



ADVANCING EXCELLENCE IN SEXUAL
AND GENDER MINORITY HEALTH

Case Discussions

Faculty Discussants

Fenway Health

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NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



HARVARD
MEDICAL SCHOOL

Overview of session

- Introductions
- 3 cases
- Faculty will read case
- 10 minutes to discuss case questions at the table
- 10 minutes to review answers in the large group and go over take home points



Case #1

- Matt is a 35 yo bisexual-identified M who presents for routine quarterly STI testing. He has no chronic medical problems and takes no medications. He has had rectal chlamydia once before.
- Matt does not smoke or use any drugs. He lives with his wife and considers himself polyamorous. He does not use condoms with his wife but does use them with his cisgender male and cisgender female partners. When he has male partners he engages in anal sex (insertive and receptive). His outside partners are known to him.
- Matt has no known exposures and no symptoms of STIs at this time.



Case #1: Take home points

- Do NOT assume
- Always ask open-ended questions
- Ask all questions, especially sensitive ones, in a non-judgmental way
- Understanding someone's sexual practices helps to determine what STI testing to perform
- Safer sex counseling includes discussing barrier protection, partner negotiations, drug/alcohol use with sex, and options such as PREP and nPEP



Case #2

- Noelle is a 30 yo transgender female who presents for STI testing. She was diagnosed with rectal gonorrhea 2 months ago in the STI clinic and she is now presenting to establish care.
- Noelle has been taking hormones from a friend for years and feels good about her feminization. She is not currently interested in genital surgery. She has not seen a regular physician in years because of a bad experience.



Case #2: Take home points

- Knock down barriers to healthcare by understanding what has caused them for the patient
- Use a harm reduction model for discussion of taking friends hormones
- Gender identity does not imply sexual identity
- For STI testing- check all areas that could have been exposed (throat, urine, rectal)
- PreP is a great option for people at high risk of being exposed to HIV if they are able to take it daily
- nPEP is an option if someone has a possible exposure to HIV within the past 72 hours



Case #3

- Allison is 35 yo cisgender F who presents to a new PCP complaining of irregular and heavy menstrual bleeding. She has no other medical issues and takes no medications.
- She works in the food industry. She smokes ~ 1/2ppd and drinks about 5 nights a week. She is queer-identified and has only had cisgender female partners.
- She has not been to a doctor since she was 21 because they assumed she was straight and wanted her to be on birth control pills. She is “out” to her family, friends and coworkers but has avoided medical care. Her periods have gotten to the point that she feels tired and needs to do something about it.



Case #3: Take home points

- Ask patients about previous medical experiences when they have had a gap in care
- Take a thorough social history and be sensitive to how this could impact discussions about hormonal management of menses
- Asking about previous pelvic exam experiences and addressing any concerns before proceeding is one way to provide trauma informed care



Take home points from case discussions

- Don't assume
- Ask open ended questions
- Use respectful and appropriate language when asking about sensitive topics
- Understand that previous healthcare experiences influence current experiences and expectations of care

