

Position Statement on Sexual and Gender Minority Health in Dermatology (Approved by the Board of Directors: March 4, 2019)

Sexual and gender minority (SGM) persons, including lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals, represent a rich diversity of gender expressions and identities, sexual orientations, attractions, and behaviors. LGBTQ/SGM persons' unique healthcare needs, and the healthcare disparities they experience, have increasingly received widespread recognition and demand urgent action. The social and cultural discrimination faced by LGBTQ/SGM individuals is perpetuated by inadequate access to high-quality, sensitive, and respectful healthcare. Such inequity results in avoidance of the health care setting with subsequent care delays due to concerns about discrimination and harassment.¹⁻⁴ Adequate training of medical professionals regarding the unique healthcare needs of LGBTQ/SGM people and ongoing research into best care practices are necessary to provide care that facilitates trust and resilience while ensuring the ability of LGBTQ/SGM individuals to thrive.

The increased attention given to LGBTQ/SGM persons has triggered extensive activism and initiative throughout organized medicine and professional organizations. The landmark 2011 Institute of Medicine (now known as the National Academy of Medicine) report, "The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding," outlined the unique experiences of discrimination faced by diverse communities within the LGBTQ/SGM population and identified needs for more robust demographic data and increased participation of LGBTQ/SGM individuals in research.³ The objectives of Healthy People 2020 continue to affirm the importance of the federal government's prevention agenda for building a healthier nation and addressing significant health disparities.⁵ In 2016, the National Institutes of Health formally designated LGBTQ/SGM persons as a health disparity population for research purposes.⁶ Additionally, the Joint Commission issued a novel field guide in 2014 urging hospitals to create more welcoming and inclusive environments with the goal of improving health care quality for LGBTQ/SGM patients and families.² These initiatives and calls to action have echoed throughout other organizations, including, but not limited to, the American Medical Association, GLMAⁱ: Health Professionals Advancing LGBTQ Equality, the American Academy of Family Physicians, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the American College of Physicians.⁷⁻¹¹ Like other physicians, dermatologists can and should contribute to the health and well-being of LGBTQ/SGM individuals. Specific dermatologic concerns in the LGBTQ/SGM population are numerous, including, but not limited to, the following:

- Men who have sex with men (MSM) experience disproportionate risk for development of skin cancer.¹²⁻¹³
- Some LGBTQ/SGM populations, including MSM and some transgender persons, have higher rates of sexually transmitted infections, including HIV (human immunodeficiency virus), as well as anogenital dysplasia and anal cancer. In particular, the burden of high-risk HPV (human papillomavirus) and anal cancer in HIV-positive MSM is substantially greater than that seen in HIV-negative MSM, and incidence rates continue to rise. While the precise role of dermatology remains controversial regarding anal cancer screening, treatment, and surveillance in these populations, comprehensive skin examinations as well as appropriate counseling and referrals may be linked to earlier detection and improved outcomes.¹⁴⁻²¹
- Some transgender persons undergo medical and/or surgical gender-affirming treatments (e.g., hormonal therapy, hair reduction), which dermatologists can perform or manage complications (e.g., acne, scarring) thereof.^{14-16,22-25}

Importantly, racial and ethnic minority persons who also identify as LGBTQ/SGM face additional stigma and healthcare disparities, emphasizing the importance of intersectionality as inequity in these marginalized populations is appropriately addressed.²⁶ Moreover, many LGBTQ/SGM persons seeking dermatologic care have

ⁱ Previously known as the Gay and Lesbian Medical Association

concerns that are not LGBTQ/SGM-specific; dermatologists should demonstrate structural competence and cultural humility in caring for LGBTQ/SGM patients in these cases as well.

Looking to the future of LGBTQ/SGM health and dermatology, educational curricula in dermatology should include LGBTQ/SGM health issues throughout the span of training, including undergraduate, graduate, and continuing medical education, in accordance with implementation goals for curricular and institutional climate change in LGBTQ/SGM health set forth by the American Association of Medical Colleges (AAMC).^{1,27-28} Training should emphasize the development of structural competence while fostering cultural humility.²⁹⁻³¹ Dermatologists should ensure that their practices and practice settings are welcoming and affirming safe spaces for LGBTQ/SGM patients.

