



## LGBT care: There has been progress

McNamara and Ng, in this issue of the *Journal* (page 531), discuss the psychosocial and clinical aspects of caring for people who are lesbian, gay, bisexual, or transgender (LGBT), a community that numbers more than 9 million in the United States. Choices for health maintenance and screening are influenced by the patient's age, sexual practices, comorbidities, and in some transgender patients by current and previous therapeutic hormone manipulations. Although these medical decisions must be personalized, many are informed by existing guidelines for the general population and thus do not represent a dramatic departure from decision-making in other patients.

More difficult is acquiring the requisite understanding and appreciation of the special challenges each LGBT patient brings to the office visit. We need to understand these challenges to provide medically appropriate, compassionate, patient-centered care.

McNamara and Ng suggest simple acts of kindness and consideration to increase the comfort of this group of patients who historically, for a myriad of complex reasons, have not been uniformly made to feel comfortable receiving routine care in our medical system. A tectonic shift has taken place in the way society at large perceives and interacts with members of the LGBT community. Large pockets of intolerance and lack of understanding certainly still exist. But I want to believe that as a medical community, we have changed dramatically over the past several decades.

Early in my medical career, as the AIDS epidemic expanded from unexplained *Pneumocystis carinii* (now *jirovecii*) and fungal infections and virulent Kaposi sarcoma to include Guillain-Barré syndrome, central nervous system tumors and infections, and so much more, I watched the gay community rally around specific doctors and medical centers—and avoid others. It was more than just the perception that some hospitals were “gay-friendly.” Care was more compassionate, supportive, and thorough at some hospitals than others. I well recall having difficulty finding a neurosurgeon willing to biopsy a brain mass in one of my patients with AIDS, and finding an orthopedic surgeon willing to manage an infected hip prosthesis in another one. Fast forward 3 decades, and now in a different hospital I am managing gout in a patient who is infected with HIV, is in apparent remission without detectable virus on highly active antiretroviral therapy, and recently received a heart transplant.

As controversies continue to swirl and external acts of discrimination continue to impact the LGBT community on many fronts—bathroom laws, spousal rights, child adoption, gay political leaders, xenophobia, and even hate crimes—it is encouraging to read a matter-of-fact, practical approach to “best practices” in LGBT care. No hype. No judgment. Just compassionate, appropriate medical care.

The journey isn't over, but there has been progress.

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