



Queer in Healthcare

HEALTH, MEDICINE, AND PRIDE

In honor of Pride Month, the Advocacy In Medicine (AIM) Committee has created a small review of responses to four questions regarding being queer in healthcare. The AIM Committee's annual conference this year centers Queer Health and to kick off this conference we brought together a collection of answers from a diverse group of LGBTQ+ health professional students. These students range from research, to medical, and counseling trainees. We celebrate and thank past, current, and future queer health professional trainees for their important and critical work in health care. As a reflective task, answer the four questions yourself!

WHAT WOULD YOU CHANGE ABOUT HEALTHCARE?

WHAT DOES IT MEAN FOR YOU TO BE QUEER IN HEALTH CARE?

HOW DOES BEING QUEER IMPACT YOUR HEALTH PRACTICES/PROVIDING CARE?

WHAT WOULD YOU TELL YOUR YOUNGER SELF ABOUT BEING WHO YOU ARE?

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WHAT WOULD YOU CHANGE ABOUT HEALTHCARE?

Anonymous, Counseling Psychology PhD, she/her/hers: Improving accessibility to equitable care is greatly needed in our healthcare system. Not just in physically being able to access care, but in ensuring that all have access to unbiased care regardless of their identities and created with their identities in mind. Additionally, clinicians and those in the field understanding the importance of intersecting identities and the specialized care and consideration when working with individuals who may have had adverse experiences with healthcare professionals in the past is of utmost importance.

Yesenia, Counseling Psychology PhD, she/her: I would change the way gender and sexuality are viewed all across the board in healthcare. Queer people should always be taken into account and feel validated, even if they are not being treated by a queer healthcare provider.

Anonymous, College of medicine, he/him/his: There is a long list of things that I would like to change about healthcare and the American healthcare system. However, one thing that relates to my queer identity is the perception of professionalism standards that apply to healthcare workers. I love seeing residents and attendings who are out and proud. However, I know that the things I appreciate seeing both as a student and as a patient are things that are often viewed as "unprofessional" by some. The expectation of being inclusive of patients and colleagues should go beyond a rainbow pin on an ID tag, and encourage people to bring the beauty of their entire selves to this work environment that gets very personal and demands long hours.

Anonymous, College of medicine, he/him: Let's do away with segregated healthcare! It's pretty basic – everyone should get the same quality of care, regardless of their background or socioeconomic status. Healthcare needs to become well-versed with and address both the ordinary and unique needs of the transgender community. This necessitates a cultural shift toward seeing trans people as a part of the norm rather than exceptions and standing up against anti-trans legislation.

Danielle, Neuropsychology/Counseling Psychology PhD, she/hers: I want everyone to be able to get the services they need. I want everyone to feel cared for, safe, and like they are person with health concerns, not a burden just for being themselves.

WHAT DOES IT MEAN FOR YOU TO BE QUEER IN HEALTH CARE?

Yesenia, Counseling Psychology, she/her:

Being queer has allowed me to use my personal experiences to better relate to and treat other queer individuals in a way that centers and celebrates their identities.

Joya, College of medicine, she/her/hers:

I am queer everywhere I go, and even when I don't announce it, my queerness informs everything I do both within and outside of healthcare. To me, queerness is about more than a sexuality or gender identity; it is about challenging stereotypes, celebrating the vastness and creativity of human expression, building community, and advocating for the most marginalized among us.

Danny, College of medicine, he/him/his:

It is exciting and scary. Exciting because as a proud, gay man, I can be a trailblazer for those who follow me and can be an instigator of change in the healthcare system. Scary because I am afraid to act in a certain way. I'm afraid that being openly gay will cause people to look down upon me. In the city, being out is not the issue. The issue is loud expressions of queerness. Will I be deemed unprofessional or unworthy if I act a certain way, or say certain things, or dress a certain way? I want to go into surgery, and deviating from a script in those somewhat militant settings can be looked down upon.

