



Royal College of Nursing  
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# Caring for lesbian, gay, bisexual or trans clients or patients

*Guide for nurses and health care support workers on next of kin issues*



The Royal College of Nursing (RCN) celebrates diversity, promotes equality, inclusion, and human rights through a commitment to developing and promoting excellence in nursing practice.

The RCN is committed to reducing health exclusion and inequalities, challenging stigma, and unlawful discrimination in health care.



## Discrimination by health care staff

Lesbian, gay, bisexual and trans people (LGBT) may experience stigma, prejudice and unlawful behaviour both as patients and as colleagues. Discrimination against these client groups is called homophobia, biphobia or transphobia.

The terms 'trans' refers to individuals whose true gender identity is different to the gender that was assigned to them at birth. People who identify as LGBT may also experience disadvantage and discrimination as a result of a number of additional factors such as their age, disability, ethnicity, gender, pregnancy or maternity, marital status, nationality or political opinion.

This type of behaviour may encompass a range of negative attitudes and feelings toward homosexuality, gender identity or people who are identified or perceived as being lesbian, gay, bisexual or trans. Like any other form of bias, it can be expressed in a wide variety of ways including antipathy, hostility and contempt. Heterosexism can also be present. It is the automatic assumption that everyone is heterosexual and that heterosexuality is inherently superior and preferable to other sexual orientations. The combination of discrimination and heterosexism can lead some LGBT people to:

- present late in disease
- experience poor levels of care while in treatment
- be reluctant to adhere to effective follow-up or continuity of care.

# What does the law say?

The Equality Act 2010 outlaws discrimination against individuals and groups because of their sexual orientation or their gender identity.

## Prioritise people

The Nursing and Midwifery Council Code of Conduct also states that:

‘You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged.’

## Maintaining contact

Many health care professionals will only discuss a patient’s issues with the ‘next of kin’. This is often unofficially presumed to mean a blood relative or heterosexual spouse. For day-to-day care of clients without a registered partner or spouse, the patient’s or client’s wishes in their choice of nominated person should be respected. With regard to matters of consent to treatment for those unable to freely provide it, you should seek advice from your employers. The underlying rule must be to always act in the patient’s best interest.



## Children with LGBT parents

LGBT parents may experience hostility, prejudice or discrimination because of homophobia, biphobia or transphobia. Families with LGBT parents may be viewed as 'not proper families' as a result of heterosexist assumptions. Positive health care support is therefore essential to the wellbeing of these family units.

Some LGBT people may have had their children within a heterosexual relationship, and, if they were married at the time of the birth, the biological father will automatically have parental responsibility. The biological mother has parental responsibility whether she is married or not.

The partner or spouse of a lesbian mother may have parental responsibility if they live together and she has applied through the court for a residence order under the Adoption and Children Act 2002 and/or the Children Act 2004. This would normally include granting authority to the non-biological parent to make health decisions and consent to treatment on behalf of the child. Gay men and lesbian women may now foster and adopt children as a family unit or a couple.

A gay man who has fathered a child is able to apply for a residence order if he lives with the child, or he can be granted parental responsibility by the birth mother. A court order, like a residence order, clarifies whether an individual has parental responsibility and gives nursing staff clear authority to recognise such relationships.

However, in practice, many lesbian, gay, bisexual and trans parents may choose not to seek such formal action. Any person who is involved with a child would expect to be included in their care if the child was in hospital or being nursed in the community. It is in the child's interest that such relationships continue uninterrupted.

## Confidentiality, access, information and documentation

When eliciting information about spouses, partners, or 'significant others', nursing staff need to tell patients the reason for the request and how the details will be recorded. It is also important to ascertain from patients who they wish information to be given to and who they might wish it to be withheld from. This applies to seeking medical information to be given to visitors, and anyone over the telephone. Where the patient is unable to state their own views, individual circumstances should be considered. Nursing staff and health care support workers should avoid making judgements themselves and should also remain alert to the potential for conflict with other relatives. Local guidelines should be devised to deal with this kind of situation.

