
- 7 PREVENCIÓN Y CERNIMIENTO**
 - Evitar el consumo de tabaco los senos y órganos presentes siguiendo las guías establecidas para la población general
 - Recomendar la cesación de tabaco
 - Asegurarse de que los niveles de estradiol no sean significativamente superafarmacológicos
 - A medida que el paciente responde, puede reducir la dosis de estrógenos con un cambio a formulaciones transdermales sublinguales o a las vías de liberación de estradiol

CREADO POR JONATHAN FISHERMAN COLON

Research and Publications



- Melin K, Hilera-Botet CR, Vega-Vélez D, et al. Readiness to provide pharmaceutical care to transgender patients: Perspectives from pharmacists and transgender individuals. J Am Pharm Assoc. 2019;59(5):651-659.
- Martinez-Velez JJ, Melin K, Rodriguez-Diaz CE. A Preliminary Assessment of Selected Social Determinants of Health in a Sample of Transgender and Gender Nonconforming Individuals in Puerto Rico. Transgend Health. 2019;4(1):9-17, https://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1885-642X2020000400006.
- Figueroa, J., Vega, M., (2020). Advanced pharmacy practice experiences (APPE) in academia as strategy to fill the gap on transgender health. May 2020, [Pharmacy Practice](#) 18(2):1921

Health Communication Campaigning for pharmacy team



*Orientar a Farmacéuticos Sobre
Trato Digno y Profesional a
Personas Transgénero que Están
en Terapia Hormonal*

Creada por Grupo 4:
Yaneiza M. González-Altieri Agnes M. Lugo-Martínez
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Jocelyn M. Jiménez-Cruz Milgeralis Miranda-Melecio

22 de mayo de 2023



LGBTQ+ Community and Pharmacy Scenarios

- Treat transgender people as you would all other patients, while considering the additional sensitivities they may face
- Try not to assume someone's gender simply by their appearance
- Consider whether you need to ask someone's gender
- Assume everyone selects the services appropriate to their gender
- Accept a range of ID other than a birth certificate. You do not usually need to see a Gender Recognition Certificate (GRC) to amend personal details
- Ask those who transition while using your services how you can support them
- Update documentation and records efficiently and sensitively
- Publicize your good practice and inclusivity to diverse groups

- *Providing services for transgender customers: a guide. Government Equalities Office, November 2015*

LGBTQ+ Community and Pharmacy Scenarios

- Pharmacists are in a unique position as health care providers to counsel patients regarding medication use and offer a final crosscheck to ensure optimal adherence and health outcomes. As such, they are able to connect with patients in a personal manner to advise on sensitive matters that require both enhanced cultural and communication skills tailored to the individual patient. This includes applicable knowledge about the unique needs of members of the LGBTQ community

How to Create A Practice That Welcomes Members of the LGBTQ Community

- Post LGBTQ symbols and posters of ethnically and racially diverse transgender or same-sex couples
- Provide patient brochures on sexually transmitted infection prevention, substance abuse, safe sex practices, and hormone therapy
- Provide waiting room magazines about the LGBTQ community
- Support observance of LGBTQ Pride Day, World AIDS Day, and National Transgender Day of Remembrance
- Train staff and provide continuing education on the care of the LGBTQ patient

Providing Inclusive Care and Services for the Transgender and Gender Diverse Community:

A PHARMACY RESOURCE GUIDE



PROVIDING LGBTQ-INCLUSIVE **CARE AND SERVICES** **AT YOUR PHARMACY**

A Resource Guide for Pharmacists and Pharmacy Staff



Continuing Education Efforts

Provide educational experiences to pharmacy team and colleagues regarding transgender issues and respecting the individual's wishes regarding any potentially sensitive questions

Exercise 3

Is Your Pharmacy Inclusive?

Is Your Pharmacy Inclusive of the Transgender and Gender-Diverse Community?

- ☐ Knowledge of key LGBTQ terms
- ☐ Inclusive communication
- ☐ Gender-related data management
- ☐ Visible symbols of support
- ☐ Staff training
- ☐ Knowledge and patient-centered care



¿Es su farmacia un escenario inclusivo/receptivo/empático con la población/comunidad lgbttq+?

- Poseemos conocimiento de términos claves, relacionados a la comunidad LGBTQ
- Nuestra comunicación es inclusiva
- Conocemos sobre manejo de datos relacionados con el género
- **Tenemos símbolos visibles de apoyo a la comunidad ***
- El personal ha sido adiestrado en el tema
- Tenemos conocimientos apropiados y la cultura de trabajo y atención están centradas en el paciente



What to do : Wrap up

- Demonstrate respect for diversity – in this regard, pharmacy scenarios require showing receptivity, understanding and attention free of prejudice and discrimination to sectors of the population that, in individual judgment, consider themselves different or, before whom we acknowledge having some prejudice (little acceptance of their lifestyle, ethnicity, creed, etc.).

What to do: Wrap up

- The provider and staff should listen to the LGBTQ patient and follow their lead, and when in doubt, ask the patient how they or their partner should be described. Once the terms are established, a note should be made in the record to follow the pattern of description for future visits. Electronic medical records may require modification to provide appropriate terminology.

