Language has a special power in medicine and choosing the right words to use with patients and in the classroom can make a world of difference in our profession. In an effort to improve the quality of course objectives and content relating to LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex) health, the Medical Student Gay and Lesbian Organization at Boston University (MedGLO) has put together a glossary to serve as a guide for navigating the often tricky language choices we face. Our hope is that by applying these recommendations and guidelines to our curriculum we can achieve:

- Greater consistency in LGBTQI curricular material across all four years.
- Higher levels of student and faculty comfort with LGBTQI health topics.
- A more accurate means of assessing our strengths and weaknesses in these areas.
- Correction of language bias in existing materials.
- Better patient interactions based on understanding and use of a common vocabulary.

From trans health to HIV to bisexuality, our current curricular content is actually quite robust compared to other medical schools. The average medical program spends about 5 hours of teaching time on topics related to LGBTQI health, a number that our analysis says we are already surpassing. An in-depth analysis of the first-year courses and a more cursory look at courses in the second year reveal that BUSM has done an excellent job of including this material in the pre-clinical years, but there's still a great deal of room for improvement. The language we use is often problematic and, more importantly, inconsistent. And despite the inclusion of this material, our student survey of the first-year class reveals a concerning lack of comfort with LGBTQI health topics. Thankfully, many (but not all) of these problems can be easily addressed with only minor changes to lecture and syllabus materials.

We'd like you to take some time to peruse this glossary and consider how it might relate to the individual lectures within your courses. Even lecture topics not explicitly related to LGBTQI health could contain language that needs improvement. It is especially important that you consider LGBTQI materials that may be appropriate in the learning objectives of your course as this material is often present in the course, but neglected in the learning objectives and tested material. We understand that there is a lot to consider and that not everyone has experience dealing with the language issues surrounding gender, sex, and sexuality. If you have any questions, concerns, or would like us to review your learning materials, please feel free to contact us (medglo@bu.edu)! We're happy to assist in the effort and hope that with your help we can put Boston University firmly at the forefront of LGBTQI medical education.

- Your MedGLO Co-chairs

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LGBTQI Glossary

One of the most common language mistakes is the conflation of sex, gender, and sexuality. We have organized our glossary by separating sex, gender, and sexuality and defining terms within each category. Many of these terms are identities and although we use these terms to refer to certain groups of people, it is important to keep in mind every individual has the ultimate say in how they identify. When appropriate we will highlight what word is best to use and within which context to use it. Asterisks (*) denote areas that need work in our current curriculum. We have included some additional important guidelines at the end of the glossary.

1. *Sex*

- Sex is assigned at birth, usually based on external genitalia
- Refers to biological characteristics chosen to assign humans as male, female, intersex
- Sex is not to be confused with **gender**
- Can be broken down to be more specific
    - Genetic sex
    - Gonadal sex
    - Primary sex
    - Secondary sex
- Sex is usually talked about as a *binary* (female or male), but it is important to keep in mind that this framework is socially constructed and is not solely the result of biology
- Biologically, sex is a *spectrum*

Intersex *

- Intersex individuals exhibit *variation in karyotype, gonadal development, or anatomy* that differ from the more common XX-female/XY-male designations. Their clinical presentation may include (but does not *need* to include) ambiguous genitalia.
- These conditions are often referred to as "*disorders of sexual development" (DSD)* but patient groups and ethicists suggest using the less negative *"differences in sexual development" or "variation in sexual development."*
- Intersex is the word that is used by activists and often by adult patients with DSD to describe their bodies. **We recommend using the term intersex and/or differences in sexual development (DSD).**
- Often, there is nothing medically wrong with intersex patients and they do not require medical or surgical attention. It is important to keep in mind that much of the intrigue surrounding intersex people is because their non-binary bodies seem to challenge society's notions of sex, gender, and sexuality. Many times medical and surgical treatments for intersex patients revolves around correcting their bodies to conform to a binary and heteronormative concept of sex, gender and sexuality (e.g. a "successful" vagina is one that can accommodate a penis). It is impossible to know what gender an intersex baby will identify as or what their sexual orientation will be.

- Patients may not necessarily call themselves intersex or identify with the LGBTQI community.
- Materials need to be clear that this designation is purely biological and does not describe a person's gender or sexual orientation.
- Many intersex conditions (see below) are featured in pre-clinical courses, but are not explicitly labeled as such. **It is important that lectures featuring this material carefully address the designation of intersex** so that students are more sensitive to how these conditions may affect their patients' lives.
    - Congential adrenal hyperplasia
    - Androgen insensitivity syndrome
    - 5-alpha reductase deficiency
    - 17-beta reductase deficiency
    - Aromatase deficiency
    - Klinefelter's syndrome
    - Turner syndrome
    - Triple X syndrome
    - Hypospadias
    - Kallman syndrome

