Equity for Sexual and Gender Diverse Persons in Medicine and Dermatology

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KEYWORDS

• Dermatology • Sexual diverse • Gender diverse • LGBTQ • Transgender • Hormone therapy • Intersectionality • Cultural humility

KEY POINTS

- Incorporating sexual and gender diverse (SGD) health topics into dermatology training curricula and recruiting a diverse workforce inclusive of visible SGD-identified members of the health care team can improve the quality of dermatologic care for SGD patients.
- Collection of sexual orientation and gender identity data and its intersectionality with race and ethnicity is important for identifying and closing health disparity gaps.
- Delivery of culturally humble and affirming care for SGD individuals as well as advocacy for inclusive and validating public policy can improve dermatology outcomes for SGD patient populations.

INTRODUCTION

As the sexual and gender diverse (SGD) community continues to grow in the United States, the need for culturally competent and humble care will become an essential standard in dermatology practices. Nationwide surveys from 2021 suggest that almost 20 million US adults identify as SGD, doubling previous estimates from 2012, and estimates of the US transgender adult population have increased from 1.4 million to more than 2 million. This recent increase in SGD identification is likely multifactorial, reflecting the increased prevalence of such identities among younger US adult populations in addition to greater awareness and visibility of SGD identities, shifts in perceptions of safety and validation in the context of piecemeal legislative progress, and improved SGD-inclusive data collection.[1,2] However, compared with non-SGD individuals, SGD individuals experience disproportionately higher burdens of physical and/or psychosocial health conditions, including mental health issues and/or substance use.[3] They are more likely to have chronic health conditions, to lack access to health care, and, for women who have sex with women (WSW), less likely to receive cancer preventative care, such as breast and cervical cancer screening.[3] It is increasingly important for dermatologists to recognize that SGD patients also face dermatologic-specific disparities, with emerging research demonstrating increased prevalence of issues such as acne and alopecia in some transgender patients, increased risk of human immunodeficiency virus (HIV) infection and skin cancers in sexual minority men, increased incidence of human papillomavirus (HPV) infection in sexual minority women, and increased incidence of anal

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cancer and anal dysplasia in both men living with HIV infection who have sex with men (men who have sex with men [MSM]) and transgender women.[3–8] Dermatologists can play a key role in improving health equity for SGD patients through delivery of quality care, competent training, research, and advocacy efforts.

Definitions

Gender diverse refers to individuals whose gender identity or expression—which includes a spectrum ranging from man/masculine to woman/feminine, both, or neither—differs from their sex (male or female) assigned at birth; this may include transfeminine (ie, someone who was assigned male at birth but currently identifies as woman/feminine), transmasculine (ie, someone who was assigned female at birth but currently identifies as man/masculine), and gender nonconforming (ie, someone who does not adhere to any culturally defined gender norm, role, or identity) individuals (**Table 1**). Gender affirmation refers to the range of actions some individuals undertake to affirm their internal experience of gender identity or to better align their gender expression with their gender identity (**Fig. 1**).

Sexual diverse refers to individuals whose sexual identity, sexual orientation, or sexual behaviors differ from the presumed majority of the population. These individuals include those who identify as lesbian, gay, bisexual, pansexual, asexual, queer, or nonheterosexual (see **Table 1**). Individuals who are attracted to or have sexual contact with people of the same gender, such as MSM or WSW, also fall under this umbrella term. The concept of sexual orientation refers to the individual one is drawn to romantically, emotionally, and sexually.[9]

A person's sexual orientation identity is independent of their gender identity. In fact, an individual may have different sexual and romantic or emotional orientations. For example, someone may be sexually attracted to more than one gender, but they might only be able to envision themselves in a romantic relationship with someone of the same gender. Finally, a person's expressed sexual orientation identity and attraction does not necessarily predict behavior. Dermatologists should ask specific questions in the appropriate clinically relevant context and avoid making assumptions about behavior based on identity and vice-versa.

