LGBTQ+ Inclusive Language: What It Is and Why It Matters in Healthcare

Statistically, all healthcare providers (HCPs) will work with and treat patients who are lesbian, gay, bisexual, transgender, queer/questioning, and others who are a part of the community but for whom those terms don't fit (LGBTQ+). Maintaining a positive working and treatment environment is essential to staff success and quality patient care. Healthcare providers who strive to ensure excellent care for all need to be inclusive of LGBTQ+ as colleagues and patients, and language plays a big part in inclusivity.

This guide helps healthcare workers understand who is in the LGBTQ+ community, how to use LGBTQ+-inclusive language, and why such language is essential. You'll also find resources and a glossary of common terms medical professionals may encounter.

> Editor's note about terminology: We'll usually say "LGBTQ+." You'll see other terms used (e.g., LGBT) in cases where specific populations were referenced in studies.

What is LGBTQ+ Inclusive Language?

LGBTQ+ inclusive language, in simplest terms, is language that doesn't make assumptions or include negativity about the LGBTQ+ population. Many people are aware of slurs used against the LGBTQ+ population and would avoid those in general. However, just avoiding clearly offensive language is not the bar for inclusiveness. Inclusivity also means avoiding other behaviors or speech that contribute to an unwelcoming environment.

When it comes to LGBTQ+ people—or, really, any historically marginalized group—avoid microaggressions. According to psychologist Dr. Derald Wing Sue and his team, "microaggressions are brief verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults." He goes on to say they can be so normalized in everyday interactions that people may consider them "innocent or harmless. However, research has shown that experiencing a microaggression can be detrimental to a person's psychological health…"

Microaggressions can include:

- Creating unwarranted physical distance between oneself and a member of a marginalized group
- Using historically accepted but insulting words or phrases like "boys will be boys" and "gay" as a synonym for "stupid" or "bad"
- Misusing or assuming someone's pronouns, intentionally or unintentionally
- Avoiding working with people who are members of a marginalized group
- Expressing beliefs that homosexuality and gender identity are bad or false

What Phrases Should I Avoid and Use?

It can be hard to understand what language is acceptable and what isn't. Though this isn't all-inclusive, here are a few common phrases to avoid and what to replace them with.

Instead of this…
…Say this
Opposite sex/both sexes
For biology, say "all sexes" and for gender, say "all genders"*
Biological sex (with the false implication that this is a transgender or nonbinary person's "true" sex)
Assigned sex at birth
Hermaphrodite
Intersex
Transsexual
Transgender
Addressing a person as Ms., Mr., etc.
Use their first names unless they ask you to do otherwise
He, him, his, she, her, hers
Default to "they" or avoid pronouns unless they specify one
Gay or lesbian relationship
Same-sex relationship (not all people in same-sex relationships

identify as gay or lesbian)	
“Guys,” “ladies and gentlemen,” etc.	
Folks, staff, patients	

*Most people learned about the sexual binary in school—that is, male and female. However, there are several sexes recognized by medicine, including:

46 XX intersex: Ovaries and external male genitals
46 XY intersex: Male chromosomes and externally female, ambiguous, or incomplete genitals
True gonadal intersex: Both testicular and ovarian tissue
Complex/undetermined intersex: Includes a variety of intersex characteristics, such as having fewer or more X or Y chromosomes than expected with nothing unusual about internal or external sex organs

A great article about other “replacement language” comes from the University of Maryland, which digs deeper into gender-inclusive language and outdated terms. Remember, language is always evolving, so it’s important to stay abreast of changes. Many of our resources at the bottom can help as well.

What If I’m Not Comfortable Using Inclusive Language?

People may feel uncomfortable using inclusive language because of personal beliefs or a lack of training.

When it comes to beliefs, it can be hard to separate those from your working life—our beliefs are an essential part of us. However, it’s best to leave your personal beliefs at the door, both for your patients’ safety and for your job security.

