Palliative Medicine & Care International Journal
ISSN: 2688-3821

Juniper Publishers
key to the Researchers

Mini Review
Volume 1 Issue 4 - January 2019
DOI: 10.19080/PMCIJ.2019.01.555566

Palliat Med Care Int J

A LGBTQ+ Patient Approach: Challenges and Possibilities in the Palliative Care Logic

Mateus Aparecido de Faria* and Gislaine Alves de Souza

René Rachou Institute/Oswaldo Cruz Foundation, Brazil

Submission: December 11, 2018; **Published:** January 03, 2019

***Corresponding author:** Mateus Aparecido de Faria, Department of Nursing, René Rachou Institute / Oswaldo Cruz Foundation, João Bernardino Santos Street, 11 - Paquetá - Belo Horizonte City / Minas Gerais, Brazil.

Abstract

The Palliative Care (PC) is recognized as human right to health, a model treatments than promotes dignity and quality of life in the face of diseases that threaten continuity of life. There are health disparities and challenges that people who identify themselves as lesbians, gays, bisexual, transgender, queer and other identities (LGBTQ+) face to acess health care. The aim was to discuss how PC has been approached to LGBTQ+ people in scientific literature. It found there are: deficit in health professionals training; intense fear the LGBTQ+ people of receiving low quality care and suffering discrimination; and multiple overloads of caregivers. The findings indicate need to recognize the ethos cultural of the LGBTQ+ population; experiences in situations that threaten their life; inequalities and stigmas they experience, their autonomy about care and alert to implicit and relevant social phenomena to offer an assistance that is effectively comprehensive.

Keywords: Sexual and gender minorities; Palliative care; Hospice care

Abbreviations: PC: Palliative Care; LGBTQ+: Lesbian Gay Bisexual Transgender Queer and Other Identities

Introduction

Interpretations about the set of events that mark dying are socio-historical cultural constructions [1,2]. The body individual has a social and political ontology - there is an interpretative framework through which life and death are perceived [3]. In the predominant biomedical bias, death is considered a failure, an organic dysfunction to be avoided [1,4]. In the logic of Palliative Care (PC), death does not hurried or postponed, but understands itself as a natural process and promotes dignity and quality of life for patients and their families in the face of diseases that threaten the continuity of life [5,6]. In this model the treatment's direction is extended to the control of the symptoms of a physical, psychosocial and spiritual nature considering that people have essential needs to be met in addition to longer living [4-7].

PC is explicitly recognized as a human right to health, have a crucial importance in the current epidemiological scenario and even with the mandatory public health strategy, the implementation occurs unevenly in the world and still finds barriers to improve access in the educational, socio-cultural, drug availability, policy and management [5,6]. In addition, it is recognized that PC increases quality of life, and often survival, and their lack results in unnecessary suffering for people who are more vulnerable [4,5,7].

Thus, considering the relevance of discussing the quality of death; health disparities, especially to sexual and gender minority populations, the disadvantages and challenges that people who identify themselves as lesbians, gays, bisexual, transgender, queer and other identities (LGBTQ+) face to access appropriate health care [8-10] and shortage of publications about it [11], we aim to discuss about particularities and specificities of PC for this population [10,11]. and how PC has been approached to LGBTQ + people in the scientific literature.

Discussion

We are proposing here is the reflection about PC for LGBTQ + individuals and their partners who are not very personal, made just for a group, but rather that health professionals can understand the need to think and change their practices in order to principles of integrality of the human being and that can ensure equity in health care [12]. The associations between sexual orientations and/or gender identities and higher rates of various aspects of morbidity and mortality are well known in the scientific literature [13,14], and it is therefore imperative to consider the identity diversity in health care provision. However, what is found is the incompatibility between the LGBTQ+ community's health needs and the approaches to health care, mainly due to the deficit in the training of health professionals, the cisgender heterosexist assumptions adopted in the health services and the lack of adequate support at the time of the end of life and the mourning of caregivers [13,15].

The recent literature, although still expanding and with several issues not understood yet, denotes some discursive categories that cross the LGBTQ + subjects under PC. The main one is the intense fear of receiving low quality care, suffering discrimination in health care facilities or even at home, by home care professionals and rebuilding a closet that, throughout life, struggled to get out of it [10,13]. These conditions may worsen quality of life, reluctance to use health system resources and delay access to specialized health care [12,15,16]. Another point to emphasize are long-term institutions and care provided by them, whose trust is not deposited by 22% of LGBTQ+ elderly, as they report "abuse or neglect by staff 53% of the time, isolation from other residents 77%, discrimination by residents 81%, and discrimination by staff 89% of the time".