DISCUSSION

Curricula Inclusiveness in Dermatology Education

It is clear that dermatologists must be prepared to provide care for SGD populations, yet the incorporation of SGD-specific curricula in both medical school and dermatology residency training remains lacking.[10–12] A survey of 123 graduate medical education dermatology residency programs demonstrated a gap between desired and current education in SGD care. Although 80% of dermatology program directors believed that training in SGD care is important for trainees, most programs dedicated little time for SGD training in the curricula, with 46% of programs dedicating zero curricular hours and 37% dedicating only 1 to 2 hours to covering SGD care. The most frequently cited barriers to SGD-content integration were lack of time in the curriculum schedule (69%) and lack of experienced faculty (62%).[13]

This study also revealed a lack of consistency in which SGD health-related topics were discussed. The most frequently addressed topic was dermatologic concerns secondary to HIV/AIDS (73%), which risks further stigmatizing already marginalized populations when this is the only SGM-related education provided during training. Few programs (12%) covered SGM-oriented history taking and physical examination skills. Other SGD-related topics addressed included pronoun use (26%), skin cancer risk in sexual diverse patients (24%), and the cutaneous effects of gender-affirming hormone therapy (18%).[13] Such coverage is often insufficient for delivering quality care to SGD patients. Rather than emphasizing *cultural competency*, which implies there is a teachable categorical knowledge about a group of people and assumes that there is an endpoint to becoming fully competent, efforts should focus on cultivating *cultural humility*, which involves an ongoing process of self-critique combined with an interpersonal willingness to learn from others.[14,15]

Incorporating SGD-related health topics into existing Accreditation Council for Graduate Medical Education (ACGME) core competencies and dermatology resident assessments, recruiting diverse, SGD-identifying faculty interested in SGD dermatology, blending SGD content into didactic curricula, and creating a welcoming environment for both SGD patients as well as SGD trainees are keys to creating the next generation of dermatologists that will mitigate these health disparities.[10] Other steps that dermatologists and trainees should take include engaging in SGD dermatology educational sessions in conferences and other educational forums and reviewing the newly released SGD-focused module for the American Academy of Dermatology (AAD) Basic Dermatology Curriculum. Most importantly, all stakeholders in curricula development must be

Table 1
A relevant but nonexhaustive list of sexual and gender diverse–related terminology

Terminology	Definition
Gender identity	A person's internal sense of self as masculine/man, feminine/woman, a blend of both, neither, or another gender. *Note: a person's gender identity may or may not align with their sex assigned at birth*
Gender expression	A person's external display of their gender identity (eg, through clothing, grooming, behavior, speech, and so forth)
Gender affirmation	Refers to decisions, behaviors, or interventions that affirm an individual's gender identity. Domains may include psychological/self, social, legal, medical, and surgical affirmation. Particularly in the surgical and medical context, these steps may be referred to as "transitioning." Not all gender diverse people will desire all or any of these domains of affirmation.
Gender dysphoria	Clinically significant distress caused when a person's assigned sex at birth does not align with their gender identity
Sex assigned at birth	The sex attributed to an individual at the time of their birth, most often based on observation of external anatomy
AFAB	Assigned female at birth
AMAB	Assigned male at birth
Cisgender	An individual whose gender identity and expression align with the typical expectations of their sex assigned at birth
Gender diverse	An individual whose gender identity and expression differ from their sex assigned at birth
Transfeminine	An individual who was assigned male at birth but currently identifies as feminine. Some also use the term transgender woman, trans woman, or MTF
Transmasculine	An individual who was assigned female at birth but currently identifies as masculine. Some also use the term transgender man, trans man, or FTM
Genderqueer	An umbrella term for gender identities that differ from the binary identities of male and female. This includes people who view themselves as a combination of both male and female, neither male nor female, different gender at different times, or no specific gender at all
Gender nonconforming	An individual who does not adhere to any one particular gender norm, role, or identity. Can include gender fluid, androgynous, two-spirit, or more
Nonbinary	Gender identities other than the traditional female and male binary identities
Genderfluid	An individual who views themselves as male, female, or nonbinary at different times or under different circumstances
Agender	An individual who identifies as having no gender
Intersex	An individual born with any number of sex characteristics, including chromosomes and gonads, that do not fit typical binary notions of expectations of male and female bodies. Also known as "variations of sex characteristics" and "differences of sex development"
Sexual orientation identity	A person's inherent pattern of emotional, romantic, and/or sexual attraction (or lack of attraction) to other people. *Note: a person's sexual orientation is independent of their gender identity*
Heterosexual/Straight	An individual who is emotionally or sexually attracted to people of the opposite sex or gender