Hermaphrodite / Sex Reversal*

- Archaic terms that stigmatizes patients.
- Technically impossible for a human to be a real hermaphrodite (full reproductive capabilities of both male and female sex), so in addition to being offensive, it's also incorrect.
- **They should be avoided completely.**

2. Gender

- The word gender on its own generally refers to **gender identity**
- Not to be confused with **sex**
- **Gender** and **sex** are two independent things
    - Neither biological sex or sex of rearing determine gender identity

Gender Identity*

- A person's internal sense or self-conceptualization of their own gender, sense of self as woman, man, or other gender
- Self-identified

Gender Expression/ Presentation

- How one expresses oneself, in terms of dress and/ or behaviors that society characterizes as associated with men or women (masculine/ feminine)
- Can be described as feminine, masculine, androgynous, butch, femme, etc.
- Sex and gender identity do *not* dictate someone's gender expression (e.g. someone could identify as a butch transwoman)

Transgender*

- An umbrella term for people whose gender (identity or expression) does not "match" with their assigned sex. There are many identities that are included under the transgender umbrella.
- If you are not transgender, you are **cisgender** (sex and gender align)
- The word transgender is an adjective, not a noun. Someone is not "a transgender," they are a transgender person
- Often abbreviated to trans*
- Transgender people may or may not medically, socially, or legally transition from one sex to the other
    - **Medical Transition**
        - Some transpeople may undergo *hormone replacement therapy* and/or *sex reassignment surgery (SRS)* to align their physical sex to their gender identity
        - Not all transpeople who pursue medical treatment have the same goals in mind, some may want to fully change their phenotype from one sex to another while others may only desire to minimize their existing secondary sex characteristics
        - **Do not assume that all transpeople want to medically transition**
- <u>It is important to respect a transperson's gender identity by calling them by their preferred name and using their **prefered gender pronoun**</u>
    - If unsure about what pronoun to use, use **gender neutral pronouns**
        - The easiest gender neutral pronoun to use is **They/ Their**
- **Transsexual**
    - Some transgender people identify as being transsexual
    - Usually refers to someone who has medically transitioned
    - **Should be avoided unless a patient specifically indicates that they identify as transsexual**

- **Transman**
    - A person who is assigned female at birth and identifies as a man
    - **Good term to use when talking about hormone therapy or SRS because the word indicates the patient's assigned sex (female) and their gender identity (man)**.
    - Indicates which pronoun to use **(he/ his)**
    - Female-to-male (FTM)
- **Transwoman**
    - A person who is assigned male at birth and identifies as a woman
    - **Good term to use when talking about hormone therapy or SRS because the word indicates the patient's assigned sex (male) and their gender identity (woman)**.
    - Indicates which pronoun to use **(she/ her)**
    - Male-to-female (MTF)
- **Non-binary Transperson**
    - Not all transpeople identify strongly with one gender or another
    - Do not assume that all transpeople identify as a man or a woman

Gender Identity Disorder (GID) & Gender Dysphoria*

- Gender Identity Disorder (GID) is a mental disorder as classified by the DSM-IV
    - In the past the diagnosis of GID was required before transgender patients were allowed to pursue hormones or surgery
    - Gender identity disorder should not be used to talk about transpeople because they are not disordered
- The DSM-5 reconceptualized GID as gender dysphoria to avoid overtly pathologizing transpeople
    - Gender dysphoria is an improvement over the previous classification of GID, but transgender people are not disordered and do not inherently have a mental illness
    - Gender dysphoria refers to the discomfort or distress caused by the discrepancy between a person's gender identity and sex assigned to them at birth
        - Some transgender people may refer to their feelings of gender dysphoria in the absence of a clinical diagnosis of gender dysphoria
        - Not all transpeople have gender dysphoria and levels of gender dysphoria may fluctuate throughout someone's lifetime

Gender Noncomforming

- A person whose gender expression is different than what is expected of them by society (e.g. masculine woman, feminine man)

Genderqueer

- A person whose gender identity falls outside of the social imposed gender binary
- May have a gender identity that is a combination of genders or genderless
- May or may not identify as trans*
- May or may not pursue hormones or SRS

3. Sexuality

- Not dictated by sex or gender

Sexual Orientation

- An enduring emotional, romantic, sexual, and/or affectional attraction
- Sexual orientation is different from sexual behavior
- Sexual orientation is fluid, and people use a variety of labels to describe their own
- Traditionally divided into heterosexual, homosexual, bisexual, and asexual
- **Sexual orientation** is preferred to **sexual preference** because preference implies a choice

Bisexual*

- Refers to people who are attracted to men and women, or to people regardless of their gender
- May also use terms ***omnisexual*** *or* ***pansexual*** to emphasize that gender and sex are not a binary
- Most often used to describe *sexual orientation,* but also appropriately describes sexual behavior
- Often left out of discussions of sexuality, be sure to include with discussions of sexuality

