

NEW PERSPECTIVES: PART II

Health Challenges Faced by LGBT Older Adults

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Lesbian, gay, bisexual, and transgender (LGBT) persons who are reaching older adulthood have seen tremendous changes over their lifetimes in every aspect of the LGBT experience. From the beginning of the gay rights movement—often recognized as the Stonewall riots in New York in 1969—to the recent progress on gay marriage, civil rights are changing fast. However, there are still substantial barriers to achieve equality in health care.

The lifetime experience of older LGBT individuals varies widely, depending on race, culture, geography, and other factors. Some may have “come out” as LGBT during the gay rights movement while others may have kept their identity a secret. Some may have felt a lifetime of acceptance by family and community while others may have been rejected by their families or friends. Same-sex relationships were regarded as a psychiatric disorder by the *Diagnostic and Statistical Manual* until 1973. Stigma continues to be a barrier for many LGBT older adults. Like many aspects of cultural awareness, an understanding of some of the key issues in health care for older adults can lead to fruitful conversations with individual patients about their needs. Three issues are particularly salient for older LGBT adults: access to medical, legal, and social services; long-term care; and surrogate decision making. These are described in more detail below.

Access to Medical, Legal, and Social Services

In one 2010 survey, a majority of LGBT respondents reported that they had experienced discrimination from health care providers.¹ In addition

to outright denials based on sexual orientation or gender status, LGBT individuals may face denial of social security, veterans benefits, health insurance, and inheritance tied to marriage. In the United States, there is currently a patchwork of state laws that determines whether same-sex couples are allowed to marry. Recent US Supreme Court cases have now led to federal recognition of same-sex marriages, but in many cases the receipt of federal benefits such as social security is tied to marriage recognition in the state in which the individual lives. For example, a married same-sex spouse would not be entitled to spousal benefits if he/she lived in a state such as Indiana where the marriage was not recognized.

Couples whose marriage is not recognized by the state do not qualify for Medicaid exemptions that allow a spouse to retain assets, such as a house, when a patient needs long-term care. Transgender care, which may include hormones and surgery, is not covered by many insurance plans, leading to very high out-of-pocket costs and decisions to forgo beneficial treatments. In addition to disparities in accessing formal services, LGBT older adults are less likely to have strong informal support networks due to the lower likelihood of marriage and higher rates of estrangement from biological families. Given that the majority of long-term care in the United States is provided informally by family members, LGBT older adults are at risk for having an inadequate care network. However, “families of choice,” made up of friends and partners, are often important sources of support, and health care providers should inquire broadly

about potential sources of caregiving support for LGBT older adults.

Challenges in Long-term Care

Although seeking health care often involves disclosing private information, living in a nursing home or other long-term care facility requires a major loss of personal privacy in every aspect of daily life. A report by the organization Services and Advocacy for LGBT Elders (SAGE) includes anecdotes of long-term care residents facing hostile fellow patients and staff, as well as denial of visitation by significant others, resulting in social isolation.² Some LGBT elders may hide their identity out of fear of discrimination. Such experiences come at the time when the individual may be especially vulnerable due to illness, impaired cognition, and declining functional status and may not have a choice about where to live.

Challenges in Surrogate Decision Making

When individuals are unable to make their own medical decisions, state law provides guidance about who to turn to for decisions. Most states prioritize legally married spouses and other first-degree relatives. Some states, such as New York, do have surrogate decision-making statutes that recognize unmarried same-sex partners; others do not. Because LGBT individuals may not be legally married or have their marriage recognized by the state in which they reside, they are less likely to have their spouse or partner recognized as a legally valid decision maker. Additionally, many LGBT persons report that they are

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closest to a “chosen family” that may include a partner and friends due to fractured relationships with the biological family. Such individuals do not automatically have decision-making authority in most states. All states allow individuals to designate a legally authorized decision maker by executing a durable power of attorney for health care. Although inquiring about preferred surrogates is an important aspect of advance care planning for all patients, it is especially important to address this topic with older LGBT adults due to the higher chances that their chosen representative will not be recognized by surrogate decision-making laws. A recent survey

found that only 34% of LGBT older adults had completed a health care proxy.³

Clinicians treating LGBT elders can serve as advocates for patients as they navigate medical and social services. Optimizing access to benefits, helping older adults to find long-term care that is supportive, and conducting appropriate advance care planning are three ways clinicians can meaningfully improve their patients’ experience.

References

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