Training can be just as tricky due to time and resources. A 2017 study conducted by several nurses regarding LGBTQ+ healthcare states, “Evidence suggests that HCPs continue to receive little or no training to prepare them to manage this vulnerable population.”

You can approach whoever oversees this aspect of the job to ask about training opportunities. If they don’t know of any, suggest the National LGBTQIA+ Health Education Center, which focuses on healthcare worker training. You can also use this resource as an individual—often for continuing education credits—through webinars, conferences, and more.

Refusing to treat or providing inadequate treatment to patients can often violate laws, as can acting in a way that may be seen as discriminatory toward coworkers. Accusations or confirmations of broken laws can disrupt or destroy careers. So, it’s worth being careful about what you say and how you say it.

If you’re uncomfortable using inclusive language because of how others may perceive your decisions, consider addressing criticism directly. Social justice writer and editor Ebonye Gussine Wilkins suggests, “If questioned, you can always say ‘this person prefers this pronoun,’ or ‘I was informed that this was ableist or insensitive, so I’m respecting the correction or information.’”

How to Handle Mess-Ups in Your Language

Everyone makes mistakes, even those who consider themselves LGBTQ+ allies.

The best way to avoid mistakes is to make sure you have all information you need, such as someone’s pronouns and the gender of a person a coworker or patient is in a relationship with. Keep this information in mind when you speak with them and make a conscious effort to use the correct words.

But, if you make a misstep—such as using someone’s deadname (the name they were called before transitioning) or using a wrong pronoun—correct yourself, apologize, and move on. “He, oops, she…” “Bob, sorry, Joan…”

If you make a mistake in an email, a quick message of apology might make a world of difference. And this does mean quick—just one or two sentences stating what you did, apologizing, and promising to do better. If this was a group message, don’t reply all, just reply. If someone points it out to you one-on-one, tell them you already apologized or thank them for the reminder and say you’ll apologize—then do so. And if they point it out in the group email, send one back directly and don’t continue the at-large conversation.

Dwelling on it—either by apologizing repeatedly or trying to explain yourself—may make the person you misspoke to or about feel they need to comfort you or make them feel uncomfortable.

Likelihood of Encountering LGBTQ+ Patients and Colleagues

No matter who you work with as a healthcare provider, you’ll encounter LGBTQ+ patients and coworkers. GLAAD’s 2017 report Accelerating Acceptance discovered 12% of the overall adult population in the United States identifies as LGBTQ, with those between and 18 and 34 reporting being LGBTQ at a rate of 20%. And this is just LGBTQ—not the plus!

So if you work with the adult population, 12% of your patients, statistically, identify as LGBTQ. They may not be out to you, so you should use inclusive language no matter who your patients are.

You're Likely to Encounter LGBTQ+ Pediatric Patients

Though LGBTQ+ children are less likely to be counted by statisticians than adults, it doesn't mean your young patients aren't LGBTQ+. According to CDC data published in 2019, 2.5% of high schoolers nationwide identify as gay or lesbian, 8.7% are bisexual, and 4.5% are questioning their identities. Additionally, The Trevor Project reports 1.8% of young people identify as transgender.

Fewer studies have been done on middle school students (approximately ages 12-14), but some have been undertaken. In Washington D.C., for instance, a large-scale study found that 6.2% of their middle school students (approximately ages 12-14) identify as lesbian, gay, or bisexual.

Additionally, the Family Acceptance Project discovered people often know which gender(s) they're attracted to at an average age of 13.4 years, with some knowing at as young as seven. They also reported children begin to show their gender identities as young as age two, and the average age for coming out as transgender is 16.

You're Likely to Encounter LGBTQ+ Geriatric Patients

If you work with the elderly, there is also a good chance some of your patients are LGBTQ+. It's best to not assume otherwise, no matter what their current or previous marital status may be or whether they've had children of their own. Remember: Laws and societal acceptance have changed, and they *may* have simply been conforming to the rules of their time. Because of the world they grew up in, it's not uncommon for elderly patients to remain "in the closet" their entire lives.

