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Med

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Voices

Queer visibility in medicine

The LBGTQ + community has achieved great progress since the Stonewall riot of 1969, but queer identities, in particular trans and non-binary people, are still marginalized and threatened. This Pride month, our authors reflect on the importance of visibility in medicine, and the benefits it brings to patients and science as a whole. While these Voices offer a snapshot of the current state in the US, the overarching themes reverberate globally. *Med* is committed to supporting our community on its journey toward global inclusivity.

Justin Bullock, he/him
University of Washington, Department of Nephrology

Pride and intersectionality

As a gay Black man with a mental illness, I spend a lot of time thinking about intersectionality, or how my multiple identities overlap in ways that impact my lived experience. Like many people, my natural tendency is to emphasize my marginalized identities: being gay, Black, and bipolar. But by only consciously holding my marginalized identities, I commit an injustice to my true experience. The gay parts of me have thrived in an institution and city with inclusive policies and practices toward queer folks; still, my colleagues who are not cis men are often pushed to the side. I am a tall, American-born, cis man with all the associated societal benefits. It is a sign of my privilege to not be consciously aware of these identities.

As we advocate for LGBTQ visibility, equity, and inclusion, we cannot truly have these conversations without talking about the unique lived experiences of people who have differently marginalized identities from our own. Our goal is not to prove that one person's suffering is greater than another's. It is to fight for our entire LGBTQ family, even those who are different from us.

As a quantitative and qualitative researcher with a social justice agenda, I remain acutely aware that my identities impact the systems that I study. While I try to leverage my identities for good, I must always hold intersectionality in its truest form, which makes me ask myself how my privileged, less conscious identities are at play in my change efforts as well.

E. Kale Edmiston, he/him
University of Pittsburgh, Department of Psychiatry

Visibility is a trap unless we first make transphobia visible

Transgender people have always had a fraught relationship to visibility because it is so rarely granted to us on our terms. When we are visible, we are vulnerable. Many of us do not get to choose when we are visible. When it comes to our health, being out to our providers could mean receiving the appropriate care for our anatomy, but it could also mean discrimination.

Transgender people face staggering health disparities due to systemic transphobia. This includes an education system that does not teach providers about our lives, insurance policies, and now legislatures that deny us access to care and research that often serves cisgender curiosity over community needs. As more transgender people access careers in medicine and health sciences, this will change. However, cisgender people first must cede their unearned authority over transgender lives. This will require humility, self-reflection, and hard work.

Transphobia is pernicious and it is often not visible to cisgender people unless they learn to see it. Listen to us. Collaborate with us. Support transgender trainees. Share resources. Believe us when we say we experience discrimination. Notice where transgender people are absent from your life. We belong everywhere but have been forced out of places we deserve to be. Advocate for us in the spaces we are absent

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from. Systemic transphobia persists only when we do not actively work together to dismantle it.

As we gain access to spaces and careers from which we have historically been excluded, our presence will make the transphobia that was always there visible. This will make many who had the luxury of not noticing transphobia uncomfortable. Learn to be uncomfortable. Let your discomfort motivate you to do the difficult work, in partnership with us.

Devashis Mukherjee, he/him
Case Western Reserve University, Rainbow Babies and Children's Hospital

Increasing the LGBTQ physician-scientist workforce

I came out in the second year of medical school in India to a close group of friends. One of my "friends" then outed me to the whole school, which was traumatic and made my life miserable for the next few years. Fast forward a few years to when I was applying for residency and fellowship positions across the US: I actively hid my sexual orientation from interviewers so that I would not face discrimination. Even when I was in my medical training, I came out to a select few attendings who I knew were allies and I could count on them to support and lift me up as a person. Some of this was my own insecurity being a gay, Brown, immigrant person in medicine. The US medical system (especially at and above associate professor levels) is predominantly cisgender, heterosexual and white. Anything that does not conform to this is often deemed as unprofessional, leading to less chances of getting hired, retained, or promoted. As a result, bright young talent is often lost because of systemic bias and prejudices. For physician-scientists like me, this problem is often compounded due to bias from clinical peers and leaders and from scientific mentors. I will say that things are changing; they are different from when I started residency. I would not have had the courage to write this piece back in 2015. However, we still have a long way to go to make our workforce represent the people we heal. And representation matters. We must actively try to recruit, retain, and treasure LGBTQ+ medical professionals and scientists, or else we risk losing out on great people and great science. Happy Pride!

Jason M. Nagata, he/him
University of California, San Francisco

Supporting body image for sexual and gender minority youth

In recent years, important progress and increased visibility has improved the lives of sexual and gender minority people. However, sexual and gender minorities continue to experience greater rates of depression, substance use, and chronic diseases compared to their cisgender heterosexual peers. With new legal challenges further threatening the rights and health care access for gender minority people, LGBT+ representation in medicine is imperative to create a better future for our sexual and gender minority community.