On the side of caregivers, who are usually long-time partners, it is noticed that there are multiple overloads on them - sometimes the loneliness caused by the family's estrangement, due to affective-sexual prejudices of the friends, due to the aging, and even institutions that deny or neglect rights, impact on the perception that the partner is alone at this end of life [14]. Even the marital relationship can be compromised, since facing a end of life health condition leads both to the couple's disconnection and to the strengthening of these same bonds [17]. Cloyes, Hull and Davies [10] point out that one of the processes faced by LGBTQ+ caregivers is called disenfranchised grief: when mourning for a loved one's death is added to the social discouragement that (not) cuts through their bodies.

Final Considerations

The PC converge its approach on the patient as a person with dignity, respect for their autonomy and recognition of their personal preferences that could have the potential for an inclusive, flexible, personalized and sensitive approach to the LGBTQ+ community. This synthesis of literature attentive to the need to recognize the ethos cultural of the LGBTQ+ population; their experiences in situations that threaten their life; inequalities and stigmas they experience, their autonomy about care and alert to implicit and relevant social phenomena to offer an assistance that is effectively comprehensive.

Conflict of Interest

There is no conflict of interest.

References

1. Ariès P (2014) The man before death. (1st edn). São Paulo: Unesp, Brazil.
2. Gadamer HG (2006) The Hidden Character of Health. Rio de Janeiro: Voices, Brazil.
3. Butler J (2015) Pictures of war: When life is liable to mourning? (1st edn). Rio de Janeiro: Brazilian Civilization, Barzil.
4. Gawande A (2016) Quantity and quality of life: duties of care in life-limiting illness. JAMA 315(3): 267-269.
5. WHO (2018) Palliative Care. World Health Organization, Switzerland.
6. https://www.who.int/nmh/Global_Atlas_of_Palliative_Care.pdf
7. Swami M, Case AA (2018) Effective Palliative Care: What is involved? Oncology 32(4): 180-184.
8. Muller A (2017) Scrambling for access: availability, accessibility, quality of healthcare for lesbian, gay, bisexual and transgender people in South Africa. BMC Int Health Human Rights 17(1): 16.
9. Ekmekci PE (2017) Do we have a moral responsibility to compensate for vulnerable groups? A discussion on the right to health for LGBT people. Med Health Care Philos 20(3): 335-341.
10. Cloyes KG, Casca W, Davis A (2018) Palliative and End-Of-Life Care for Lesbian, Gay, Bisexual, and Transgender (Lgbt) Cancer Patients and their Caregivers. Semin Oncol Nurs 34(1): 60-71.
11. Harding R, Epiphany E, Chidgey-Clark J (2012) Needs, Experiences, and Preferences of Sexual Minorities for End-of-Life Care and Palliative Care: A Systematic Review. J Palliat Med 15(5): 602-611.
12. Bristowe K, Hodson M, Wee B, Almack K, Johnson K, et al. (2017) Recommendations to reduce inequalities for LGBT people facing advanced illness: ACCESSCare national qualitative interview study. Palliat Med 32(1): 23-35.
13. Kortes-Miller K, Boulé J, Wilson K, Stinchcombe A (2018) Dying in Long-Term Care: Perspectives from Sexual and Gender Minority Older Adults about Their Fears and Hopes for End of Life. J Soc Work End Life Palliat Care 20: 1-16.
14. Hinrichs KL, Christie KM (2018) Focus on the family: A case example of end-of-life care for an older LGBT veteran. Clin Gerontol 1: 1-8.
15. Maingi S, Bagabag AE, O'Mahony S (2018) Current Best Practices for Sexual and Gender Minorities in Hospice and Palliative Care Settings. J Pain Symptom Manage 55(5): 1420-1427.
16. Arthur DP (2015) Social Work Practice with LGBT Elders at End of Life: Developing Practice Evaluation and Clinical Skills Through a Cultural Perspective. J Soc Work End Life Palliat Care 11(2): 178-201.
17. Griebling TL (2016) Sexuality and aging: a focus on lesbian, gay, bisexual, and transgender (LGBT) needs in palliative and end of life care. Curr Opin Support Palliat Care 10(1): 95-101.

How to cite this article: Mateus Aparecido de Faria, Gislaine Alves de Souza. A LGBTQ+ Patient Approach: Challenges and Possibility in the Palliative Care Logic. Palliat Med Care Int J. 2019; 1(4): 555566. DOI: 10.19080/PMCIJ.2019.01.555566

DOI: 10.19080/PMCIJ.2019.01.555566

How to cite this article: Mateus Aparecido de Faria, Gislaine Alves de Souza. A LGBTQ+ Patient Approach: Challenges and Possibility in the Palliative Care Logic. Palliat Med Care Int J. 2019; 1(4): 555566. DOI: 10.19080/PMCIJ.2019.01.555566