10 recommendations for LGBT+ inclusiveness in health and social care communication

Creating positive first impressions and building rapport

1. Use neutral language, such as neutral pronouns or neutral terms for significant others. Neutral pronouns such as they/them, and neutral terms like 'partner' or 'person'.

2. Use the words your patients use to describe themselves and significant others. If your patient refers to a significant other as 'they/them' or as a 'partner' or 'friend' use the same words.

3. Consider the messages your non-verbal signals might send. When discussing sexual orientation and gender identity, be mindful of the impact of potential non-verbal signals of discomfort. For example, your facial expression or volume/tone of voice may be suggestive of surprise/disapproval, or physical expressions such as shifts in posture/eye contact may be suggestive of discomfort.

Enhancing care by actively exploring and explaining the relevance of sexual orientation and gender identity

4. Create a safe space by making your questions about sexual orientation and gender relevant to care. Explicitly state why you are asking these questions, and give an option not to answer, so that patients can make an informed choice. This will vary depending on clinical specialty, for example, you may be asking to ensure they are receiving required screening invitations, or because you want to ensure patients' significant others are being included appropriately.

5. Respect gender. Routinely introduce questions about gender identity and pronouns into your practice so you provide opportunity for patients to share and ensure you refer to them correctly. You could try saying 'I want to make sure we are using your names and pronouns correctly. My name is XXXX and my pronouns are YYY/yyy. What about you?'. Only ask about gender history in private, using specific, justified questions.

6. Incorporate significant others and sexual orientation appropriately. Ask about significant others inclusively, with neutral language. You might say 'So I can look after you the best I can, can you tell me who's important to you?'. If asking about partners or spouse, avoid gendered terms (such as wife or boyfriend). Instead, you could ask 'Do you have a partner?'.

7. Consider your surroundings and who else is there. Ensuring that patient preferences are known before discussing sexual orientation and gender identity where other people, including significant others, might overhear is vital.

Visible and consistent LGBT+ inclusiveness in care systems

8. Standardise how LGBT+ related discussions are approached. Asking LGBT+ related questions consistently, regardless of social, cultural, religious and political backgrounds, makes discussions easier and more acceptable.

9. Having LGBT+inclusive processes and systems in place. Digital clinical records are central structures which, when designed inclusively, can bolster care for LGBT+ people. With patients' consent, recording sexual orientation and gender identity in clinical records avoids repetition and prevents mistakes in correspondence.

10. Visual markers of LGBT+ inclusiveness. LGBT+ inclusive policies, inclusive organisational materials and indicators of relevant training received should be in place, visible and easily accessed. Wearing a badge/lanyard in LGBT+ related colours shows inclusiveness and offers additional comfort.

Source: Braybrook D, Bristowe K, Timmins L, *et al* Communication about sexual orientation and gender between clinicians, LGBT+ people facing serious illness and their significant others: a qualitative interview study of experiences, preferences and recommendations. *BMJ Quality & Safety.* 2023;32:109-120. doi: 10.1136/bmjqs-2022-014792