Something to think about

**What if the transgender is a
colleague, coworker, supervisor,
cashier?**

Conclusión

- Los-as profesionales que se desempeñan en escenarios de farmacia, tiene obligaciones morales ineludibles, que incluyen pero no se limitan a:
 - promover el bienestar de sus pacientes sin importar credo, raza, origen étnico, género, etc.
 - es su deber protegerles o anticipar daños y riesgos potenciales
 - respetar sus derechos a tomar decisiones informadas, para consentir o rehusar terapias.
 - respetar su dignidad y tratarles con empatía
 - identificar barreras que puedan afectar la relación paciente/farmacéutico

ACPE Recommendations

- The necessity to train future pharmacists affects the current faculty, as potential faculty training needs require assessment of additional resources within the college. This assessment should encompass both a current evaluation of the college climate in regard to perceived biases towards members of the LGBTQ community as well as future needs of incorporating LGBTQ-specific content into the PharmD curriculum and the willingness of both students and faculty members to embrace such change.
- Several pharmacy schools have followed the Accreditation Council for Pharmacy Education (ACPE) standards on cultural competence to incorporate LGBTQ cultures and health issues into the PharmD curriculum. Per ACPE recommendations, the use of standardized patient scenarios, didactic lectures, student reflections, and guest panel discussions led to increased knowledge and higher confidence for students interacting with transgender, gay, and lesbian patients. Such curricular changes are within the desired ACPE guidelines of cultural competency and do not require replacement of other existing content but rather modification to recognize the unique needs of the LGBTQ patient population. As such, expanding on specific LGBTQ health care topics can be part of existing cultural competency training, while relevant pharmacotherapy interventions and management can be integrated into existing lectures, active-learning sessions, ongoing curricular training events, and relevant introductory and advanced pharmacy practice experiences.
 - <https://www.acpe-accredit.org>

Dudas, preguntas, reacciones



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Post Test



Anejo

Key terms and definitions/ Lista de términos y definiciones
tomadas de APhA PROVIDING INCLUSIVE CARE AND SERVICES FOR
THE TRANSGENDER AND GENDER DIVERSE COMMUNITY: A
PHARMACY RESOURCE GUIDE. Human Rights Campaign, March 2021.

Key Terms

- Androgyny (gender-fluid, gender-neutral) – In between genders, having both male and female characteristics.
- Asexual – Individuals that do not experience sexual attraction.
- Bisexual (pansexual, queer) – Individuals that are attracted to both males and females.
- Cisgender – Denoting or relating to a person whose sense of personal identity and gender corresponds with their birth sex.
- Cissexism – Prejudice or discrimination against transgender people.

Key Terms

- F2M/FTM (female to male) – Female at birth but identifies as a male.
- Gay – Identify gender as male but are attracted emotionally, erotically, and sexually to other males.
- Gender – Emotional, psychological, and social traits describe an individual as androgynous, masculine, or feminine.
- Gender attribution – Process in which an observer assigns the gender they believe an individual to be.
- Gender binary – Belief that individuals must be one of two genders, male or female.
- Gender expression – Individual appearance, behaviors, dress, mannerisms, speech patterns, and social behavior associated with femininity or masculinity.
- Gender identity - Personal sense of gender that correlates with individually assigned sex at birth or can differ from it.

Key Terms

- Gender non-conforming – Gender behaviors that are in between feminine or masculine binaries.
- Gender role – Traditional behaviors, characteristics, dress, mannerisms, roles, and traits associated with being male or female.
- Genderqueer – Individuals that identify themselves as both feminine and masculine.
- Hermaphrodite – A no longer acceptable way of describing intersex individuals.
- Heterosexism – Discrimination against gay individuals based on the belief that heterosexuality is the normal sexual orientation.
- Heterosexual – Individuals attracted to members of the opposite sex.
- Homophobia – Prejudice against the gay community.
- Homosexual – Individuals attracted emotionally, erotically, or sexually to members of their own sex. This term has been replaced with lesbian, gay, bisexual, transgender, or queer

Key Terms

- Intersex – Individuals born with sexual characteristics that are not typical of male or female binary notions.
- Lesbian – Females that are emotionally, erotically, or sexually attracted to females.
- LGBTQ – Individuals that are lesbian, gay, bisexual, transgender, or queer.
- M2M/MTF (male to female) – Male at birth but identifies as a female.

Key Terms

- Queer – A general term refers to lesbian, gay, bisexual, transgender, and queer individuals, sometimes considered derogatory
- Sex assigned at birth – Sex assigned based on an infant's external genitalia.
- Sexual behavior – How an individual displays their sexuality.
- Sexual identity – Individual's description of their sexuality.
- Sexual orientation – Individual's sexual identity concerning their gender attraction.

Key Terms

- Transgender – Individuals whose gender expression is different from their birth sexual assignment.
- Transition – Individual's psychological, medical, and social process of transition from one gender to another.
- Transphobia – Discrimination, harassment, and violence against individuals that do not follow stereotypical gender identities.
- Transsexual – A term formally used to describe individuals whose gender identity is different from their assigned birth.