Dermatologists have taken important steps on behalf of the LGBTQ/SGM community in order to enact meaningful changes throughout the specialty. These include, but are not limited to:

- Dedicated educational sessions and “hands-on” workshops at both Annual and Summer American Academy of Dermatology (AAD) meetings
- Formation of the AAD LGBTQ/SGM Health Expert Resource Group (ERG) with a mission of facilitating communication and collaboration among dermatologists with an interest in promoting LGBTQ/SGM health
- Incorporation of LGBTQ/SGM content into the online AAD basic dermatology curriculum modules
- Revision of the AAD position statement on isotretinoin to support a gender-neutral categorization model in iPLEDGE that is based on child-bearing potential rather than on gender identity³²
- Forthcoming book chapters and continuing medical education (CME) articles for the Journal of the American Academy of Dermatology (JAAD)

In an effort to further fulfill dermatology’s commitment to caring for diverse populations, including LGBTQ/SGM persons, in accordance with AAD’s core values of patient-first medicine and visionary leadership,³³ the following positions are recognized by the American Academy of Dermatology.

The American Academy of Dermatology:

1. Recognizes and affirms the identity and dignity of LGBTQ/SGM (lesbian, gay, bisexual, transgender, queer / sexual and gender minority) individuals and recognizes their unique health needs.
2. Opposes all bias and discrimination based upon gender identity, gender expression, and sexual orientation and supports development of gender-neutral policies in patient care and in healthcare facilities.
3. Endorses policies and initiatives that ensure nondiscrimination, that are sensitive to the health and well-being of gender and sexual minority individuals, that enhance the health of LGBTQ/SGM people, and that promote an understanding of issues of gender expression, gender identity, and sexual orientation.
4. Recognizes that transgender and gender diverse individuals can benefit greatly from medical and surgical gender-affirming treatments.
5. Supports evidence-based coverage of all gender-affirming therapy and procedures which help the mental and physical well-being of gender diverse individuals.
6. Recognizes that gender-affirming procedures and treatments are not “cosmetic” or “elective” or for the mere convenience of the patient. These procedures are not optional in any meaningful sense, but are understood to be medically necessary for the health and well-being of the individual.
7. Advocates for removal of barriers to care and supports both public and private health insurance coverage of gender transition treatment.
8. Supports the ability of transgender and gender-diverse persons to utilize public facilities of the gender with which they identify and opposes any legislation or policy that would infringe upon that ability.
9. Supports inclusive curricula in undergraduate, graduate, and continuing medical education that covers LGBTQ/SGM health issues.
10. Supports comprehensive research, routine collection of SOGI (sexual orientation and gender identity) data, and development of quality improvement measures that will expand knowledge and ability to evaluate and treat dermatologic concerns in LGBTQ/SGM individuals and ensure optimal health outcomes.
11. Supports training in cultural humility and structural competency for students, trainees, employees, dermatologists, and other healthcare providers.

Relevant definitions:

- Gender minority: Persons and groups whose gender identity does not align with their sex assigned at birth. Such individuals may identify as transgender, gender nonconforming, genderqueer, non-binary, or another term
- Sexual minority: Persons and groups not identifying as heterosexual
- Sexual orientation: An individual's sexual identity reflecting the gender(s) of people to whom one is attracted. Sexual orientation is a separate and distinct concept from gender identity and may also not necessarily inform sexual behaviors
- Gender identity: The personal sense or perception of one's own gender. Gender identity may correlate with assigned sex at birth or can differ from it.
- Gender expression: The manner in which an individual displays, presents, or otherwise manifests their gender identity
- Structural competence: The ability of health care professionals to appreciate how symptoms, clinical problems, diseases, and attitudes toward patients, populations, and health systems are influenced by 'upstream' social determinants of health
- Cultural humility: The ability to maintain an interpersonal stance that is other-oriented (open to another human being) in relation to aspects of cultural identity that are most important to the individual

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This Position Statement is provided for educational and informational purposes only. It is intended to offer physicians guiding principles and policies regarding the practice of dermatology. This Position Statement is not intended to establish a legal or medical standard of care. Physicians should use their personal and professional judgment in interpreting these guidelines and applying them to the particular circumstances of their individual practice arrangements.