Caring for the LGBTQ Patient…



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CMDA
CHRISTIAN MEDICAL & DENTAL ASSOCIATIONS®

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CMDA Vision and Mission

…bringing the hope and healing of Christ to the world through healthcare professionals.

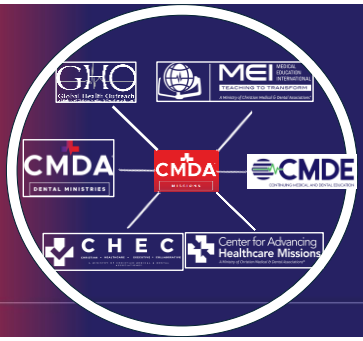
…educate, encourage, and equip Christian healthcare professionals to glorify God.

How ???

We strive to be…

- Christ-like
- Controlled by the Holy Spirit
- Committed to Scripture
- Communing in Prayer
- Compassionate
- Competent
- Courageous
- Culturally Relevant

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CMDA as a Missions Hub Including Continuing Education

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Caring for the LGBTQ Patient - Outline

I. **Terminology**
II. **National data**
III. **Explain major medical organizations' recommendations**
IV. **Biblical approach to patients in clinical care**
V. **Clinical case(s) → drawing out a Biblical approach to patient care in order to empower and encourage**

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I. Terminology

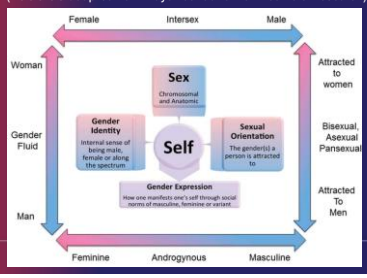
ACOG

Term	Definition
Gender	A social construct consisting of the attitudes, feelings, and behaviors a culture links with males or females
Cisgender	Someone whose gender identity matches what is typically associated with the sex they were assigned at birth
Transgender	Someone whose gender identity is different from their assigned sex at birth.
Transgender man	A "male gender identity" who was assigned female at birth
Transgender woman	A "female gender identity" who was assigned male at birth
Gender dysphoria	Distress that comes with a mismatch b/n a person's experienced and expressed gender and their assigned or natal gender
Gender Nonconforming	Someone whose gender identity differs from their birth assignment but in a way that may be more fluid, complex, or less clearly defined…
Nonbinary	A transgender or gender nonconforming person who identifies as neither male nor female

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Concepts of Sex and Gender

(ACOG CO adapted from Mayo Foundation for Med Ed & Research)



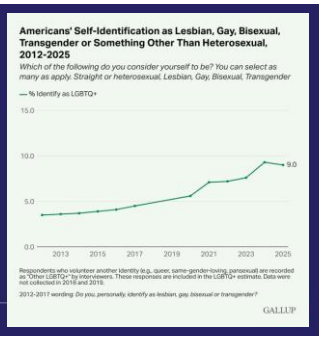


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II. National Data

Gallup Poll from 2025

- Phone interviews of >13,000 adults across USA



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II. National Data – Williams Institute in UCLA, 2025

Transgender Patients in USA

- ~2.8 million people aged 13 and older identify as transgender
  - **Adults:** 0.8% of adults
  - **Teens 13–17:** 3.3%
- **Transmen and transwomen in USA:** The split among adults is nearly even:
  - 0.27% of U.S. adults are trans men
  - 0.26% of U.S adults are trans women

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II. National Data



- ❖ > **60%** of LGBTQ+ high school students report persistent feelings of sadness or hopelessness
- ❖ ~ **20%** have attempted suicide in the past year.
- ❖ LGBTQ+ youth report significantly higher rates of sexual violence, physical force, and electronic/school bullying.

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III. Major Medical Organizations' Recommendations

Create an Inclusive Environment

- Increase knowledge of and comfort with providing care for transgender and gender nonconforming individuals.
- Train and empower staff, nursing, and others who interact with pts on ways to ask about names / pronouns (See next slide)
- Make office space / images representing all individuals
- Clearly post a sign with the office's nondiscrimination policy.
- Ensure that at least one restroom is gender neutral
- Use patient forms that include check boxes for all gender and sexual orientation options

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III. Major Medical Organizations' Recommendations

Pronouns

- ObGyns should routinely ask patients about their name / pronouns.
- The patient's pronouns should be documented in the patient chart. Common choices include:
  - She/her/hers
  - He/him/his
  - They/them/their
  - Other gender-neutral pronouns include zie (ze) or hir

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For the "Use of Pronouns", I recommend…

For a good discussion, list to Podcast: Bioethics Q&A: Where Do We Draw the Line?

- October 22, 2026
- https://cmda.org/podcast/bioethics-qa-where-do-we-draw-the-line/



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III. Major Medical Organizations' Recommendations

Clinical and Treatment Categories

- History Taking / Approach to the Patient
- Sexual / Genetic Abnormalities
- Gender Transition
- Fertility, Pregnancy, Contraception and Abortion
- Medical Gender Transition
- Surgical Gender Transition

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III. Major Medical Organizations' Recommendations

Definition of Sexual Health

- **W.H.O.** → "a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity."
- Includes a wide range of topics, including knowledge about anatomy and function, sexuality, sexual identity, sexual orientation and gender, reproductive health and fertility, and sexual violence.
- Sexual health also has dimensions of spirituality including the sacred aspect of sexual union (e.g., Catholic church-sex is holy and a sacrament of marriage)

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III. Major Medical Organizations' Recommendations

Sexual Health

- Integral to overall health and well-being
- Includes a state of physical, mental, spiritual and social well-being in relation to sexuality
- Sexual health needs are often overlooked and underserved, as evidenced by the pervasive morbidity and mortality and by the many psychosocial problems associated with sexual behavior

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III. Major Medical Organizations' Recommendations

Sexual Dysfunction is common

Purpose of Sexual History

- To gather info. about current / past sexual practices and sexual health issues — used with Differential Diagnosis
- Identify risks
- Establish norms of sexuality for the patient
- Allows for education, e.g., HIV, STIs, pregnancy prevention, etc.