My work as a pediatrician focuses on body image and eating disorders in sexual and gender minority youth, who make up over 20% of those hospitalized at UCSF Benioff Children's Hospital for eating disorders. These youth face discrimination, prejudice, and stigma, which may lead to body dissatisfaction, depression, and eating disorders. Furthermore, the constant exposure to unattainable body ideals through social media may further exacerbate body dissatisfaction. In transgender youth, a mismatch between one's own body and gendered body ideals may lead to disordered eating behaviors, highlighting the importance of gender-affirming care. However, sexual and gender minority youth are less likely to seek care for eating disorders due to barriers to accessing health care or experiences with discrimination at the clinic.

To address these inequities, we need health care providers to foster safe and welcoming environments in their practices so that sexual and gender minority

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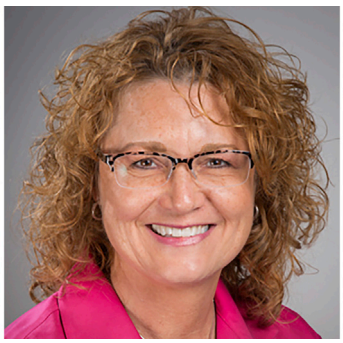
people are not discouraged from seeking care. Ultimately, clinicians and researchers should investigate the best ways to support the health needs of sexual and gender minority people to eliminate barriers to care and to optimize their health.

Nico Osier, they/them
The University of Texas at Austin

Hard to be, treat, or teach what you can't see

Coming out at work as trans non-binary in 2019 was motivated by my experiences as a patient turned student. After negative healthcare interactions, I longed for mentorship and coursework on caring for lesbian, bisexual, gay, transgender, intersex, queer, questioning, asexual, etc., (LGBTIQQA+) patients. I felt compelled to be part of the solution. I enhanced my Genetics in Health Care course, adding content on how to solicit and use pronouns, ask open-ended questions, ensure intake forms offer comprehensive choices, and use inclusive symbols when making a genogram.

Soon, the impact of these decisions was clear. LGBTIQQA+ students started catching me after class or emailing me to say that I made a difference as their first queer role model. My non-LGBTIQQA+ students seemed to benefit too: my end of semester evaluations started to include comments about learning to provide more compassionate care for LGBTIQQA+ folks. One student shared (with permission) my course materials with her mother, a long-time registered nurse who viewed homosexuality as a sin, and consequently struggled to find compassion for her LGBTIQQA+ patients. My impact spread, as I began to receive questions from well-meaning but under-educated cisgendered heterosexual colleagues about how to make case studies, slide decks, and simulations more inclusive. Through these experiences it became clear to me that it's hard to be, treat, or teach what you don't see. Truly, everyone regardless of gender identity and sexual orientation benefits from queer representation in health care.



Michelle A. Ozbun, she/her
The University of New Mexico School of Medicine

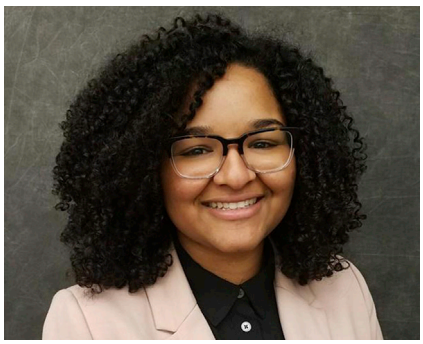
A call for visible LGBTQ+ researchers

How to "be" a scientist largely has been dictated by white heterosexual men with financial means for education and research endeavors. Imposing a myopic view of how a scientist should look, who we should love, or the gender we embrace can quash creativity and leave diverse LGBTQ+ youth wondering if they can fit into this profession.

Scientific progress depends on humans asking important questions and testing ideas in unique ways. LGBTQ+ people bring diverse life experiences, different problem-solving skills, and distinct angles, passions, and inquiry to the scientific process. As nonconformists, LGBTQ+ individuals may even be uniquely suited to challenge the status quo, leading to new scientific insights.

Young people benefit from role models who show they can be true to their identities and will be welcome during their training and in their careers. As a graduate student, a respected male faculty member told me that I was a disgrace to my advisor and that I belonged in California. Maybe it was my haircut or the way I was dressed, but the comment was not directed at my research. Although I laughed it off, I was lucky it was an isolated incident and that I did not internalize the words much. I knew I wanted to be a scientist before realizing I was gay. Raised as a fundamentalist Baptist in a rural town and the first in my family to attend college, my role models were scarce. Our origins, who we love, and our gender identities are indelible

characteristics that we should be free to embrace while we pursue our research and mentor the next generation of scientists.



