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**POLL**



Do you work with LGBTQ2S patients in your clinical practice?  
Do you yourself identify as 2SLGBTQIA+?

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**WARM UP EXERCISE**

Ask someone if they regularly speak up, challenge and educate when they hear stereotypical comments, jokes and assumptions.	Ask someone when they realized they were cis-gendered / heterosexual.	Ask someone if they have ever been challenged about an act of discrimination they have committed and how they responded.
Ask someone if they tried dating someone of a different gender just to be certain of their sexual orientation.	Ask someone if they have ever been turned down for a job because of their gender or sexual orientation.	Ask someone if they've ever had a healthcare provider make assumptions about their health based on their sex/gender/sexual orientation.
Ask someone if they have ever worried that their gender or sexual orientation would keep them from receiving appropriate treatment.	Ask someone when they saw their first drag show.	Ask someone if they regularly challenge their own assumptions or stereotypical thoughts or treatment of others and seek help to change such thinking.

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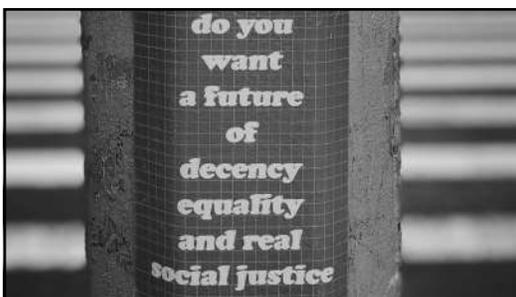
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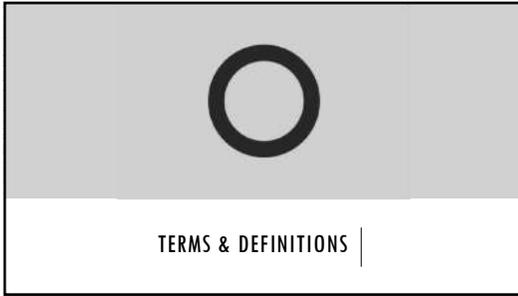
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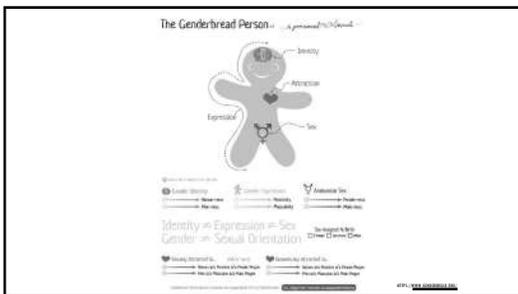
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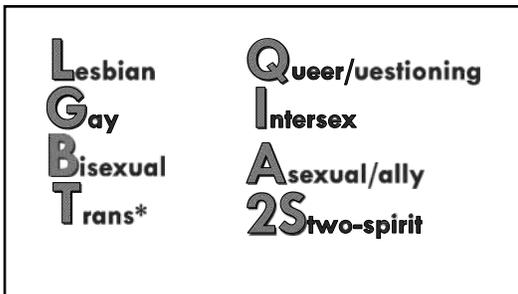
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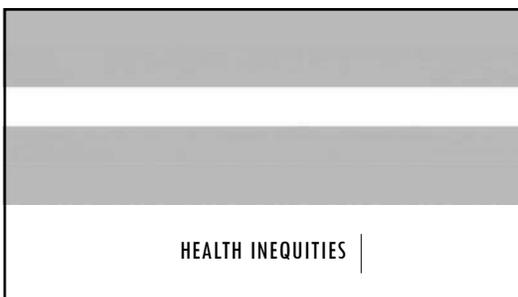
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### IN THEIR OWN WORDS

Sand C. Chang: "And when I shared for the first time that I was dating a trans man, she [their therapist] outright said, "You don't want to get involved with those people. They have a lot of trauma."

Sean Saifa Wall: "As a Black intersex man, I know that this Black body, this intersex body, was not meant to exist."

Sindair Sexsmith: "I can't go for more than five minutes of an interaction with the medical industry without being gendered female. Immediately, I am defensive. Immediately, I am dysphoric... the message is clear: They do not understand my body. So why would I trust them to help me with my health and wellness?"

ORIGINAL: THE ROBERT ROSEN AND TRACY FOSTER ENGLISH AND MARGARET ROBINSON

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### IN THEIR OWN WORDS

Margaret Robinson: "...I went to my university's health centre to get treatment for a stress-related yeast infection. I asked the doctor if it could be spread to my girlfriend. "I don't see how," he said, "unless you took a bath and then she took a bath in the same water."

Alex Abramovich: "I can speak from my own personal experience that one of the most challenging parts of my coming out process has been access to health care." On one visit, waiting for an ultrasound, it was the store of a nurse. "She turned around three times to look at me, almost as though, is there really a man sitting here? Is this actually true?"

