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LGBT AND CANCER: IMPROVING QUALITY OF CARE TO LESBIAN, GAY, BISEXUAL, TRANSGENDER PATIENTS AND THEIR FAMILIES WITH CANCER

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Biography

Robert David Rice is the Director of Nursing Education, Evidence Based Practice, and Research at City of Hope National Medical Center in Duarte, CA. He joined City of Hope in July 2013. He and his staff develop and apply cross-disciplinary education programs to keep clinical providers current on evidence-based best practices, clinical techniques, standards, and emerging technologies unique to their clinical discipline. His clinical and research interests include hematologic malignancies, hematopoietic cell transplantation, cancer chemotherapy / immunotherapy, immuno-oncology, psycho-oncology, healthcare disparities, and improving the quality of cancer care for LGBT patients and families. He participates in national consortia of comprehensive cancer centers which address quality initiatives, nurse sensitive indicators (establishing a national benchmark for the incidence of vesicant chemotherapy extravasation), and developing a core curriculum to train nurses in safe chemotherapy administration.

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Lesbian, gay, bisexual, and transgender (LGBT) individuals are designated by the United States National Institutes of Health as a healthcare disparity population. In general, LGBT people may experience increased disease prevalence, premature or excessive mortality, increased burden of disease, and poorer daily functioning. LGBT people may experience 'minority stress,' where chronic stress due to stigmatization influences health and behavior through distal objective stressors (actual experiences of violence and discrimination); proximal subjective stressors (internalized homophobia) and perceived stigma (that one will be rejected). Multiple factors may impact LGBT peoples' ability to access healthcare and maintain healthy living patterns. These may include: low socioeconomic status / poverty, lack of health insurance or underinsured, poor living conditions, homelessness or incarceration, risky health behaviors such as smoking, heavy alcohol use, substance use, unprotected sex, HIV risk / STD risk, challenges with psychological coping (e.g. depression, anxiety, suicidality), stigma of sexism, racism, transphobia, homophobia etc. There are known cancer risks for the LGBT community. Yet, the patient's sexual orientation and gender identity (SOGI) are often not known (or asked) during healthcare encounters. Cancer screening rates are often low, and there are gaps in screening recommendations for LGBT persons. Cancer prevention and early detection efforts are often lacking in this community. Co-existing HIV adds to the risk of certain cancers and disease and treatment outcomes. Advanced practice providers (APPs) can play key roles in supporting care quality overall, and patient preventive care, screening uptake, and care through the cancer continuum, in particular, through assessment, counseling, education, advocacy, and intervention. As advanced practice providers, in multiple settings (primary care, family care, acute care, oncology-specific care) become expert in the culturally competent care of LGBT persons, they can contribute to the improvement of quality of care and overall well-being of this health care disparity population.