LGBT Care at the End of Life

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Outline

• I. Review of Hospice philosophy
• II. LGBT Working Definitions
• III. LGBT Community (Statistics)
• IV. LGBT at EOL
  – Bio, Psycho, Social, Spiritual
• V. Implications for Practice
Hospice Philosophy

• Hospice is a philosophy in which quality and compassionate care is provided to individuals with a life limiting illness.

• Historically the hospice philosophy has emphasized a holistic approach through physical care and emotional, and spiritual support.

Working Definitions

• **Lesbian:** A woman whose physical, romantic and/or emotional attraction is to other women.

• **Gay:** Adjective used to describe people who are attracted (physically, romantically, emotionally) to people of the same sex.

• **Bisexual, Bi:** A person who has the ability to develop attraction to those of the same or another gender.

• **Transgender, Transexual:** Umbrella term for people whose gender identity/expression differs from their assigned birth gender.
Demographics

• 3 million aging LGBT presently reside in the U.S.

• 4 million by 2030.


LGBT Biological Factors

- Greater incidence of health disorders.
- Increased risk for chronic health conditions.
- Premature mortality.


Psychological Factors

- Mental Health
- Substance Abuse
- Anxiety
- Depression


Social Factors

- Stigma
- Isolation
- Social Network
Social Factors: Stigma

- Discrimination
- Prejudice


Social Factors: Isolation

- Reside independently

- Family of Choice

- Socialization


• https://www.youtube.com/watch?v=PO0iPRjTRS8
Spiritual Factors: Definitions

Spirituality is that part of each individual which longs for meaning, integrity, beauty, dignity, love and acceptance (VITAS Concept of Spirituality) and the way they experience their connectedness to the moment, to self, to others, to nature and to the significant or sacred.

Spiritual Factors: Definitions

Religious – pertaining to an organization that has a set of rites, rules, practices, values and beliefs that prescribe how individuals should live their lives and respond to God.

Spiritual Factors

• Religiosity
  – 48% of LGBT are religiously unaffiliated compared to 20% of the general population
  – Religiosity vs. Spirituality

http://www.huffingtonpost.com/nick-literski/five-steps-torediscoveri_b_8373220.html
Spiritual Factors

- Sense of Groundlessness
- Existential Anxiety
- Benefits of Religion

https://www.anxiety.org/lgbt-religion-faith-anxiety
Spiritual Factors

• Spiritual Assessment
  – Foundational strength
  – Life’s meaning/ purpose
  – Significant events pertaining to sexual and gender identity

• How does the Pt currently feel about religion?
• What do they expect in the coming days?
• What is it like to be them right now?
LGBT Care in Practice

https://www.youtube.com/watch?v=H31Ahu3jJtg

Implications for Practice

- Misconceptions/ Assumptions

- Inclusivity


Implications for Practice: Diversity

“LGBT Community is as diverse a population as the City as a whole.”

Implications for Practice: Uniqueness

Each LGBT person—every person—is a unique individual unlike anyone else and not defined by a single label or term. An authentic encounter with any person begins at this unique level.

Implications for Practice: Uniqueness

• LGBT patients *may*...
  – Hide who they are (sexual/gender identity).
  – Feel safe enough to reveal authentic self.
  – Cover up their closest relationships calling a spouse or partner a friend or sibling.
  – Long to reconnect with spirituality but uncertain of how to do so.
Implications for Practice: Cultural Sensitivity

• Use culturally sensitive healthcare questions.
  – Who do you consider family?
  – Who in your life is especially important?
Implications for Practice: Spiritual

• Value of Rituals
  – Life Review
  – Prayer

• Power of Forgiveness
Implications for Practice: Spiritual

• Dignity Therapy
  – Written document
  – Addresses spiritual and psychological issues
  – Reduces suffering and enhances purpose, meaning, dignity, and quality of life.

Implications for Practice: EOL Care

- Elements of quality EOL care for LGBT:
  1. Make no assumptions—only ask what you need to know.
  2. Make no judgments—treat patients with dignity, respect, compassion.
  3. Keep opinions to yourself.

Summary

• Introduction

• Established definitions

• Educated on biopsychosocial and spiritual factors

• Reviewed implications for practice
References


References