Eli Erlick: "Medical professionals insinuated that my desirability and existence would not be validated until I 'fully' transitioned."

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### HISTORIES OF DISCRIMINATION

- Intersex health histories
- Pathologization of homosexuality, transgender identity
- Reparative and conversion therapies
- MSM and blood donation

ADAPTED FROM: THE ROBERT ROSEN AND TRACY FOSTER ENGLISH AND MARGARET ROBINSON

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**DISCRIMINATION IN THE DOCTOR'S OFFICE**

28% of trans-identified people reported verbal harassment in a medical centre, 19% denied care, 28% postponed care in fear of discrimination (Injustice at Every Turn, 2011)

77% of LGBTQ long-term care residents, friends and family feared staff discrimination; 53% feared mistreatment by staff (Lambda Legal, 2011)

Discrimination or disparities in healthcare access may occur in outright denial of care, denial of certain procedures, through lack of knowledge, or physician bias (Can Med Educ J, 2016 Oct; 7(2): e70–e78.)

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**LGBTQ2S+ HEALTH STATS**

Statistics Canada 2008 report

Bisexual women more likely to rate their health as 'fair or poor', have a chronic condition, more unmet health needs

Lesbians less likely to access regular PAPs, mammograms, have a GP

Bisexual women less likely than lesbians to have regular mammograms

LGBTQ2S+ folk more likely to access mental health services than heterosexuals

Gay and bisexual men more vulnerable to body image and disordered eating

Gay men increased rates of death from prostate, testicular, and colon cancer

Trans\*-identified folk less likely to provide complete health history

2 Spirit individuals often report feeling unsafe due to anti-Indigenous and/or anti-2S bias

STATISTICS CANADA

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**HOW DISCRIMINATION AFFECTS HEALTH**

Social exclusion, erasure/invisibility, stigma, discrimination, even violence

Stress contributes to health issues

Increased risks of certain conditions + Decreased access to healthcare

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**ETHICS AND JURISPRUDENCE** |

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**AANP CODE OF ETHICS**

A naturopathic physician is free to decide whether or not to provide naturopathic medical care to a particular person, unless confronted with a medical emergency; provided that the naturopathic physician shall not refuse his or her best care if other reasonable options are not available.

- a. A naturopathic physician shall not decline to provide care for a person or discriminate against others on the basis of race, ethnicity, creed, religion, disability, gender, age, sexual orientation, or national origin.
- b. Once the naturopathic physician-patient relationship has begun, the naturopathic physician shall provide care until care is complete, the patient ends the relationship, or the naturopathic physician has discharged the patient from care.
- c. If a naturopathic physician justifiably desires to end the naturopathic physician-patient relationship, and if continued medical care is appropriate, the naturopathic physician shall document a formal referral to an appropriate health care provider.

https://www.aanp.org/ethics/ethicscode/ethicscode.htm#ethicscode\_2012\_01\_01\_01\_01\_01

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**WHEN VALUES DIFFER**

- One value may conflict with other values
- No single solution works in all scenarios
- Be aware of own values and patient's values
- Review ethical obligations and relevant legislation
- Consider patient well-being
- Seek consultation
- Develop a plan of action
- Communicate and implement the plan
- Evaluate outcomes and reassess as needed

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### SCOPE OF PRACTICE

NDs should be able to provide complete and comprehensive naturopathic care to all patients, regardless of sexual orientation, gender identity or gender expression

General naturopathic medical care  
Patient's health concerns may have nothing to do with their LGBTQ2S+ identity

Health promotion and disease prevention

Doceere – sex practices and behaviour, disease transmission and types of sexual contact, cancer screening tests, hormones, surgeries, etc... without the stigma

Adjunctive care for patients who are transitioning or have transitioned

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### WHEN TO REFER, WHEN TO CONSULT

You cannot provide the care needed for your patient

Outside of scope of practice of the profession

Outside of your professional competency

Requires extra training beyond your capacity or scope

The patient or their authorized representative asks the naturopath to refer the patient to another naturopath, or to a member of another health profession

Patient requests medical and/or surgical transition – refer to their GP or a clinic that specializes in trans healthcare

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### PRIVILEGE & IMPLICIT BIAS

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**INTERSECTIONALITY**

There is no such thing as a single-issue struggle because we do not live single-issue lives.

**Audre Lorde**



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**IMPLICIT BIAS**

Implicit Bias is...

Attitudes, perceptions, & beliefs that exist without the individual being aware of them. Implicit bias is not intentional, but it can affect the way we think and behave. It can also affect the way we interact with others.



