

Access to fertility services for lesbian women in Canada

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Objective: To determine reproductive services offered to lesbian patients by Canadian fertility clinics, policies of practice, ease of access to these services, and sensitivity of clinics to this population of patients.

Design: Survey sent to assisted reproductive technology (ART) clinic directors.

Setting: Academic medical center, university-based ethics institute.

Patient(s): None.

Intervention(s): None.

Main Outcome Measure(s): The percentage of Canadian fertility clinics that will provide reproductive services to lesbian patients; services offered; the presence of clinic policies on lesbian care; and the presence on web sites of heteronormative material.

Result(s): Completed surveys were received from 71% (24/34) of clinics. All clinics surveyed provided reproductive services to lesbian patients, with the exception of one clinic. Five of 24 (21%) clinics have a written policy on care for lesbian patients; 29% (7/24) will provide services to lesbian patients without prior investigations. All clinics will offer IUI and cycle monitoring to lesbian patients. Twenty-three of 24 clinics (96%) will offer IVF services when required. Fourteen of 32 clinic web sites (44%) make mention of lesbian patients and 27% (8/30) have heteronormative information only.

Conclusion(s): Lesbians encounter several barriers to accessing reproductive services in Canada. Addressing these issues could improve experiences of lesbian women and couples seeking care at fertility clinics. (Fertil Steril® 2013;100:1077–80. ©2013 by American Society for Reproductive Medicine.)

Key Words: Lesbian, donor insemination, clinic policy, assisted reproductive technology

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An increasing number of lesbian women are requesting fertility treatment from clinics worldwide. Homophobia and heterosexism faced by lesbian women is an important determinant of their ability to access these services in many countries where not only lesbians, but single heterosexual women have been denied access to fertility services. The decision to treat such patients may depend on the attitudes of the clinic staff at fertility centers. Literature addressing lesbian patient access to reproductive care is sparse and little is known about

attitudes toward treating this patient population.

Some countries legislate against the treatment of certain patient populations such as unmarried women (1). In the United States, national guidelines promulgated by the American Society for Reproductive Medicine provide direction with respect to the inclusivity of provision of reproductive care. These guidelines, however, are not legally binding and access policy at US clinics varies widely (2). In Canada, where same sex marriage is legal and laws explicitly state those who wish to

pursue reproductive care shall not be discriminated against on the basis of sexuality or marital status, it seems unlikely that there would be a large percentage of clinicians who would deny lesbians' access to fertility services. Despite our current legislation, it is unknown whether access to fertility clinics for lesbians is difficult and, if it is, whether social barriers exist that may be preventing these women from obtaining services. Furthermore, if clinics are willing to see these patients in consultation, it is unclear as to what services will or will not be offered.

The purpose of this study was to investigate the policies and practices regarding lesbian patients' access to services at fertility clinics in Canada. Our primary outcome measure was the percentage of Canadian fertility clinics that will provide reproductive assistance to lesbian patients and that

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have seen these patients in the past 12 months. Secondary outcomes included a determination of the reproductive services offered and conditions under which they are offered; whether clinic policies are in place regarding care to lesbian patients; and the presence on web sites of services offered to this population as well as heteronormative material.

MATERIALS AND METHODS

The study was approved by the St. Michael's Hospital Institutional Review Board before initiation. A confidential online survey, taking approximately 10 minutes to complete, was sent by e-mail to the medical directors of all Canadian clinics associated with the Canadian Fertility and Andrology Society. Nonresponders were sent three subsequent reminder e-mails. Databases were locked online under security code. In the survey, we asked for information on access to services, clinic policies and practices, opinions of respondents, and patient demographics. Results from an additional section seeking responses to a series of scenarios are not presented in the present article. The survey was piloted and reviewed for content validity and items were individually vetted by four physicians who participate in fertility care. Any items that were ambiguous were removed. Finally, clinic web sites were searched for the presence of lesbian-specific services (i.e., the words lesbian or same sex were used) as well as heteronormative material.

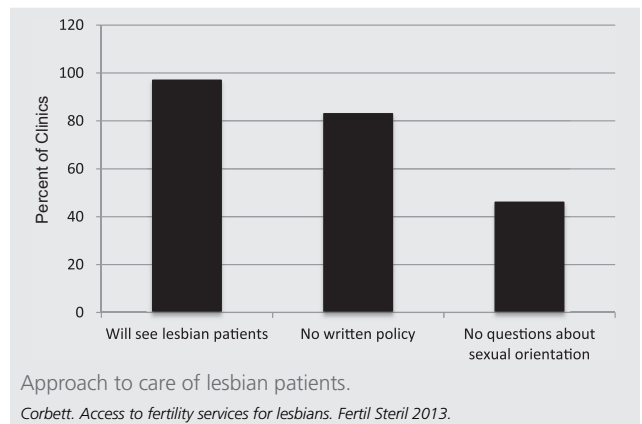
Survey results were tabulated and percentages of clinics that offer specific services/practices, and have policies for lesbian care in place were determined. The percentage of clinic web sites which mentioned lesbian/same sex couples, had overtly heterosexual depictions, mentioned donor insemination (DI), and had heteronormative DI information were determined. Examples of heteronormative language were taken directly from the web sites.

RESULTS

Completed surveys were received from 71% clinics (24/34). All clinics were willing to see partnered and unpartnered lesbian women in consultation, with the exception of one clinic. All clinics were willing to see unpartnered heterosexual women. A total of 75% clinics (18/24) do not oppose the provision of care on an individual level and 88% (21/24) do not on a policy level. A total of 96% of clinics (23/24) had seen at least one lesbian patient in consultation within the past year. Of the responding clinics, 67% (16/24) saw >25 lesbian patients per year. Regarding any ethical/moral opposition to provision of reproductive services to lesbian women at their clinic, 4% clinics (1/24) responded "yes, on a policy level" and 4% (1/24) responded "don't know." Similarly, regarding opposition to provision of services on religious grounds, 8% of clinics (2/24) responded "don't know." Only 17% clinics (4/24) have a written policy on reproductive care for lesbian patients and 54% (13/24) ask single women about their sexual orientation (Fig. 1).

Seven of 24 clinics (29%) will provide services, including cycle monitoring and IUI, to lesbian patients without prior investigations. