



# LGBT friendly

## Doctor Handbook



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# Why the Dr. Rainbow Scheme?

As a **professional** doctor, I am treating all patients **equally regardless** of their sexual orientation and identity, why should I join the scheme?

## What doctors say about their patients' experiences.

In the previous years of practice, I have seen and heard about many cases of LGBT people receiving medical attention. I remember a young man who came into my clinic with his mother and aunt revealed to his family that he was gay, but the family did not accept him and wanted to send him for the "conversion therapy". I then patiently explained that homosexuality is not a mental disorder, and there is no scientifically adequate research to show that therapies for changing sexual orientation are either safe or effective. Therefore, the family should accept him for who he is.



**Dr WONG Chun Bun Gordon**  
Psychiatry

A male patient once came to my clinic for medical consultation with a sore throat, who had taken antibiotics under another doctor's prescription but was getting no better. After having a detailed inquiry with him, I found that he had had oral sex with men before. Having a sore throat was actually the symptom of being infected with gonorrhoea, but not catching a cold or a flu. Therefore, even if the symptoms may be ordinary, a careful and attentive inquiry is still required to help the patient solve his/her physical distress.



**Dr. Fong Yeung**  
Family Medicine Specialist

Patients who come to my clinic are usually having mental distress. As a psychiatrist, I must understand all aspects of the patient's life including their family and relationships. Every life stage can be a challenge for LGBT persons— the struggle of coming out to the family when they are young, the anxiety of hiding their sexual identity when they are dating, the stress of living another life of a heterosexual as a disguise. Even when they are old, they still have to suffer from the pain of not being able to arrange the after-death matters of their deceased partner due to the lack of marriage recognition in Hong Kong.

Therefore, if the patient's sexual orientation is not well-understood, it is difficult to figure out the trouble they face accurately and holistically.

Patients will tell you what is truly troubling them in their lives only when you are believed to be open-minded and non-judgmental.



**Dr. Fung Wai Choy**  
Psychiatrist

As long as the information related to the patient's sexuality is clinically relevant, I would ask the patient about their sexual orientation carefully. It has basically become part of my consultation practice. For example, if a patient has shown some skin rashes, or any signs of sexually-transmitted infections on his body, I would ask the patient about his/her sexual orientation and sexual practices. If he is a 10 (versatile), and has engaged in anal sex with another man before, I would take a swab from both his urethra and anus for a comprehensive physical examination.

I inquiry into his sexuality and his health condition, they don't really mind disclosing their sexual orientation. If a doctor can ask the patient about his/her sexual orientation and related issues sincerely, a more accurate diagnosis can be made.



**Dr. Wong Chun Fung**  
General Practitioner

According to the International Code of Medical Ethics, a physician:-

*“shall NOT permit considerations of...sexual orientation...to affect [his/her] duty to [his/her] patient.”*

*“shall NOT allow his/her judgment to be influenced by ...unfair discrimination.”*

The above code is adopted by the World Medical Association, The Medical Council of Hong Kong will have regard to the International Code in the exercise of its disciplinary power to registered medical practitioners in Hong Kong.

AIDS Concern believes that the majority of Hong Kong medical practitioners put the health of their patients as first priority and do not want their LGBT patients to worry about having the poor patient experiences.

If you join the Dr. Rainbow Scheme, we will provide you with information and resources including a workshop on the culture and health concerns of the LGBT community, to assist you in providing optimal care to LGBT patients.

# How do I become a Dr. Rainbow?

## **Familiarise with the healthcare needs and culture of the LGBT patients**

**1**

- ▶ You may have to apply a different lens in consultation with LGBT patients if your specialty involves clinical assessment related to sexual health, and discuss sexual health issues with all your patients openly in a non-judgmental manner.
- ▶ For more information regarding the particular healthcare needs of LGBT patients, please refer to the following sections.

## **Make LGBT patients feel welcome in the access and intake process**

**2**

- ▶ Display leaflets about LGBT community health concerns or post the rainbow sticker in the clinic.

## **Increase your sensitivity to diverse sexual identities in consultation**

**3**

- ▶ A lot of LGBT patients may feel embarrassed if healthcare professionals assume that their partners are of the opposite sex. You may use gender-neutral language such as 'partners' or 'significant others' when talking about sexual relationship of the patients.
- ▶ Ask open-ended questions and avoid making assumptions about the sexual orientation or behaviour of the patients.
- ▶ If the "sex" indicated on the identity card of a person seems different from their appearance, you can use some gender non-specific terms and call them by whatever name they prefer.

## **Make LGBT patients feel safe to disclose their sexual orientation or gender identity**

**4**

- ▶ Ensure the privacy of your patients. Doctor should be alert and avoid asking sexual orientation related questions when a patient is accompanied by family members. Patients can feel that the doctor is respectful.
- ▶ Inform patients that the information about sexual orientation is confidential.

## Maintain a culturally safe environment for LGBT patients

- Provide training to all staff in the service to ensure they are confident and understand their responsibilities about delivering LGBT-friendly practice.
- Respond to breaches of LGBT-friendly practice by staff and make sure the related staff know the importance of LGBT-friendly practices in the clinic.

*These may be **small** changes for you, but they can mean **big** differences for your **LGBT patients!***

If you also agree that LGBT patients need to be treated sensitively, please do not hesitate to contact us and follow the steps below, so that we can provide you with further resources on LGBT-friendly healthcare practices.



**1**  
Fill in the application form  
By scanning the qr code



**2**  
Join our LGBT-friendly healthcare  
training workshop or webinar



**3**  
Get a rainbow sticker from us and  
you may choose to post it in your  
clinic to build a LGBT-friendly  
medical environment



**4**  
Receive regular email updates  
from us about the latest trends  
and healthcare concerns of the  
sexual minorities



# Six Principles of Gender-Friendly Consultation

## **Homosexuality is not a mental illness, and there is no evidence of any effective treatment.**

**1**

- Homosexuality is not a mental illness. It does not need any treatment. The pharmacological and non-pharmacological conversion therapies adopted by some countries or religion against gay people are lack of sound evidence and humanitarian considerations.

## **Homosexuality ≠ having AIDS**

**2**

- Gay men are often linked with sexually transmitted diseases such as AIDS by medical staff. Doctors should obtain the patient's consent before conducting a blood test for HIV. Doctors should also explain the reasons behind the test to avoid stigma and misunderstanding during consultation.

## **Protect patients' right to privacy**

**3**

- During a consultation, keep your voice down if you are discussing sensitive topics related to the patient's sexual orientation or gender identity. Please note that you can always invite the patient to talk alone in advance if their family members are present.

## **The doctor's heterosexual assumptions will affect the doctor-patient relationship**

**4**

- A lack of understanding in LGBT culture or heterosexual assumptions of the doctor may affect the trust between the patient and the doctor. Patients might then find it difficult to disclose their identity. For example, medical staff often assume that the partner of the patient is of the opposite sex. To avoid this, you can use the gender-neutral word, “partner”.

## **Respect transgender people with an appropriate pronoun**

**5**

- Doctors can ask about the patient’s pronouns before their consultations to respect diversities. Some people prefer to use “they/them/their” while some prefer “he/him/his” or “she/her/hers”. If you use a wrong pronoun, you are welcome to apologize and correct it promptly. The patient will feel your sincerity and understand it.

## **Understand sex**

**6**

- If your expertise involves clinical assessment of sexual physiology, please be open-minded to all forms of sex. For example, gay men will masturbate to each other, have oral sex, anal sex, anal kisses, etc., while lesbians mostly engage in fingering, oral sex, or the use of sex toys. The friendly and open-minded attitude will make the patient more willing to disclose the information needed during the consultation.

# Particular Health Concerns of Gay Male Patients

## HIV and sexually transmitted infections (STIs)

1

- Sexually active gay men are at an increased risk of HIV and STIs.

**6.54% HIV**

HIV prevalence among the Hong Kong gay community in 2017 <sup>1</sup>

**9.6%** 

STIs prevalence among gay men in 2017. <sup>1</sup>

- Anal sexual intercourse, is common among gay men, and carries significant risk of HIV and STIs transmission if it is conducted without condoms and lubricant. The thin mucous membrane lining the anus and rectum makes it much easier for different viruses to find a way to enter the body.
- You may counsel your patients on safer sex practices and the importance of using condoms and lubricant in anal sex.

## More on the Hong Kong HIV epidemic

The HIV infections in Hong Kong have risen in the last ten years. There are on average 1.5 new cases of HIV infection every day in Hong Kong

## Depression or anxiety due to social pressure

2


- Stigma and discrimination towards gay men creates a hostile social environment that causes a high prevalence of depression and anxiety in the gay community.
- Due to the social pressure regarding disclosing their sexual orientation, many gay men may have internalized stigma and find it difficult to disclose their sexual orientation to healthcare providers. Some of them may not even identify themselves as gay men even when they have experienced same-sex sexual contact.
- You may support your patients by conducting consultation in a non-judgmental way and make them feel safe in disclosing their sexual orientation or sexual practices.



## Substance use

3

- Substance use is common for some gay people. This includes substances ranging from crystal methamphetamine (ice), to viagra, ketamine and amyl nitrate (poppers).
- The use of recreational drugs may decrease awareness of safer sex practices and increase the risk of HIV infection.

**16.2%**   
the prevalence of  
substance use is 16.2%  
among gay people. <sup>1</sup>

Over  
**50%** 

of newly diagnosed cases  
acquired the infection via  
homosexual contact.

Antiretroviral therapy (also known as cocktail therapy) can now effectively suppress the HIV virus. Generally, HIV virus does not have a devastating impact on people's health and life expectancy if medication is taken regularly. If someone with HIV reaches undetectable viral load, they cannot pass HIV on to their sexual partners. (Undetectable = Untransmittable).

# Particular Health Concerns of Lesbian Patients

## Sexually transmitted infections

- Lesbians can get the same sexually transmitted infections (STIs) as heterosexual women. Although lesbians are at lower risk of HIV, they can give each other STIs like herpes, gonorrhoea and chlamydia by vaginal-vaginal contact, oral sex, digital vaginal or anal contact, and sharing of sex toys.
- Therefore, it is important to avoid presuming the sexual acts all women experience are always by heterosexual contact. When you ask about the patient's sexual history, it is better to ask 'Have you had sex recently?' Instead of asking whether they have boyfriends or husbands.
- The awareness of safer sex practices is generally low among lesbians. Therefore, you can also advise your patient to practise safer sex by cleaning sex toys before and after use, using finger condoms (available in sex shops) during digital penetration, using a small piece of latex and using dental dam during oral sex.




**60%**

of lesbians never conduct safer sex practices.


3

## Smoking and Cancer

- Local evidence shows that lesbians are more likely to be a smoker, so the risk of getting lung cancer is higher than heterosexual women.

**63%**  of the lesbians reported to be current smokers.<sup>4</sup>

- As lesbians may not experience pregnancy, they may have a higher chance to develop breast, endometrial, and ovarian cancers because hormones are released during pregnancy and breastfeeding which protect women against these cancers.
- The viruses that cause cervical cancer can be sexually transmitted between women as well. However, most lesbians underestimate the risk of their same-sex behavior.

Only **13.8%**  of the lesbians get routine pap tests to detect cervical cancer.

## Mental health and domestic violence

- Lesbians may suffer from intimate partner violence just like heterosexuals including physical violence, psychological abuse, sexual abuse, and different forms of threats or manipulative behaviour. These acts of violence can cause serious mental and physical trauma.

**78%**  of lesbians have suffered from intimate partner violence <sup>4</sup>

- Studies have shown that lesbians suffer from more serious intimate partner violence than gay men because they seldom fight back when they are attacked.
- While the forms of violence against homosexuals and heterosexuals might be similar, some factors that contribute to same-sex partner violence are unique. For example, a lesbian might be threatened into staying in an abusive relationship for fear of having her sexual orientation revealed to others or because of fear of being unable to find another partner in the community.

# Particular Health Concerns of Transgender Patients

## What is Transgender ?

- According to the World Health Organization (WHO), transgender people refers to 'persons who identify themselves in a different gender other than that assigned to them at birth.'
- Some transgender people prefer not to be called 'he' or 'she'. Some prefer 'they'. If you know your patient is transgender, please ask what they prefer.

