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Inclusive Language and Environment to Welcome LGBTQIA+ Patients (2024)

About the Guideline

- This guideline provides practical recommendations for increasing inclusivity in the clinic setting for patients who identify as lesbian, gay, bisexual, transgender, queer or questioning, intersex, or asexual+ (LGBTQIA+).
- The Practice Committee of the American Society for Reproductive Medicine (ASRM) developed the guideline to optimize patient outcomes and access to care.
- ASRM members reviewed the document and provided input for preparation of the final version.
- LGBTQIA+ patients face structural barriers to care as well as discrimination in healthcare and associated policies that can lead to emotional trauma, poor patient experiences, and decreased access to appropriate care.

Key Clinical Considerations

Become familiar with the recommendations and best-practice statements provided in this guideline, especially if you work in an acute care setting.

Importance of Inclusive Language

- Inclusive language:
  - avoids making assumptions about patients, gender, sexuality, relationships, and family configurations.
  - is a mindset that embraces cultural, generational, regional, and personal differences between patients.
  - acknowledges that patients can express sexuality in diverse ways and is ever-changing.
  - can have a positive impact on all patients.

Creating an Inclusive Environment

- The environment should:
  - not be limited on the basis of sexual orientation, gender identity, or marital status.
  - make patients feel welcome, safe, and understood in the clinic and health care space from initial contact through the entire visit and follow-up.
- The physical clinic should:
  - have a name that does not cause discomfort for anyone who does not feel they fit into the categories referenced in the clinic name.
  - have a service representative who answers the phone that is aware of the services offered to a diverse group of patients with diverse needs.
  - have initial contact forms when scheduling the patient that do not collect irrelevant information.
  - have intake forms that do not have assumptions about gender, sex, sex as assigned at birth, sexual behavior, sexuality, and relationships.
  - have forms that ask separate questions about natal sex organs, sex assigned at birth, and open-ended self-identified gender identity.
  - have a website that accurately reflects the patient population served and that offers appropriate LGBTQIA+ content.

    - consider utilizing an electronic medical record that allows the patient to indicate a name that is different from their legal name and to indicate pronouns.
    - ensure that automated messages are inclusive and do not have potentially offensive wording or erroneous assumptions.
    - include a waiting room
        - with materials and posters with images of gender and sexual minorities.
        - that displays items such as pride flag or patient bill of rights.
        - that has gender-neutral bathrooms for staff and patients.
    - make provisions to provide services that address care gaps such as testing for sexually transmitted infections for sperm donors and legal services.
- All clinic staff should:
    - be trained in sensitivity, cultural humility, and appropriate terminology including the use of names and pronouns.
    - participate in ongoing training and education that creates an inclusive environment.
    - wear name tags or lanyards that have the pride flag displayed.
    - utilize a trauma-informed approach for all sensitive examinations and conversations.
- The treatment plan should:
    - avoid asking probing questions not directly relevant to the patient's care when obtaining the medical history.
    - provide educational materials specific to the issues unique to LGBTQIA+ patients.
    - refer to consultants knowledgeable in LGBTQIA+ care.

Reference

Practice Committee of the American Society for Reproductive Medicine. Electronic address: asrm@asrm.org (2024). Inclusive language and environment to welcome lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual+ patients. *Fertility and sterility*, *121*(6), 954–960. https://doi.org/10.1016/j.fertnstert.2024.01.031