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Providing hospice care to LGBT elders

Aging LGBT boomers face challenges their straight counterparts don't

by Kimberly D. Acquaviva

In the coming years, hospice and palliative care programs in urban, suburban and rural areas alike will increasingly be called upon to provide quality, compassionate care to LGBT elders. An estimated 10 million to 15 million LGBT adults currently live in the United States; according to the 2000 U.S. Census, 97 percent of counties have at least one elder in a same-gender partnership. Hospice and palliative care professionals need to understand how the experiences of LGBT elders near the end of life may differ from those of other older adults.

Some LGBT elders die without ever calling hospice because they fear being rejected or disrespected by hospice staff. Since hospice services are predominantly provided in the home and include the family as the unit of care, hospice may be the most intimidating type of care for LGBT elders who are not fully open about their sexual orientation or gender identity.

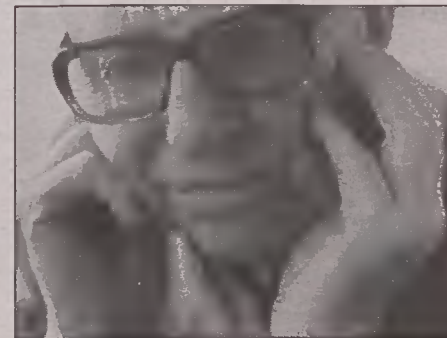
Hospice and palliative care programs that wish to communicate their acceptance of the LGBT community can do so by playing a visible role in the community — for example, by staffing a booth at the gay pride festival in their region or placing an advertisement in a local gay newspaper. Programs also can support the community by nurturing a welcoming work environment for LGBT staff and providing healthcare benefits to both married and unmarried partners.

For many LGBT elders and their families, the admissions process for hospice and palliative care has the potential either to provide welcome and comfort or to leave them feeling alienated and disconnected. A seemingly innocuous question — "Are you married, single, widowed or divorced?" — may present a dilemma to LGBT older adults: Should they come out to hospice and palliative care professionals? Fearing discrimination, many of these elders have become accustomed to hiding who they are — and whom they love — from healthcare providers.

Removing the barriers

This barrier to care is relatively simple to

remove. Many programs have changed the question about marital status on intake forms to include "partnered" as one of the choices, making the question more inclusive both of individuals in same-gender relationships and of those in mixed-gender unmarried relationships. Once the hospice and palliative care staff know about a patient's same-gender partnership, everyone on the team must strive to honor that relationship. Same-gender partners deserve the same support that any other



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spouse would receive from the hospice team.

In addition, hospice and palliative care professionals should recognize that typical LGBT patients and families do not exist. Not all LGBT elders have a partner — some are single, some are widowed, some are divorced and some are separated from a same-gender partner. LGBT elders may have been married to a person of the other gender, and in some cases, they may still be married to a person of the other gender.

Furthermore, some LGBT older adults have children — either through birth or adoption — and some have grandchildren. Some LGBT elders are extremely close to both their family of choice and their family of origin, whereas others may not have had contact with their family of origin for decades. Transgender patients may be male or female and may or may not disclose their status as transgender during the hospice admissions process.

As with the admission of non-LGBT patients to hospice or palliative care, staff must

see next page >

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