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Prevalence of Sexual Abuse

(ACOG CO on Childhood Sexual Abuse)

- 12-40% of children in USA experience some form of childhood sexual abuse
- 1 in 5 women have experienced childhood sexual abuse
- What prevents patients from disclosing abuse?
  - ❖Shame and stigma
- Amongst females 18-24 who had sex before age 20 yo, 7% experienced "non-voluntary" first sex
- Of all girls who experienced sexual abuse, 65% reported the abuse occurred ≥ once
- 57% reported that the abuser was a family member and 53% reported that the abuse occurred at home.

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Barriers to Sexual History Taking

- Physician discomfort-gender, language, and cultural differences
- Embarrassment
- Feeling ill prepared
- Belief that sexual history is not relevant to chief complaint
- Time constraint
- Patient anticipates a lack of empathy to sexual problems

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III. Major Medical Organizations' Recommendations

Principles for Taking a Sexual History

- Ensure privacy and confidentiality
- Be open-minded and non-judgmental
- Recognize non-verbal cues and possible trauma
- Ask only appropriate questions → Use language that is respectful and appropriate for the person

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IV. Biblical approach to patients in clinical care → Biblical Principles

1. Imago Dei – Genesis 1:26-31 (the 6th Day)

- Then God said, "Let us make mankind in our image, in our likeness, so that they may rule over the fish in the sea and the birds in the sky, over the livestock and all the wild animals, and over all the creatures that move along the ground."
- So God created mankind in his own image, in the image of God he created them; male and female he created them.
- God blessed them and said to them, "Be fruitful and increase in number; fill the earth and subdue it....
- God saw all that he had made, and it was very good. And there was evening, and there was morning—the sixth day.

If I am a slave to the compass, I have the freedom of the seas

CMDA Position Statement - Human Sexuality

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IV. Biblical approach to patients in clinical care

1. Sexual intercourse is to be reserved exclusively for heterosexual marriage
2. Single men and women who engage in sexual intercourse are outside of God's limits (sin)
3. Married people who have intercourse with anyone other than their marriage partner are defiling a marriage union which God has sealed (sin)
4. Like single heterosexuals who engage in heterosexual sex, or married persons who engage in extra-marital sex, homosexuals who engage in homosexual acts are practicing sex outside of design (sin)
5. We condemn the perversion of sexuality in pornography, rape, incest, and all other forms of sexuality that deviate from the biblical norm for Christian marriage.
6. Family life teaching and sexual education are God-given responsibilities of parents
7. Education and protective techniques alone, however, will not stop the teen / single pregnancy, spread of STI, spread of HIV/AIDS, etc.

CMDA Position Statement - Human Sexuality

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CMDA Resources

https://cmda.org/publications/

CMDA Today



A quarterly magazine published by CMDA on current issues in faith and healthcare. This printed publication is available to members of CMDA in both print and electronic publication.

Church Resources



These resources have been specifically created to help you be an advocate for God's Word and speak truth into today's ethical issues. Including a new small group study, these resources will help you learn how to answer the difficult questions with grace, kindness and truth.

Grace Prescriptions™



Grace Prescriptions is designed to teach you to share your faith with patients in ways that safeguard the important ethical principles of respect, sensitivity, and permission. Originally taught in CMDA's popular *Saline Solution* course, these concepts are proven to be effective as thousands of lives have been transformed.

Prescriptions for the Heart



This is a series of biblically-oriented patient information sheets written to help your patients cope with many of the life-changing events that occur over the course of one's life. They are available as free printable files for use in your practice.

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V. Clinical Cases → Rules

- **Be in small groups of 3-5 people for role play / simulation**
- **Have one person in the group be the patient**
- **Have one person record questions; explain the interactions.**

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V. Clinical Case #1

22 year-old female G0 P0 comes into your office for an annual exam. She wants testing for sexually transmitted diseases.

Past Medical History
Past Surgical History
Medications
Allergies

Family History – diseases that run in the family
Social History – Smoking? Alcohol or drug use? Living Situation?
Spiritual History
Sexual History

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V. Clinical Case #2

31 Year Old G1 P1001, transgender male, presents to the Obstetrician / Gynecologist's office for a tubal ligation (permanent sterilization). She started testosterone 1-2 years ago and had a bilateral mastectomy 6 months ago.

What is your approach to the patient?

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Past Medical History
Past Surgical History
Medications
Allergies

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Past Medical History
Past Surgical History
Medications
Allergies

Family History – diseases that run in the family
Social History – Smoking? Alcohol or drug use? Living Situation?
Spiritual History
Sexual History

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Essentials in Patient Care

- Understand the patient → Unlocking vital patient information
- Medicine is about relationships – The doctor – patient relationship is essential
- Establish trust / rapport

"Patients don't care how much you know until they know how much you care."

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Resources

- Sexual Assault, ACOG Clinical Opinion, April 2014; 592 (777).
- Adult Manifestations of Childhood Sexual Abuse, ACOG Committee Opinion, 2017, #498.
- Health Care for Transgender and Gender diverse Individuals. ACOG Committee Opinion, 2017, #512/685
- Effective Patient – Physician Communication. ACOG Committee Statement, 2025, #23.

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