

# Improving the Cancer Journey for Lesbian, Gay and Bisexual (LGB) People

**Purpose** This study explored lesbian, gay and bisexual patients' accounts of their experiences of cancer care in the UK.

**Background** The Department of Health, Cancer Patient Experience Survey 2014 revealed significant differences in cancer care and support in comparison to heterosexual patients. LGB people reported less positive experiences in relation to four domains: early diagnosis, information and support, the human rights concerns of dignity and respect, and management of pain.

## Theoretical orientation

We utilised Meyer's Minority Stress Theory (2003) to understand the impact of stigma on physical health outcomes and psychological well-being. 'Prejudice events', 'expectations of rejection' and 'hiding and concealing' may influence how cancer care is experienced.



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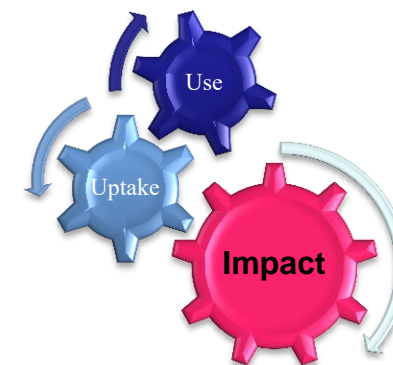
**Methods** This qualitative pilot study adopted principles of participatory research with a steering group providing oversight. Fifteen LGB cancer patients with various types of cancer and two carers were interviewed using purposive sampling strategies.

## Findings

Our analysis revealed four themes: (i) *The awkward choreography of disclosure in LGB cancer care*; (ii) *Involving partners in cancer care*; (iii) *Patient experiences of cancer care (understanding the nature of sub-optimal care and conceptualising a person-centred approach to LGB cancer care)*; (iv) *Contrasting experiences of psycho-social support*.

## Discussion

There are three conditions which differentiate MST from the stress experienced by those who are not members of minority groups; these stressors are a) unique, b) chronic and c) socially based. Participants described incidents which are unique to their membership of a sexual minority group; for example, one participant described an interaction where a nurse repeatedly applied a female pronoun to his male partner. On another occasion, a nurse giggled when a participant identified himself as his partner's next of kin. Participants' experiences may also be described as chronic, that is persistent and enduring: heteronormative assumptions mean that partners were sometimes denigrated and often assumed to be friends or siblings. Many healthcare professionals appeared awkward interacting with LGB patients and their partners at all stages of cancer care and support.



## Recommendations

- ✓ The study highlights 'moments that matter' for LGB cancer patients when disclosure may occur and recommends inclusion in values standards;
- ✓ Hospitals should promote inclusion for LGB patients with cancer;
- ✓ The inclusion of LGB research in patient experience, psychosocial concerns and cancer risk is urgently needed in health curricula and continuing professional development.

## Outputs and impact

- Public engagement event – 21 April 2015;
- Informed the development of a larger study in collaboration with Nottingham University Hospitals, The Christie and University Hospitals Leicester.
- Paper submitted to a peer reviewed European cancer journal.

