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Who needs education on LGBTQIA+ healthcare inclusion?

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ABSTRACT

The topic of education on healthcare needs and equity of care for LGBTQIA+ populations is an extremely current issue. There is a demand for education on these topics not only from medical and other health sciences students but also from established healthcare professionals. Given this widespread educational deficiency, it is natural to ask whether the teaching class is prepared to satisfy these requests or in turn needs training on these issues and above all whether it is capable of transmitting attention and sensitivity on the issues of inclusion and equality in needs of healthcare.

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LGBTQIA+; nursing; healthcare professionals; education; training; equality; inclusion; diversity; sex and gender minority; gender medicine

Dear Editor,

We read with great interest the work by Tess I. Jewell and Elizabeth M. Petty on LGBTQIA+ health education for medical students in the United States [1].

The authors illustrate the landscape of interventions and evaluations related to the LGBTQIA+ health content that is taught and learned in medical schools in the USA. The picture that emerges, although an expression of a commitment to improvement, is not particularly brilliant. There is too much discrepancy and above all, the contents of the courses are not always adequate. The need to address health inequalities for sexual minorities is increasingly pressing [2,3].



This interesting work analyzes the training needs of medical students [1]. The literature also provides abundant evidence of the training and refresher needs on these topics for already trained doctors and specialists. Many of them recognize their shortcomings in the field and ask for specific education. This situation is common to all figures of healthcare professionals. We all know how important the integration of all the figures of the multi-professional team is in treatment processes and how important moments of interprofessional training that begin during degrees and continue throughout one's professional life are important to achieve this objective [4]. We think that the issues relating to LGBTQIA+ healthcare [5,6] but in general the issues

that educate on overcoming differences in healthcare are par excellence one of the issues that must be the subject of interprofessional education.

We must recognize that the issue of the healthcare equity for sex and gender minorities is first and foremost cultural and social. In these areas educators have a fundamental role. They also have the ability to convey sensitivity towards the themes of welcome and inclusion which are the prerequisites for guaranteeing good health for all.

As we said above, students as well as doctors and all healthcare professionals recognize that they have insufficient preparation on the healthcare needs of LGBTQIA+ populations and on the best approaches to overcome inequalities [7]. But what do the teachers of our study courses know about these issues? How do they express these themes in the contents of their courses, if at all? Are they prepared to provide training with sufficient attention to these issues? Do they have the necessary sensitivity on these topics? Specific courses are taught by ad hoc teachers but the teaching that is wanted/must be conveyed must be able to permeate all courses and is a profound message of equality and inclusion.

Are we sure that the first people who should be introduced to cultural competence training are not, to begin with, the teachers of our degree courses in medicine and health professions? We don't have any confirmation on this in the literature but the

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widespread need of the same professionals in other fields makes us think that we should start from there.

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