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Table 1
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Terminology	Definition
Sexual diverse	An individual whose sexual identity, sexual orientation, or sexual behaviors differ from the presumed majority of the population
Gay	An individual who is emotionally or sexually attracted to people of the same sex or gender
MSM	Men who have sex with men
WSW	Women who have sex with women
Lesbian	A woman who is emotionally or sexually attracted to women. *Note: some women may also identify as being gay*
Bisexual	An individual who is emotionally or sexually attracted to both men and women
Pansexual	An individual who is emotionally or sexually attracted to any sex or gender
Demisexual	An individual who does not experience primary sexual attraction but may experience secondary sexual attraction after forming a close emotional connection
Asexual	An individual who does not experience sexual attraction toward individuals of any energy. *Note: may or may not be emotionally or romantically attracted to others*
Romantic orientation	An individual's pattern of romantic attraction based on a person's gender regardless or one's sexual orientation

Abbreviations: FTM, female to male; MTF, male to female.

explicit and intentional with the integration of SGD content. SGD curricula do not have to include exclusively de novo content; in fact, interweaving SGD-related concepts organically into the existing curriculum allows SGD health to be seen as integral rather than supplemental. Curricula amendments can simply include reframing existing patient vignettes to include diverse relationships, behaviors, and identities. For example, when teaching about isotretinoin, a case framed around a transgender patient can teach cultural humility without compromising the quality of the learning achieved from a module with a cisgender patient.

Workforce Diversity

Workforce diversity is critical for an assembly of physicians molded by diverse lived experiences to improve care for all populations.[16,17] It is associated with increased patient trust, satisfaction, and adherence to medical advice.[16] Exposure to SGD patients and colleagues in medical training reduces anti-SGD bias among medical professionals, which is especially important, as SGD individuals face disproportionate stigmatization, discrimination, and mistreatment when accessing health care services.[18] Yet, SGD trainees continue to report fears of discrimination in medical school and residency applications, higher levels of mistreatment during medical training, and discrimination from both colleagues and patients, all of which limits their visibility.[10,16,19]

For the first time in 2020, the AAD Member Satisfaction Survey included questions about sexual orientation and gender identity (SOGI). A secondary analysis revealed that 3.7% of respondents identify as SGD, more so among male (6.7%) compared with female respondents (1.0%), and only 0.3% identify as transgender. In contrast to the 2021 Gallup survey where 9.5% of women and 5.4% of men identify as SGD, these data suggest that SGD women may be underrepresented among US dermatologists.[2,20] This underrepresentation is also present in the training pipeline, as dermatology has the lowest percentage of SGD female graduating medical students among all medical specialties (1.9%)[21]; this highlights a need for dermatology residency training programs to explicitly prioritize SGD identities in recruitment efforts to cultivate a visibly diverse and inclusive workforce.[20]

Compared with non-SGD dermatologists, SGD dermatologists were more likely to be male, younger, and practice in academic settings. Although most SGD dermatologists who responded were open about their sexual orientation at home and with work colleagues, only