## HIV/AIDS and STIs of transgender women (PRiSM ,2017)

- 30% of transgender women respondents reported they were using condoms consistently for receptive sex and 23% of the respondents for insertive sex.
- The overall HIV prevalence for sexually active transgender women was estimated to be 5.11%.

## Mental health (Mental Health of Transgender People in Hong Kong, 2016) : <sup>5</sup>

- A high level of social exclusion and gender identity-related discrimination may affect their mental health condition.
- 63% of transgender people surveyed (and 70% of those aged below 30) had contemplated suicide. 18% of the transgender people surveyed (and 24% of the sample aged below 30) had attempted suicide.

## Recreational drug/ substance use <sup>6</sup>

- About 17% of transgender women respondents reported they had recreational drug/ substance use before sex.
- The use of recreational drugs may decrease awareness of safer sex practices and increase the risk of HIV infection.

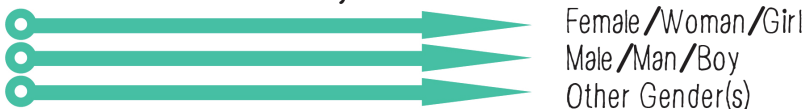


Graphic by:  
**TSER**  
Trans Student Educational Resources

# The Gender Unicorn



## Gender Identity



## Gender Expression



## Sex Assigned at Birth



## Physically Attracted to



## Emotionally Attracted to



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore



# Dispelling Myths

*Be aware of the healthcare issues and culture of the LGBT community, but do not assume that they are all the same!*

## 1. Are all gay men at high risk of HIV?

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The latest figure from PRiSM 2017 survey shows the prevalence of HIV is 6.54% among gay men, which is far higher than that of the general public. However, transmission of HIV is related to unsafe sex, not directly because of sexual orientation. So not all gay men are at high risk of HIV. Anyone who engages in unsafe sex runs the risk of being infected with HIV.

## 2. Do all gay men perform anal sex?

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According to the PRiSM 2017 in Hong Kong, 70.1% of the respondents had performed anal sex in the past 6 months. On the other hand, some heterosexuals have anal sex. According to the research by Centers for Disease Control and Prevention (CDC), 40% of men and 35% of women between 25 and 44 have had heterosexual anal sex.

## 3. Are all gay men effeminate? Are all lesbians masculine?

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The term “gay” is often associated with terms like sissy and effeminacy. It is true that some gay men may cross dress and do not exhibit traditional heterosexual male behaviour. However, the majority of gay people do not see themselves as feminine. Many are very masculine. Similarly, not all lesbians exhibit male behaviour or dress like a man. A person’s gender expression (whether he/she is masculine or feminine) has nothing to do with their sexual orientation. You cannot assume the guy is gay or straight by knowing their career, appearance or behaviour alone.

#### 4. Do all gay men or lesbians have multiple sex partners?

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With reference to the statistics by AIMSS in 2010, 24% of gay men have had one single sex partner in the past 6 months. Like heterosexuals, some gay men and lesbians have multiple partners, some have one partner, and some go through periods without any partners.

# LGBT Slang

## 1/0/10 (Top/Bottom/Versatile)

1/0/10 (Top/Bottom/Versatile) is the gay slang that describes the sex positions in anal sex. A 1/Top is usually the person who engages in penetrative role during anal sex; while 0/Bottom is usually the one who receives penetration. A 10/Versatile is someone who is open to both insertive and receptive anal sex.

## Sauna

A sauna is a gay cruising venue. Apart from being an entertainment venue where men can relax, a sauna is also a venue where gay men look for sex with other men. Condoms and lubricant are usually provided in the dark rooms and private cabins.

## Chem Fun/Party and Play (PNP)

Some gay men take recreational drugs during sex to experience more sexual pleasure. They would call it party and play (PNP) or chem fun, which may last for many hours and can include different high-risk sexual behaviours, like bareback (no condoms) and group sex.