The British Medical Association and the Association of British Insurers have issued guidelines which state that doctors do not have to reveal all aspects of a patient's history, nor disclose incidents of STIs provided there are no long-term health implications.

Insurance companies should not ask whether an applicant for insurance has taken an HIV or hepatitis B or C test, had counselling in connection with such a test, or received a negative result.

Nurses and health care support workers also need to recognise that some LGBT people will not feel comfortable using various sexuality terms to label or define themselves to others and some will have concerns about such information being documented. Nurses should never make a record of a patient's sexual orientation without the patient's or client's permission.



## Dealing with death

Provisions within the Human Tissue Act of 1961 allow a non-relative to receive a body, arrange a funeral and give permission for a post-mortem to be carried out. According to the act, if a person dies in hospital, the hospital authority has lawful possession of the body and the hospital administrator has legal authority to direct that organ or tissue transplantation takes place. This is provided that reasonable enquiries have been made which show that it would not be against the wishes of the deceased nor their relatives. Same-sex civil partners and spouses are granted the same rights as heterosexual spouses. Similarly, trans patients or clients who are in a civil partnership or who are married also enjoy the same rights and obligations as heterosexual couples. They can authorise transplantation.

When a same-sex or trans partner or spouse has been bereaved they may not receive the same support and recognition as someone in a heterosexual relationship. There are specialist counselling services available – nurses and health care support workers can find out more about the support available by contacting local LGBT organisations.

Nurses and health care support workers should:

- be sensitive about the way they request information from patients, using language which is inclusive and respectful
- ask for a contact person to whom information should be given, rather than using the term 'next of kin'. They should also find out the names of those people the patient wishes or does not wish to have contact with
- challenge discriminatory attitudes and behaviour in nursing colleagues, clerical staff, other patients and service users
- make it safe for LGBT patients and LGBT parents of children who are patients to be open about their relationships, so that families can be supported during times of illness. This includes respect for privacy and confidentiality
- ensure that clients and their partners are treated with dignity and respect, irrespective of their gender identity or sexual orientation or any other protected characteristic such as age, disability, ethnicity, religion, faith or belief.





# Resources

## **Gender Identity and Research Society (GIRES)**

GIRES is a registered charity that promotes research and education on trans issues. It also provides information for trans people, their families and the professionals who care for them.

[www.gires.org.uk](http://www.gires.org.uk)

## **The Gender Trust**

The Gender Trust provides support to those who are directly or indirectly affected by gender identity.

[www.gendertrust.org.uk](http://www.gendertrust.org.uk)

## **LGBT Foundation**

The Lesbian, Gay, Bisexual and Trans Foundation has a number of resources available for use by health professionals.

<http://lgbt.foundation>

## **Stonewall**

Stonewall campaigns for LGBT equality. They have a presence in England, Scotland and Wales.

[www.stonewall.org.uk](http://www.stonewall.org.uk)

The Royal College of Nursing and Public Health England collaborated to produce the following toolkits:

*Preventing Suicide Amongst Lesbian, Gay and Bisexual Young People: A Toolkit For Nurses*

*Preventing Suicide Amongst Trans Young People: A Toolkit For Nurses*

These toolkits are primarily for nurses who work with children and young people, whether in community or hospital settings, including:

- school nurses
- practice nurses
- accident and emergency nurses.

These toolkits aim to develop skills and knowledge, and recognise the wider context of mental health in relation to LGBT sexual orientation and identity. They are also intended to provide a general outline for health professionals looking to increase their skills and knowledge about suicide prevention strategies with LGBT young people.

Copies of the toolkit can be downloaded at:  
[www.gov.uk/government/publications/preventing-suicide-lesbian-gay-and-bisexual-young-people](http://www.gov.uk/government/publications/preventing-suicide-lesbian-gay-and-bisexual-young-people)





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