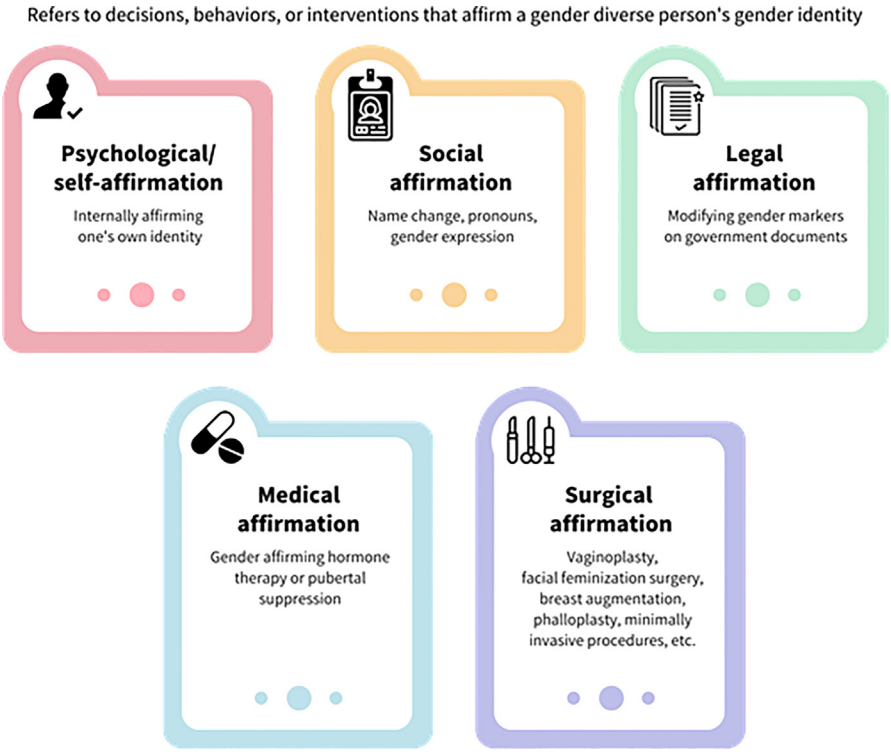

Fig. 1. Domains of gender affirmation.

48% were open about their sexual orientation with patients.[20] Institutions should partner with diversity offices and SGD community organizations to foster learning and practice environments that signal unconditional support of their SGD students and employees. Steps to creating such environments include development of safe spaces as well as efforts to highlight SGD faculty and mentorship programs. These simple steps not only have the potential to affect the motivation and mental health of health care workers and trainees but also through reducing burnout can improve patient outcomes and promote SGD provider visibility.

Sexual Orientation and Gender Identity Data Collection

The systematic and routine collection of SOGI data is essential to identifying SGD patients and their health needs, delivering high-quality affirming therapeutic interventions, and implementing legislative and regulatory policies to address SGD health care disparities.[22–24] However, the rate of demographic data collection on SGD patients in dermatology research remains essentially nonexistent for the last 10 years despite numerous calls to action.[25] Multiple studies have demonstrated that most of the patients, including those who identify as cisgender and heterosexual, are amenable to answering SOGI questions, which should be included in standard patient registration forms and electronic health records.[22,26–28] SOGI data collection should also be standardized in all trainee and physician workforce surveys to better identify SGD providers and subsequently tailor outreach and support to close diversity gaps.[20] Clinical trials should also optimize enrollment of underrepresented minorities, including SGD patients, through use of SOGI questions rather than the current male/female binary for classifying trial participants.[29,30]

A 2-step approach should be used to measure gender identity by asking for self-reported assigned sex at birth and current gender identity (**Fig. 2**).[30,31] In addition, accurately recording a person's name and pronouns without labeling either as *preferred* or *chosen* is necessary to improve culturally competent care for transgender and gender diverse patients.[30] It is also important to routinely confirm and update SOGI data, as identities may be dynamic across the life span.