The term "geriatric" can refer to a wide age range. Though most are 75+, some people who work in this field find themselves working with all ages of seniors. The Accelerating Acceptance study reports 7% of those ages 51 to 71 identify as LGBTQ, while 5% of those 72+ identify as such.

You're Likely to Work with LGBTQ+ Colleagues

Let's say you work in a hospital. Hospital sizes, of course, determine staff numbers. On average, those with six to 24 beds have 98 full-time and 49 part-time employees, while those with 500+ beds have 4,911 full-time and 1,303 part-time workers. This means if you're in a small hospital, you're statistically likely to work with 17-18 LGBTQ people; in the largest, you may work with about 746.

In addition, according to Minority Nurse, "it's been said that lesbian, gay, bisexual, and transgender (LGBT) nurses form one of the largest minorities within the profession…"

Even if you don't know of any "out" coworkers, this doesn't mean they don't exist. So, it's best to err on the side of using inclusive language at all times in your workplace, no matter who is around.

Creating an Inclusive Workplace for Healthcare Staff

There are broader workplace ramifications to ensuring inclusivity of LGBTQ+ healthcare workers beyond the important goal of being respectful to everyone you work with. For instance, though there are few studies specifically on LGBTQ+ healthcare workers, some important statistics in a 2011 study of 427 American LGBT physicians include:

- 10% of these physicians are not given referrals from heterosexual colleagues
- 15% deal with harassment
- 22% feel ostracized
- 65% hear derogatory comments about their community

Experiencing these things can lead to burnout. In fact, a Learning Nurse study showed the primary reason nurses burn out is related to job characteristics, including workplace tension. Some of the other top reasons were poor teamwork and conflict and unsupportive supervisors. While this wasn't strictly about LGBTQ+ healthcare workers, tension and a lack of support are undoubtedly felt by many employees in this community.

Happy healthcare workers are generally more effective ones. So, it's essential to be inclusive in the workplace to avoid unhappiness, burnout, and attrition.

> **Work place incivility, harassment and discrimination towards LGBT professionals are consistently reported across various disciplines such as…occupational health…mental health professions, medical sciences and community health…**
>
> –Ahtisham Younas

Ensuring your workplace is inclusive can be done at all levels, from individual staff through management.

What Individuals Need to Do
Creating an LGBTQ+ inclusive workplace includes ensuring your own language is inclusive, apologizing for mistakes, and correcting others.

What Management Needs to Do
Managers at healthcare facilities need to have strict rules in place regarding inclusivity. Ideally, you'd also arrange for additional training for staff at large and at the individual level as part of your policies. Be aware of the laws and create your rules accordingly. You should also have these policies posted for people to see.

Why Inclusive Language Matters in Patient Care

It goes without saying that LGBTQ+ people need healthcare, typically for the same issues as their cisgender, heterosexual counterparts. But it's worth noting this population is at a higher risk for certain issues. Data shows LGB people are more likely to experience mental health issues and substance abuse, lesbian and bisexual women experience chronic illnesses at higher rates, and transgender people experience depression, heavier weights, and cognitive difficulties. The LGBTQ+ community also experiences suicidal thoughts and actions more frequently than the cisgender, heterosexual community.

Remember: Simply being LGBTQ+ is *not* the cause of these issues. Orientation and identity are *not* symptoms of mental or physical health problems, and being a member of this community is *not* indicative of mental disabilities or illnesses. Cultural, societal, and medical discrimination are the most significant factors contributing to the higher risk for health problems.

> **Gay, lesbian, bisexual and other sexual or gender minority people encounter doctors who are ill-informed, ask inappropriate questions or refuse to treat them.**
>
> –American Heart Association

Members of the LGBTQ+ community are less likely to seek medical treatment, and, if they do, only 16% of LGBT people tell their doctors about their identities. This is often due to discrimination they've experienced with previous health providers. And this fear isn't without basis—a 2015 study showed 80% of first-year medical students had implicit biases against the LGBTQ+ community, and 50% openly expressed biases.

