The Psychosocial Needs of Lesbian, Gay, Bisexual, or Transgender Patients With Cancer

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Because of discrimination and secrecy, lesbian, gay, bisexual, and transgender (LGBT) people have poorer health outcomes, which include an increased risk for certain cancers and additional challenges in cancer treatment and survivorship. The oncology nurse also should be aware of issues of LGBT sexuality and the impact that oncology treatment may have on the LGBT patient’s immediate and long-term sexual functioning.

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Discrimination and Health

Discrimination against LGBT people results in multiple health disparities. Many of the disparities can be traced to the stress of living discrimination and secrecy, lesbian, gay, bisexual, and transgender (LGBT) people have poorer health outcomes, which include an increased risk for certain cancers and additional challenges in cancer treatment and survivorship. The oncology nurse also should be aware of issues of LGBT sexuality and the impact that oncology treatment may have on the LGBT patient’s immediate and long-term sexual functioning.

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To date, no cancer registries collect information about gender identity or sexual orientation. Without data, the experiences and outcomes for LGBT cancer survivors are buried in valuable SEER data, which other minority populations use for research, funding, and treatment decisions. For example, although LGBT people use tobacco at rates that are 68% higher than the general population, no evidence is reported about increased lung cancer incidence (King, Dube, & Tynan, 2012).

Increased Cancer Risks

Multiple studies have provided evidence of dramatically increased cancer risks in LGBT people. For example, lesbians are considered to have the densest cluster of breast cancer risks, which include higher rates of smoking, nulliparity, obesity, and alcohol use (Cochran & Mays, 2012). Gay men have high rates of human papillomavirus infection (65% in gay men who are HIV-negative and 95% in gay men who are HIV-positive) (Margolies & Goeren, 2013). When HIV infection is coupled with high tobacco use, the risk increases dramatically for anal and other cancers (Sahasrabuddhe et al., 2013).

Although very little has been studied about the cancer risks of transgender people, some researchers suggest that exogenous hormone may increase the risk for multiple cancers (New York Department of Health, 2013). Increased cancer risks require hyper-vigilance about cancer screening. However, data are minimal and/or mixed about cancer screening in the LGBT population (UC Davis, 2012). The lower rates for most types of screenings reflect the barriers to care reviewed earlier (USDHHS, 2012).

The Cancer Experience

After a history of avoiding the healthcare system because of lower insurance rates and discrimination, LGBT people may enter the cancer treatment world with more wariness than others (Margolies & Scout, 2013). Getting a diagnosis of cancer is frightening. But, for many LGBT people, the critical questions about treatment options and recovery are followed...