There is no uniform consensus on how to ask for identification of gender identity. Presented here is one example of how gender identity can be elicited through an inclusive, 2-step method, based on recent literature.[30]

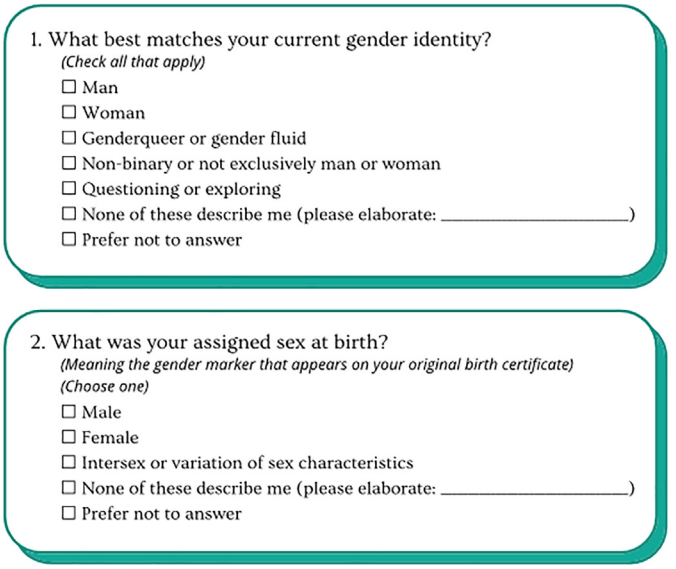

Fig. 2. Two-step approach for identifying gender identity.

Intersectionality

Drawing on black feminist and critical legal theory, legal scholar Kimberlé Crenshaw coined the term "intersectionality" to describe the multiple social forces and ideological instruments through which power and disadvantage are expressed and legitimized, including how systems of oppression overlap to create distinct lived experiences for people with multiple minority identity categories.[32] Intersectionality within the SGD community and the disparities among subgroups within the community have been understudied. Understanding how other aspects of identity—including race, ethnicity, culture, language, religion, socioeconomic status, and ability, among others—integrate with SGD identity is crucial to fully characterize inequities and work toward actionable change through research, clinical care, and policy action. For example, the experiences of a white gay man from middle-class suburbia are likely to be vastly different from that of a transgender Native American woman living in an impoverished rural setting. These wider inequities have been briefly characterized for SGD patients of color.[33] A qualitative study of 39 transgender patients of color reported that 82% of participants sought out SGD-friendly health care locations in an effort to avoid discrimination but still feared racism, with a majority believing that they would have received better treatment if they were cisgender or white. Some also reported reluctance to reveal their gender identity to providers of their own race due to fear of transphobia.[34] Researchers and trainees must dedicate attention to studying the intersectionality of these identities. In addition, dermatology residency programs must prioritize recruiting trainees with intersectional identities to better serve these communities.

Advocating for Sexual and Gender Diverse Patients

Advocacy in daily practice

Being an advocate can be as simple as treating SGD patients with respect, which has been associated with significantly lower prevalence of suicidal ideation and attempts in transgender patients.[35] Using the correct name and pronouns for SGD individuals shows appropriate respect, reduces gender dysphoria, avoids unnecessary distress from "deadnaming" a patient (defined as the act of calling an individual by their birth name when they have changed their name as part of gender affirmation), and prevents unintentional disclosure to others. When first meeting a patient, avoid language that assumes gender identity (eg, sir, ma'am, Ms/Mr/Mrs) until the patient identifies their gender and preferred pronouns.[36,37] If unsure, simply ask the patient for their pronouns; this can be normalized in conversations by providing your pronouns first and by including SOGI questions on patient intake forms. Ensuring accurate documentation in the patient's medical record helps prevent misgendering of the patient by other members of the care team.

Advocacy can also take the form of adopting inclusive, nonassuming, and nongendered language into the history and physical examination process. For example, when understanding a patient's risk

of conditions such as HIV infection, HPV infection, squamous cell carcinoma, syphilis, and other dermatologic issues, it is important to take a thorough, gender-inclusive sexual history for *all* patients and to avoid operating on assumptions (**Fig. 3**). Such language would include using terms such as "people who can become pregnant" rather than "women who can become pregnant." Instead of using language that assumes the patient has an opposite sex partner, such as "do you have a husband?," ask "are you in a relationship?"[36] Further, it is important to use nongendered language when asking about a patient's anatomy or "organ inventory" (**Fig. 4**).