Insider reports healthcare issues members of the LGBTQ+ community have expressed, including:

- Substandard care or outright refusal of care
- Practitioners taking unnecessary precautions they wouldn't take with straight, cis patients
- Abusive language and physical behaviors
- Being blamed for their health issues
- Healthcare workers assuming their identities or orientations
- Invasive questions unrelated to the matter at hand
- Lack of knowledge about their community

Therefore, you need to ensure a safe environment for LGBTQ+ patients so they'll seek treatment in the first place. Creating an inclusive environment may help them open up to you as their medical practitioner, encourage repeat visits, and potentially lead to referrals to others—a win for them and you!

Creating a Welcoming Environment for LGBTQ+ Patients

In that same Insider article, LGBTQ+ community members and healthcare providers shared things they found inclusive and helpful.

For many, it began with questions like "What name do you prefer?" and "What gender do you identify as?" They also found it helpful for medical professionals to casually brush off any awkward moments. For instance, when transgender patient Chase Ross' doctor asked why he was on hormones, the practitioner accepted the answer positively and moved on without unnecessary questions.

If a practitioner didn't know an answer, understanding their healthcare provider would seek out the information (not just via a Google search, as some patients reported witnessing) was also helpful.

So, what does this mean for you as a healthcare provider?

Individuals
Be sure you're using the appropriate terminology—not making any assumptions about your patients' identities or orientations and asking them about things in gender-neutral and non-heteronormative ways. Educate yourself on health concerns people in the LGBTQ+ community have but focus on treating the issue that brought them to see you. React positively if patients talk to you about their LGBTQ+ status or issues. Most importantly, don't refuse treatment. And be aware of specialists who won't, either, so you can make appropriate referrals.

Management
Create policies that adhere to both the laws and increase patient wellbeing—note what providers and patients said was helpful above. An essential part of this is changing the language on forms filled out by patients. Having forms be exclusively fill-in-the-blank may be easiest, but not always possible. So, alterations can include:

- Changing sex from male/female to male/female/intersex/other
- Adding questions about gender identity and pronouns
- Asking for a list of "blood relatives" rather than listing specific titles of relatives
- Including "domestic partner" as a relationship status and changing husband/wife to spouse
- If using a system that includes head of household, removing this

If your current healthcare records system doesn't allow these options, contact its creator and request them. Until that change happens, ensure these issues are addressed in a notes section and instruct workers to read them.

Managers, if you're certain staff is adequately trained and willing to help their LGBTQ+ patients, consider making this part of your mission statement. Or, simply post this information on your website or on posters in the building. *Only* do this if you're sure it's true, though, as it's important for patients to not feel misled.

LGBTQ+ Inclusion and Patient Care Law

Laws regarding LGBTQ+ patient rights are—to say the least—complicated. As the Kaiser Family Foundation (KFF) explains, steps have been taken toward rolling back rules protecting LGBTQ+ patients, particularly transgender people, as rules continue to focus on binary sex. An official change was finalized by the Department of Health and Human Services (HHS) on June 12, 2020. However, the KFF further says the Supreme Court decision detailed below might challenge the constitutionality of these changes.
Several lawsuits against the HSS ruling have been issued.

States still hold a great deal of power. For instance, in Illinois, it is clearly unlawful to discriminate against any patient, regardless of orientation or identity. In that state, medical facilities may not refuse treatment or provide unequal care. In Michigan, there currently aren't specific laws regarding LGBTQ+ health issues, which has resulted in unequal treatment in the past. However, Michigan joined the lawsuit against HHS, which shows things may be changing. If you're curious about your state, check their medical board or health and human services department websites.

If you witness discrimination against patients, ideally, you'd speak up at the moment. The next step would be to approach management about what occurred so they're aware of the situation and may choose to act. You can contact the ACLU or Lambda Legal with questions in this instance as well.

LGBTQ+ Inclusion and Workplace Law

Even though we've covered compelling reasons for the use of inclusive language in healthcare settings, such as lessening employee burnout and engaging patients for better health outcomes, the law also deems some un-inclusive behaviors illegal in the workplace.

