



2SLGBTQIA+ CLIENTS IN PALLIATIVE CARE

INTRODUCTION

Being part of the 2SLGBTQIA+ community myself, I have often thought of the importance of queer advocacy. I identify as Aromantic Asexual, and I wear this identity proudly, but there is sometimes a self imposed duty to advocate for my fellow Aroace community. Being in my mid 20s, I am privileged to have not thought of end of life care much for myself. However, once I began my student placement with Near North Palliative Care Network, and having completed the required training, I now have a greater perspective on the importance of palliative care. When I reach a certain stage in my life, I will likely be in need of palliative care. This brings the question of who will advocate for me. Hence, the importance of advocating between palliative care service workers and their queer clients. In this post, I will be exploring the history and perspectives of 2SLGBTQIA+ clients in palliative care. This research can help understand 2SLGBTQIA+ clients that request palliative care services, and that queer patients are in need of certain competency when being provided adequate care. There is a real fear for queer clients, especially with those of same-sex partners that fear their partners not being able to be there in near the end of life stages of one's condition, due to queerphobic biases of service workers. Many past potential queer palliative patients have refused palliative care due to fear of not feeling advocated and their final wishes not being respected. I will go over the research that has been provided on this topic, and how I wish to relay these competency as being a volunteer myself in palliative care.

MY EXPERIENCE IN SOCIAL WORK

I am currently a Masters of Social Work student, with very limited experience in clinical social work. I relay this fact as a way to remain humble in the field of research in palliative care. I am no way an expert, and any experience I have in palliative care has come from with the Near North Palliative Care Network. Most of my practical experience comes from childcare. I have done roles in childcare, child support, daycare work, and camp counseling. I have also done work in client support at Red Deer's Women Shelter. The proposed research I will be going over comes from a sense of humility as a brand new social work student, with very little experience in the realm of clinical social work.

OVERVIEW

As an overview of this proposed topic, I prepared my research by examining a particular article. The article in question is Rosa et. al's article (2023), Palliative and end-of-life care needs, experiences, and preferences of LGBTQ+ individuals with serious illness: A systematic mixed-methods review, and they go over an extensive proposal on the importance of queer advocacy in palliative care. In their article they explain that LGBTQ+ people are more likely to contract life-threatening or life-limiting conditions, which can be the result of minority stress (Rosa et. al, 2023). This evidence makes sense, as a top of retaining one's health, there is a displacement felt with minority stress. As further evidence, Rosa et. al (2023) quotes, "LGBTQ+ individuals face social inequities that lead to decreased health service access, increased morbidity across several illnesses, poor health and quality-related outcomes, and disease-related mortality," (p. 9). With looking at this fact it can be deduced that potential reasons that 2SLGBTQIA+ clients avoid help in palliative care or hospital settings is out of fear of facing discrimination by staff who reinforce queerphobic standards. Following Rose et. al also identified four themes that older LGBTQ+ adults review when going end of life preparations (Rosa et. al, 2023). The first quality that is considered is going what are the obstacles and motivators queer folks have to consider when looking for end of life care (Rosa et. al, 2023). The second quality is considering the varied relationships of queer families and families of choice, looking to those experiencing social isolation, and the trust and honesty within health organizations (Rosa et. al, 2023). The third quality goes over the experience and fractured history that the LGBTQ+ community has faced (Rosa et. al, 2023). The final quality refers to understanding that health barriers directly link to queer patient's experience with chronic pain in a healthcare setting (Rosa et. al, 2023). With these concerns, we can see that there is a need for social, legal, economic, and institutional support for LGBTQ+ clients who are searching for end of life care. Especially when addressing certain barriers that are preventing these clients from looking for said care. To combat these concerns and consideration, health services that offer palliative care need to understand the position and obligation they have when treating end of life queer patients. There is also a need for healthcare policies that prevent these discriminatory behaviors from taking place during LGBTQ+ clients time in palliative care. Overall, this issue shows an important case within the queer community, and the fear of receiving adequate care.

POTENTIAL RESOURCES

In terms of potential solutions for advocating queer palliative clients, here are three tools I was able to find. They are labelled as 10 Tips for Finding LGBT-Affirming Services (2017), the LGBT Cultural Competency Toolkit (2015), and LGBTQ Cultural Competency Trainings (2012). Of which I will go separately in detail. Of which, these potential resources can be used as guide maps for potential solutions for affirming queer clients in palliative care.

Starting with the 10 Tips for Finding LGBT-Affirming Services (2017), which is a resource by SAGE which stands for Advocacy and Services for LGBT Elders. The ten tips are: the best references come from people of your community, and the stories they have in regards to receiving proper care, contact your local 2SLGBTQIA+ organizations that can help provide advocacy for these issues, look for local service providers that are included in 2SLGBTQIA+ advocacy, reach out to your local HIV/AIDS service providers, ask for information if the agency you work with has been given queer cultural competency training, check the SAGE website for SAGE certified agencies, ask providers directly if they serve the LGBTQ+ community for getting direct information on their own social biases, check the agencies non-discriminatory policies, as most should have them, review the providers websites and pamphlets to see if queer individuals are being represented, and most of all, trust your instincts (SAGE, 2017, p. 1-2).

Our second resource is the LGBT Cultural Competency Toolkit (2015), produced by the National LGBT Cancer Network. This toolkit's philosophy is stated as, "Cultural Competency Trainings can be as varied as the cultures they are helping organizations learn to navigate. Training can range from under an hour to a full day and can take place with a handful of individuals or an auditorium full of people. Participants can vary in many ways, including age, staff role, and level of exposure to LGBTQ issues. And the focus of trainings can range from the very basic to highly focused trainings on single issues, such as cancer or HIV," (National LGBT Cancer Network, 2015). I find it best to examine this philosophy directly, as it shows the National LGBT Cancer Network's commitment to change when helping healthcare settings understand potential competency when working with 2SLGBTQIA+ clients. This cultural competency training includes five training modules that go over instructions, the basics, intersectionality, LGBTQ health disciplines, and how to create a welcoming environment in an organization (National LGBT Cancer Network, 2015). This training is easily accessible on the National LGBT Cancer Network's website.

POTENTIAL RESOURCES CONTINUED

The final resource is the LGBTQ Cultural Competency Trainings (2012), which is created by Cultural Competency Coordination. It goes over many different training methods, and various training modules that can be useful when working with 2SLGBTQIA+ clients in palliative care. This resource is very similar to the last queer community resource stated in this post, in which it provides a manual on how to provide free from social bias care for queer clients. According to the Cultural Competency Coordination (2012), their goal with these competency training is to, “Most cultural competency trainings share similar goals: to bring about positive, LGBTQ-affirming change in the participants’ knowledge, attitude and behavior towards LGBTQ patients and clients. The priority placed on each separate goal may differ with the audience and setting, but it is critical to be intentional in goal setting,” (p. 7). Naturally, this should be the goal of Near North Palliative Care Network as well, for its intention to offer a safe environment for queer clients in palliative care. These training modules can provide accountability for those working with vulnerable clients in need of palliative services, in order to help confront their own social biases.

CONCLUSION

Overall, I am grateful for the opportunity to build my experience with clients within palliative care, in terms of my own social work foundational knowledge. Within this research, I had the chance to bring about queer advocacy into palliative care, even if it was to build upon the works of others. This research proves that there is a need of queer avocation for those with life limiting illnesses, so their wishes can be respected, their family of choice be validated, and that they receive adequate care. Queer clients should have their final moments be comfortable, just as any other client. With these resources, there is already work being done in order to better help queer clients feel valued and respected when seeking palliative care.

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