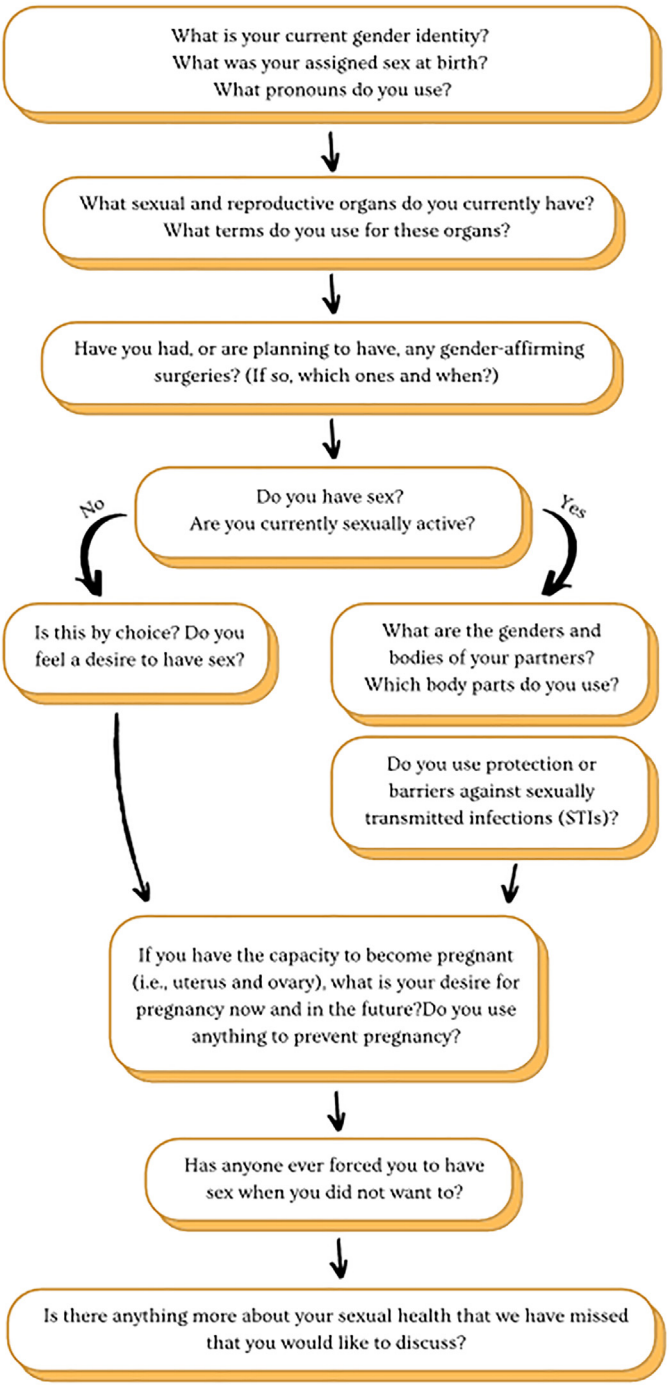

Fig. 3. Inclusive sexual and gender history language and algorithm.

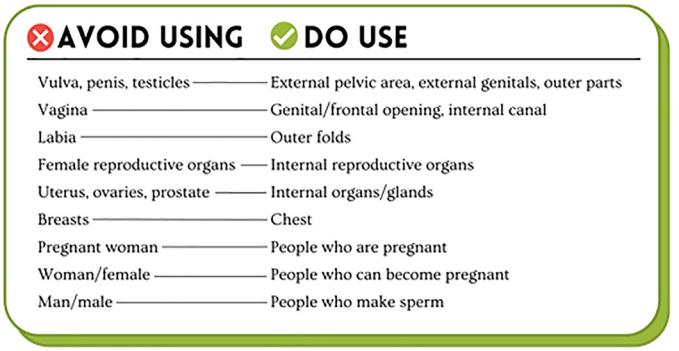

Fig. 4. Inclusive sexual health language.