In June 2020, the Supreme Court made a landmark decision affecting employment. The ruling determined LGBTQ+ people can't be dismissed from their jobs in any company with 15+ employees because of their orientations or gender identities. This includes religious institutions, though there are exceptions made for "individuals whose job involves teaching or leading the faith."

Discrimination can occur at all levels, whether through policy or individual interactions. Therefore, whether you're in management or not, you need to be sure you're creating a welcoming environment for all employees.

If you're in the LGBTQ+ community and feel you're being discriminated against at work, you have a few options. If your human resources department feels safe to you, speak to them about what you're experiencing. If they're unhelpful, resources like the ACLU and Lambda Legal are here to assist.

Whether or not you're a member of the LGBTQ+ community, if you witness discrimination, you need to speak up. Remind your management of the law. If you feel unsafe doing so or have questions or additional concerns, the resources above are also available to you.

Glossary

While there are literally hundreds of terms related to the LGBTQ+ community, these are some of the ones you're likely to need in a medical setting. You can find additional definitions on PFLAG, GLSEN, and The Trevor Project's websites.

Gender Identity: The gender(s) with which one identifies, including, but not limited to:
- **Cisgender:** Gender assigned at birth (i.e., what is on their birth certificate) is the same as the gender one identifies as later in life
- **Gender Fluid:** Fluctuating between genders or expressing several genders
- **Non-binary:** Umbrella term for anyone who doesn't fit into the male/female binary

Transgender: Gender identity doesn't match the one assigned at birth; people don't need to have gender affirmation surgery to be transgender. Note: Transgender**ed** is incorrect

Two-spirit: Indigenous people may use this to mean anyone who identifies as more than one gender or who doesn't identify in a gender-specific way

Questioning: When a person is figuring out their gender identity or sexual orientation; this can be an emotional and mentally taxing period

Sexual Orientation: The gender to which people are attracted. *Some* of the orientations people of any gender identity may identify as are:

Asexual: Not experiencing sexual attraction; this is not the same as celibacy, which is a choice

Bisexual: A person attracted to more than one gender, usually their own and one other

Gay: Men attracted to men

Heterosexual: Men attracted to women or vice versa

Lesbian: Women attracted to women

Pansexual: A person attracted to others without regard for sex or gender

Transitioning: The process a person goes through for their gender identity to match with their gender expression or sex; includes social, legal, and/or medical issues

LGBTQ+ Inclusive Language Resources

An Ally's Guide to Terminology
This extensive piece created by GLAAD and the Movement Advancement Project describes specific ways in which terms should and shouldn't be used.

CDC—Lesbian, Gay, Bisexual, and Transgender Health
On this page, you can find all CDC research and recommendations about working with the LGBTQ+ community.

GLAAD
A significant resource for the LGBTQ+ community and allies, this organization provides a wealth of educational and policy resources for the workplace, schools, and everyday life.

Handshake
This is written for recruiters but applies to anyone in a workplace. The article, "70 Language Principles That Will Make You A More Successful Recruiter" details exactly how to appropriately speak in a place of employment. It includes not just LGBTQ+ related topics, but a myriad of others.

Lambda Legal
This LGBTQ+ civil rights organization can answer your policy and legal questions. They even have a section specifically related to healthcare.

PFLAG
PFLAG is the largest organization for LGBTQ+ family members and allies in the United States. They provide a wealth of information you can use as you learn more about helping this community and offer various resources regarding healthcare.

Rider University
This article includes examples of inclusive language for the LGBTQ+ community and other historically marginalized groups.

The Muse
"A Guide to Using Pronouns and Other Gender-Inclusive Language in the Office" is a thorough piece regarding the importance of this topic. It provides specific examples of how this can be done.

The National LGBTQIA+ Health Education Center
This organization provides "educational programs, resources, and consultation to health care organizations to optimize quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, asexual, and all sexual and gender minority (LGBTQIA+) people." You can earn continuing education credits through this site, and the Center holds conferences you may find helpful.