Gay

- People with attractions geared toward their own sex or gender
- Although gay can be used to describe both men and women, it more commonly refers to gay men
- Gay is not a noun
- When referring to a individuals as gay make sure that their sex or gender is specified
- Appropriate as a descriptor in the clinical setting, but not sufficient to describe a patient's sexual history. (For example, "59 year-old gay male patient" may be accurate, but should be accompanied by a more detailed full sexual history)
- The term **homosexual,** while not inherently offensive, should be avoided when possible for the following reasons:

- Carries negative historical connotation and association with pathology
- Does not specify sex/gender of the person or people being described
- Once included in the DSM, but completely removed in 1986

Lesbian

- A woman whose attractions are geared toward other women
- As with gay this is an appropriate descriptor in a clinical setting, but not sufficient to describe a patient's sexual history
- Unlike gay, lesbian can also function as a noun. ("The patient identifies as lesbian" and "the patient is a lesbian" are both correct)

MSM/WSW (Men who have sex with men / Women who have sex with women)

- These designations are behavioral categories used in epidemiological research since the 1990's. They are meant to be independent of sexual orientation, identity, or cultural definitions (e.g. A man may be designated as "MSM" based on past behaviors even if he identifies as heterosexual).
- Issues with their use include:
  - Lack of specificity regarding sexual behaviors, each of which may carry different associated risks (e.g. oral sex, anal sex, mutual masturbation, etc.)
  - Strict adherence to behavioral categories fails to consider the effects of identity, social networks, and community that may be important confounders in epidemiologic research
  - Unclear whether trans* individuals should be included/excluded from these categories
  - Labeling as MSM/WSW can imply that these individuals exhibit abnormal behavior.
- **Not to be used with patients**. These terms are **limited to social and biomedical research**. While still useful in some contexts, they should only be used with careful considerations of their implication.

Queer

- Anyone who chooses to identify as such. This can include, but is not limited to, gays, lesbians, bisexuals, transgendered people, intersex people, asexual people, allies, leather fetishists, freaks, etc. *Not all the people in the above subcategories I.D. as queer, and many people NOT in the above groups DO. This term has different meanings to different people.*
- Some still find it offensive, while others reclaim it to encompass the broader sense of history of the gay rights movement. Can also be used as an umbrella term like LGBT, as in "the queer community."
- <u>Should not be used with patients as many people consider it a pejorative, unless the patients indicates they identify as such.</u>

- Can be used as an umbrella term for anyone falling outside the male-female heterosexual norm

Asexual

- Not feeling sexual attraction or desire for partnered sexuality
- Asexual people may or may not form romantic relationships
- Asexual people may or may not have sex
- People who are asexual are not disordered. People who do not wish to have sex are not necessarily suffering from a disorder.

Polyamory

- The desire or practice of having more than one intimate relationship at one time with knowledge of everyone involved
    - may be romantic and/or sexual
- Consensual non-monogamy

LGBTQIA.... and other letters

The commonly used acronym LGBT refers to any person or group whose sex, gender, or sexuality fall outside the "traditional" realm of male-female heterosexual relationships. Each letter stands for something different and the list of potential letters is quite long. We have listed some common letters below but for now, know that **LGBT and LGBTI (if you are including intersex individuals) are generally appropriate and inclusive enough for medical education**. See separate entries for questions relating to any of these.

L - Lesbian
G - Gay (specifically gay *male*)
B - Bisexual
T - Transgender
Q - Queer or Questioning
I - Intersex
A- Asexual

Other Guidelines

- When including sexuality in clinical cases it is important to weigh the importance of the information provided to avoid bias.
    - If sex, gender, and sexuality are relevant to the case at hand, give a full sexual history in order to avoid establishing that all individuals within a group exhibit the same behaviors
    - If sex, gender, and sexuality are *not* relevant to the case, it is generally fine to include some of these details to increase exposure of minority populations (Ex. "A 37-year-old woman and her wife were involved in a motor vehicle accident")

- Avoid showing **nude pictures** of patients exhibiting intersex or otherwise remarkable anatomy unless absolutely relevant
    - Many of these photos are not relevant to the clinical care of patients.
    - Many photos used commonly in medical education are very old, and *may not have been taken with the patient's consent!*
    - Nude photography of children, regardless of medical interest, is considered unethical in most contexts
- Be careful when choosing comparison groups for LGBT populations.
    - For example, comparing "lesbians" to "heterosexual women" is preferred to comparing lesbians and "normal women" or lesbians and "the public"
- Avoid negative or pathological descriptors when talking about healthy sexual attractions, behaviors, or practices. Some words to look out for include:
    - Those that assign pathology: disorder, defect, homo-, syndrome, etc.
    - Those that differentiate with negative connotation: abnormal, unusual, irregular, etc.
- Open-minded, non-judgemental, and gender-neutral interviewing techniques are well emphasized within our curriculum. **Be sure that material pertaining to these techniques mention their use with transgender and intersex individuals**, for whom sensitivity is especially important. Students report lower knowledge/comfort levels with these patients despite teaching of the proper interviewing methods.

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