Sabina Spigner, she/her
University of Pittsburgh School of Medicine

LGBTQ+ representation in medical education

As a gay patient, I need queer providers in order to feel seen and safe. Far too frequently, LGBTQ+ patients—myself included—are subjected to bias and harmful experiences in healthcare spaces that historically discount our existence. A common sentiment among queer patients is that we feel more cared for and at ease with queer providers, knowing that they share these experiences and are more knowledgeable. Thus, it's imperative that medical education prioritize the recruitment and retention of queer trainees to ensure the safety and positive health outcomes of LGBTQ+ patients.

As a gay medical student, I need queer faculty and classmates in order to create a supportive learning environment. Academic medicine is notoriously homogeneous and representation for minoritized students is severely lacking. Mentorship and community are both critical to learning and success for LGBTQ+ students, yet difficult to find. With increased recruitment of LGBTQ+ faculty, schools can improve mental health, alleviate burn-out, and foster inclusive programs where queer medical students thrive.

As a gay provider, I need institutional change to increase LGBTQ+ health education for my colleagues and to improve healthcare accessibility for LGTBQ+ patients. LGBTQ+ providers often lead the charge for change. That advocacy work is coupled with a minority tax which takes time and energy away from ourselves and patients daily. Systemic support to increase LGBTQ+ education and representation in physicians is imperative not only for our patients but also for providers. We need to be available for our queer patients.

Rachel (Rae) Walker, they/them
University of Massachusetts Amherst

Inclusive design isn't enough! Redistribute power

Trans and gender-diverse people are more visible than ever—across media, health care, and datasets. Scholars like Mia Fischer note this may mean "acceptance" to some, but increased visibility also entails risk. Laws threaten and even criminalize trans people. As a trans and non-binary person myself, I regularly experience architectures and algorithms that don't "fit" me. I'm also aware of many ways my data footprint, including my electronic health records, can be exploited and weaponized.

Despite techno-benevolent claims of objectivity, big data and associated technologies like AI are not, and have never been, neutral. Most federally funded research about trans people to date has been conducted by cisgender scientists who embed their own agendas and biases into data models. Often such studies are conducted through a deficit lens, generating datasets and technologies that other and pathologize trans people, rather than support our flourishing.

It is not enough to practice "inclusive" design: institutions must actually redistribute power over data and decision-making for research and technological innovation. This requires implementing accountability systems wherein trans and gender-diverse people, especially those subjected to multiple marginalizations under colonial White supremacy, hold power over our own data and the tech they are used to develop. Initiatives like the Center for Applied Transgender Studies, Consentful Tech Project, Data for Black Lives, and the Algorithmic Justice

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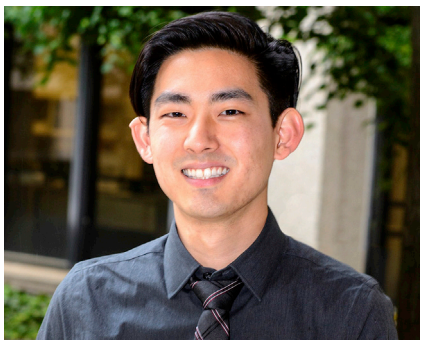
League have developed tools and strategies to guide this transformation. We can do this!



Stephen T. Yeung, he/him
Weill Cornell Medicine

Insufficient resources in STEM

It would be disingenuous to say I'm not represented in STEM. As a Chinese-American man, I feel represented, especially in Neuroscience. However, despite feeling visually represented, I felt as if complacency trod a thin line to comfort.

Growing up as a lower-middle-class, first-generation Asian-American existing before diversification efforts, I struggled to meet the status quo and even more so struggled with accepting my sexuality. I didn't accept who I was until I completed undergrad. Coming out to my family paled in comparison to coming out in STEM. Although people looked like me, I struggled to find people who relate to me. In completing my PhD in immunology, I continued to embrace my sexuality, but grappled with the feeling of navigating this space alone with the lack of resources and role models in the field, not by virtue of the people, but by the embracement of normalcy.

With the creation of the 500QueerScientist initiative and institutions publishing voluntary "Out lists," LGBTQ+ STEM visibility broke through! Yet LGBTQ+ STEM retention is still diminishing, and Cech and Waidzunas reported in 2021 that LGBTQ+ STEM individuals believe there are fewer career opportunities and resources compared to non-LGBTQ+. With this, I feel it imperative to say that rather than upholding a false sense of normalcy, we must let our colors show, because there is far more to what makes us ''us.'' We're a culmination of our culture and our experiences, but also what makes us intrinsically us and too often we forget that.

DECLARATIONS OF INTERESTS

J.B., E.K.E., D.M., J.N., N.O., M.A.O., S.S. and S.T.Y. declare no interests. R.W. is a member of the Research Advisory Board of Trans-Health Northampton; the Diversity, Equity, and Inclusion Steering Committee of the Academy of Medical-Surgical Nurses; the Technology and Informatics Expert Panel of the American Academy of Nursing; and the Innovation Advisory Board of the American Nurses Association.