The importance of inclusive, nongendered language further extends to the way dermatologists describe aesthetic and gender-affirming procedures. Historically, dermatologists have relied on the terms "feminine" and "masculine" to describe traditional aesthetic ideals and beauty. Yet, many cisgender and SGD patients may reject such labels, and this language may worsen gender dysphoria. Rather than asking patients if they would like a masculine jawline or a feminine brow and forehead region, use specific language to describe certain features (eg, "convex, projected cheek contour") and provide points of contrast to help patients identify and meet their goals.[38] If after starting the encounter with inclusive language a patient then desires to use gendered terms, follow their lead. Finally, although no health care provider wants to say the wrong thing, this sometimes leads to avoidance of acknowledging SGD patients, which may irreparably undermine rapport. SGD patients present to dermatology because they have a skin issue to be addressed, and an accidental misstep can be rectified by a contrite apology with return of focus to the main issue at hand: their dermatologic needs.

Potential questions to ask an individual about their sexual history and behaviors in an inclusive manner.

Legislative and regulatory advocacy

More than 300 anti-SGD bills have been introduced in states across the country in 2022 at the time of this writing.[39] Dozens of these bills target transgender people and their ability to seek medical care, and dermatology will be significantly affected if these discriminatory measures are implemented.

In February 2022, the governor of Texas issued an order restricting access to gender-affirming medical care for transgender youth and classified such cases as "child abuse." As of March 2022, at least 15 states have already followed suit and implemented or are currently considering laws that restrict access to gender-affirming care, affecting more than 58,000 transgender youth and young adults.[40] Each of these bills would either criminalize health care providers who provide gender-affirming care to minors or subject them to discipline from licensing boards. Ten of these states would allow civil suits for damages to be filed against medical providers who violate these proposed laws. Finally, half of these bills would bar certain insurance providers from covering gender-affirming care.[40] Depending on the specific language of each state's law, dermatologists may be prevented from delivering important gender-affirming care, including preoperative and perioperative hair removal, scar revision, minimally invasive facial and body modification, and other procedures. Dermatologists have been successful advocates for their patients in recent years, with the notable example of pushing for the adoption of gender-neutral language in the Food and Drug Administration–mandated Risk Evaluation and Mitigation Strategies program for isotretinoin, iPLEDGE. Especially with the latest series of legislative assaults on transgender people, physicians must use their platforms of knowledge, privilege, and power to amplify the voices of our most silenced SGD communities and to reassure our patients that the medical community is, and will always remain, the greatest champion and advocate for SGD health and well-being.

SUMMARY

Dermatologists can play a key role in improving health care equity for SGD patients through improving awareness of sexual and gender diverse identities that may impact skin health, building SGD-inclusive curricula and environments in medical training, promoting workforce diversity, practicing with intersectionality in mind, and engaging in patient advocacy across the policy spectrum.

CLINICS CARE POINTS

- To enhance SGD curricula inclusiveness in dermatology, programs should be intentional about integrating this content into both didactic and clinical education.
- Student and trainee diversity in dermatology is crucial for SGD patient trust, satisfaction, and adherence to medical advice. Improving SGD trainee visibility includes recruiting trainees who identify across the spectrum of SGD identities as well as institutional partnership with diversity offices and the broader SGD community.
- SOGI data collection is essential for providers to properly deliver high-quality, affirming health care to SGD patients. In addition, SOGI collection in dermatology clinical trials will ensure that the risks and benefits incurred by participating in novel drug trials are distributed equitably across various marginalized populations.
- Intersectionality is understudied despite a growing body of SGD dermatology literature and is crucial to fully characterize inequities within SGD subgroups so that actionable change may occur through research, clinical care, and policy action. Recruitment of trainees in dermatology with intersectional identities is of utmost importance to diversify the workforce pipeline.
- Advocacy is an important component of care for underserved populations, including SGD individuals, particularly when legislation and other policy initiatives directly threaten the ability of physicians to provide unbiased and lifesaving care. Dermatologists can engage in advocacy by simply validating patient identities in their daily practices and also by championing legislative equality for SGD people at the local, state, and federal levels.

DISCLOSURE

The authors have no commercial or financial conflicts of interest or disclosures to report.

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