## Member

The term 'homo' comes from people outside the gay circle. In the gay community, this term is not often used, and some gay men may not feel comfortable about being called 'homo'. They sometimes call themselves a 'member'.

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## TB/TBG/Pure/No label/Bi

A TB (Tomboy) is usually a lesbian who exhibits masculine behaviour or dresses masculine. TBG is a lesbian who is attracted to TB and exhibits comparatively feminine behaviour. There are also some lesbians who are feminine, and are attracted to feminine lesbians, which people call 'pure' relationship. 'No label' means a lesbian who does not consider herself to fall into the stereotypical categories of 'TB', 'TBG' or 'Pure'. 'Bi' is the abbreviation for 'Bisexual'.

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## TGM/TGF

TGM (transgender man) is someone who was labelled female at birth but has a male gender identity while TGF (transgender woman) is a person who was born male but whose gender identity is female

## Genderqueer/Gender fluid/Non binary

Refers to the gender is not necessarily a linear spectrum/ continuum between male and female, or gender identity which does not fit the male and female binary.

## CIS

Cisgender refer to people whose gender identity is the same as they are assigned at birth.

1. HIV Prevalence and Risk Behavioural Survey of Men who have sex with men in Hong Kong 2017 (PRiSM)
2. Survey on lesbian safer sex practices by Women Coalition of HKSAR 2007
3. Wu Yingyi (2010). Dissertation of MPH: A cross-sectional kap study on health seeking behavior
4. Lescorner (2018). Abuse rife among female sexual
5. Suen, Y. T., Chan, R. C. H. and Wong, M. Y. (2016) Mental Health of Transgender People in Hong Kong. Transgender Resource Center Hong Kong minorities among lesbians/bisexuals in Hong Kong. Pp.5-6
6. HIV Prevalence and Risk behavioural Survey of Transgender women in Hong Kong 2017 (PRiSM)

# Combination HIV Prevention

## Pre-Exposure Prophylaxis (PrEP)

- PrEP is an anti-HIV medication that is highly effective at preventing people from getting infected with HIV and it is strongly recommended by the World Health Organization (WHO).
- Research shows PrEP has high effectiveness in preventing HIV in men who have sex with men (MSM) including transgender and bisexual people and heterosexuals as well.
- In Hong Kong, PrEP is not available in the public healthcare system. Some people may buy PrEP in South East Asian countries because of cheaper prices and some people buy in local private clinics.

## Post-Exposure Prophylaxis (PEP)

- PEP is the use of anti-HIV medication after suspected exposure to HIV. The World Health Organization (WHO) has affirmed PEP as an important secondary HIV prevention measure, and published a guideline in 2014 recommending PEP for exposures as following: regardless of whether the exposure is transmitted through occupational or non-occupational routes (nPEP).
- nPEP is recommended for HIV-negative persons who present within 72 hours after exposure and who have had a substantial risk of HIV transmission.
- In Hong Kong, nPEP is recommended if people are exposed through sexual activity or shared needle use. People may access non-occupational PEP in public hospitals, accident and emergency after doctors' assessments.

## Undetectable = Untransmittable (U=U)

- U=U is supported by the Joint United Nations Programme on HIV/AIDS (UNAIDS).
- When a person living with HIV is taking effective antiretroviral therapy, the viral load becomes so low that it is undetectable (less than 50 copies per millilitre of blood). They can no longer transmit HIV sexually even without using condoms if they are in U=U condition.

## Others

- Using condoms consistently, regular HIV testing and sex education are also important in HIV prevention.



香港同志醫學會  
**HK LGBT**  
MEDICAL SOCIETY

## Acknowledgement

- Valuable comments on this pamphlet were received from Dr. WONG Chung Hin Willy, Specialist in Psychiatry and a Certified Sex Therapist
- The Hong Kong LGBT Medical Society supports this scheme, and encourages that all health professionals contribute in advancing the cause.

# About AIDS Concern

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AIDS Concern was established in 1990 as the first non-government charity organisation committed to the service of AIDS care in Hong Kong. The founders were a group of volunteers from different backgrounds dedicated to improving the living standards for people living with HIV; and to stop the spread of HIV.

## Contact Us

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