

## Seeing and Supporting LGBT Older Adults' Caregivers and Families

Many older adults bring biological or legal family members with them when receiving medical care and consultation. However, sexual and gender minority older adults (i.e., those who identify as lesbian, gay, bisexual, and/or transgender [LGBT]) may not have relationships with their biological or legal family members. This editorial covers the ways in which nurses can involve diverse support systems in LGBT older adults' medical needs and care.

Nurses play a critical role in bridging communication among patients, their families, and physicians. In fact, nurses are often the first contact patients have with the health care system, and nurses have a unique opportunity to set the tone to ensure patients' comfort and safety. Fear and mistrust are common among LGBT older adults because of lived experiences of discrimination and mistreatment by medical providers (Muraco & Fredriksen-Goldsen, 2011). It is essential for nurses to establish bonds of trust and respect with LGBT older adults (Steelman, 2018). One strategy nurses can use to develop trust is to recognize and communicate with caregivers who may not be biological or legal family members.

Biological or legal family members, such as children or spouses, are often assumed to serve as informal caregivers to aging individuals (Cohen & Murray, 2007; Wolff &



Kasper, 2006). However, current cohorts of LGBT older adults may have limited biological or legal family ties because of experiences of stigma and discrimination over the life course, such as rejection by family members and laws that prevented marriage between same-sex individuals. LGBT older adults instead often rely on support and care through “families of choice,” or individuals they choose to play a significant role in their lives even though they are not biologically or legally related (Grossman, D’Augelli, & Hershberger, 2000). It is common for close friends, community members, neighbors, or ex-

partners, for example, to provide care to LGBT older adults who need assistance (Barker, Herdt, & de Vries, 2006; Himes & Reidy, 2000), but these caregivers often go unrecognized and are not provided with adequate information to care for patients. This approach can undermine successful medical procedures and healing processes for LGBT older adults. Working with diverse support networks requires trust and awareness, so what can nurses in their unique frontline position do to support LGBT older adults and their chosen family?

First, encourage patients to bring whom they want to their appoint-

**TABLE**

**INCLUSIVE QUESTIONS TO USE IN HEALTH CARE VISITS WITH LESBIAN, GAY, BISEXUAL, AND/OR TRANSGENDER (LGBT) OLDER ADULTS AND THEIR CAREGIVERS**

Questions	
Not LGBT Inclusive	LGBT Inclusive
Are you married?	Are you in a relationship?
Did you bring your husband/wife with you?	Whom have you brought with you?
Will your family take care of you when you go home?	Who will take care of you when you go home?
Do you have children to help you?	Who in your support system can help you?
Can you tell me about your husband/wife?	Can you tell me about your significant other?

ments, whether that individual is a friend, neighbor, roommate, or case manager. If they bring someone along, be mindful of assumptions and language. For instance, in the minds of many LGBT older adults, marriage is an institution associated with heterosexuality. Asking “Are you married?”, “Did you bring your husband/wife with you?”, or “Tell me about your husband/wife” may communicate that you believe the patient is heterosexual and supported by a traditional family structure, which may elicit discomfort in LGBT older adults (SAGE and the National Resource Center on LGBT Aging, 2013). These types of questions may also signal to individuals accompanying LGBT older adults that their role as caregiver will not be taken seriously because they are not biological or legal family members. A good approach is to ask open-ended questions such as, “Who are the most important people in your life?”, “Whom have you brought with you today?”, or “Who will take care of you when you go home?” and listen carefully and reflect back the language heard (Table). In short, actively involve all parties in conversation and treat them with the same respect you would a biological or legal family member.

Second, include individuals accompanying patients in the medical care. Acknowledge and recognize these individuals as caregivers and give them support, assistance, and information to provide proper care to their loved one. In addition, consider that these individuals may not have access to other types of traditional supports that have been developed for biological and spousal caregivers, such as federal family leave benefits, because these benefits are restricted to immediate family members of chronically ill individuals (e.g., spouse, child, parent) (Brotman et al., 2007). Similarly, caregivers outside of traditional family members may encounter additional challenges and obstacles that limit their ability to provide proper care to LGBT older adults because they lack formal resources, such as not having power of attorney privileges (Fredriksen-Goldsen & Hoy-Ellis, 2005; Muraco & Fredriksen-Goldsen, 2011). Recognizing these barriers can help all parties involved to think creatively and establish effective care plans for LGBT older adults.

Third, it is important that LGBT older adults feel welcome and respected in clinics, offices, and in their relationships with medical professionals. Strong non-discrimination

policies and statements, visual symbols of affirmation (e.g., rainbow flags, LGBT couples represented in brochures and advertisements), inclusive and non-gendered language (e.g., domestic partner, life partner, significant other), and medical professionals who are well-trained to interact with LGBT individuals can help patients feel more welcome and comfortable to be forthright about who they are and their specific health needs and concerns.

Seeking medical care is scary enough for older adults without being compounded by the fear that they cannot be themselves or involve their loved ones in the process. Nurses are well-situated to identify LGBT older adults’ loved ones and integrate them into the care planning process. For more information on families of choice and caregiving in the LGBT community, access <http://www.lgbtagingcenter.org/caregiving>.

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