Take the tests:  
Implicit Association Tests  
<https://implicit.harvard.edu/implicit/>

Backgrounders:  
<https://youtu.be/895bU927afQ>  
[https://www.youtube.com/watch?v=OQ\\_GjaobunVw](https://www.youtube.com/watch?v=OQ_GjaobunVw)

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are you a boy or a girl.

no

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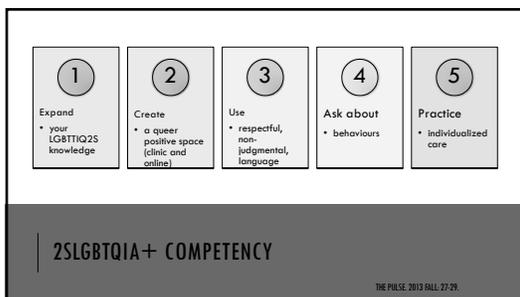
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WHAT YOU CAN DO



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SO...  
SHOULD I  
PUT UP A  
PRIDE FLAG?

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WHAT YOU CAN DO

**Train yourself and your staff**

- Learn more about harm reduction, trauma-informed approaches, intersectionality
- Reflect on your values, attitudes, associations, privileges, assumptions

**Policy changes in clinic**

- Intake forms
- Waiting rooms
- Signage
- Media
- Language

Ask about mental health, substance use

Reduce barriers to care

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### WHAT YOU CAN DO

- Refer where necessary
- Provide queer/trans competent/positive resources and referrals
- Promote family acceptance
- Encourage connection with LGBTQ2S+ communities
- Promote positive mental health
- Strength-building and resiliency
- Advocate for changes in your community

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### INTAKE FORMS

- Consider what you are asking about (gender, SAAB, pronouns, etc.) and why
- Include multiple options or blank spaces for people to self-identify
- Name vs legal name
- Family structure, parent/guardian names
- Neutralize language in section headings (sexual/reproductive questions, pregnancy, breast/chest feeding)
- Allow the patient/client to decide which set of questions apply to them
- Ensure accessibility in other areas as well: font size, colour contrast, image captions, subtitles for videos
- Provide options for completing forms online vs paper vs oral

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### MEDIA — WEB, SOCIAL, ADS

- Display diversity in your promotional and educational materials
- Ensure accessibility font size, colour contrast, image captions, subtitles for videos, use of adaptive technologies
- Look out for heteronormative and gendered language
- Clearly state online or use one or more pride flags to indicate competency, inclusion
- Display policies regarding harassment and violence at your clinic
- "We are committed to an inclusive supportive environment where everyone is welcomed, treated with dignity and respect. This clinic will not tolerate any form of stigmatization, discrimination, or harassment, nor any form of violence, including physical and verbal abuse, threats, or aggression."

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SCENARIO #1

A patient comes to your office complaining of an increase in vaginal discharge.  
You ask if they are sexually active and they say yes.  
You ask whether they use condoms or not and their answer is no.  
You ask whether they use any form of birth control and they say no.

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SCENARIO #2

You received a critical value back from lab work you ordered for a patient and you need to refer them to their GP. You aren't certain of what name, gender, or pronoun they use with their other healthcare providers.

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SCENARIO #3

You are providing acupuncture services on site at a fertility clinic for your patient. Your patient arrives with a person you have not yet met, who is masculine-presenting. You do not know the relationship status of your patient. You approach them to introduce yourself.

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### BEST PRACTICES

For non-binary or trans kids, teens, and adults:

- Create affirming spaces
- Avoid assumptions
- Provide resources

- Supporting transgender and gender diverse youth in naturopathic practice <https://candilbert.ca/wp-content/uploads/2020/07/Supporting-Trans-Youth-09-Millyard-Gilbert.pdf>
- Guidelines for GNC and transgender adolescents <http://transhealth.uesf.edu/transpace-guidelines-youth>
- Trans Primary Care Guide <https://www.rainbowhealthontario.ca/TransHealthGuide/>

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### ADDITIONAL RESOURCES

Gay and Lesbian Medical Association (USA) <http://www.gлма.org/>

[Researching for LGBTQ2S+ Health](#)

Improving Patient Care, a self-competence test – <http://www.aafp.org/fam/2009/1009/p58.html>

[It Gets Better Campaign](#) – <http://www.itgetsbetter.org>

[Trevor Project](#) – <https://www.thetrevorproject.org/>

[Trans Lifeline](#) 1-877-330-6366

[Parents, Friends of Lesbians and Gays \(PFLAG\)](#) – <http://www.pflag.org/>

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### ADDITIONAL RESOURCES

Neutralizing Clinical Language - <https://candilbert.ca/wp-content/uploads/2020/05/Neutralizing-Clinical-Language.pdf>

How to use gender neutral pronouns - <https://lifehacker.com/how-to-use-gender-neutral-pronouns-1821239054>

Gender-neutral pronouns <https://www.youtube.com/watch?v=46shrBc-alk>

Theyismpronoun <https://theyismpronoun.wordpress.com/>

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