Mojde, College of medicine, she/her/hers:

My queer identity feels like a huge advantage at times and other times like a cautious game to play. My identity has made me hyper-aware of assumptions and has helped me consistently approach any interview or interaction openly and fully gauge my counterpart, whether it is a patient or a colleague. It has also made me a strong advocate; I have not been afraid to ask my resident to order an additional test or to go back to the attending to double-check a lab value. Finally – it might be too early to credit this– but anytime I come across a fellow queer individual in the clinic, adult and especially pediatrics, I notice a mutual level of comfort and ease when I hint at my queer identity.

Rachelle, College of medicine, she/her:

I think being queer in healthcare means that I'm more accepting of all patients. Being queer means that you're always a minority and misunderstood especially being black and queer so I try to be intentional about making patients feel heard.

HOW DOES BEING QUEER IMPACT YOUR HEALTH PRACTICES/PROVIDING CARE?

Amanda, Epidemiology PhD, she/they: As a researcher in healthcare who is queer, I always make sure language is appropriate and inclusive. I want everyone to feel included and comfortable in these spaces! For me, this means not only when writing up results, but also using this language in the office with colleagues.

Anonymous, Counseling Psychology PhD, she/her/hers: I work to create an open space where people from the beginning of the work feel safe to bring the parts of them that are most important into session with me. I also acknowledge that trust takes time to build and work to earn that privilege from clients instead of expecting or demanding it from them

Piers, College of medicine, he/him: These two go together for me. Right now, being transgender in this country is scary. Being a transgender medical student is scary. The thought of being a transgender doctor is scary. I can't apply to residency programs in certain states because of anti-transgender legislation. I won't practice in certain states for the same reasons - I won't practice medicine in a place where access to gender affirming care is restricted and stigmatized. But being a queer and transgender medical student is also hugely powerful to me. Showing that transgender people can be doctors in spite of all of that is important to me and helps keep me motivated.

Anonymous, College of medicine, he/him/his: Being a member of the LGBTQIA+ community while also training to be a medical professional has helped me relate to all of my patients. Whether or not someone is queer, I feel that the lessons I learned from my own experiences have helped me meet patients where they feel comfortable without making them feel judged. I feel that being queer has made me a more empathetic provider to understand patients of all walks of life who battle various challenges posed by society. I feel that being queer has given me a language to speak with patients with understanding and compassion.

Danny, College of medicine, he/him/his: I often code switch when seeing patients. I subconsciously ask myself if my queerness will be seen as a boon or a hinderance when speaking to patients. Is it safe for me to let my guard down a little bit to speak to patients? My first delivery on the L&D floor was with a mother whose husband was trans and confirming my sexuality after she asked instantly made her more comfortable and we were able to form a good rapport. That being said, many of the patients that we see at Downstate are from Caribbean countries with a strong, Christian influence and where archaic gender roles are still enforced. Would it behoove me and this patient interaction to out myself if the subject were brought up?

WHAT WOULD YOU TELL YOUR YOUNGER SELF ABOUT BEING WHO YOU ARE?

Amanda, Epidemiology PhD, she/they: Don't sweat it. You've always known who you are.

Joya, College of medicine, she/her/hers: If I could tell my younger self anything about being queer and specifically about being queer in healthcare, it is this: sometimes you will be very, very lonely and tired, but other times, you will meet a patient who has never had a queer healthcare provider before and they will tell you how much safer they feel because of you and the rainbow lanyard it took you decades to feel comfortable wearing to work. If only for this, it will all be worth it.

Mojde, College of medicine, she/her/hers: A big part of being queer is making mistakes. We have no manual for how to do things so learning comes by trials and tribulations. It has been a crazy journey navigating the path of medicine . . . So, cherish your friends, support your community, and keep making mistakes!

Anonymous, College of medicine, he/him/his: There will be so many amazing queer people, residents, attendings, and peers who you will meet in medical school! Use them as resources and friends because they are the best healthcare providers out there!

Anonymous, College of medicine, he/him: Cultivate a practice of self-reflection. It's important to stay in touch with your feelings and show yourself kindness.

Danielle, Neuropsychology/Counseling Psychology PhD, she/hers: She'll get to where she's supposed to go. And she'll be loved the whole way.

Rachelle, College of medicine, she/her: I think I'd advise my younger self to enjoy the moments I have. Life does pass by and medicine can seem like we're running out of time but in reality we do have time to enjoy ourselves and be students.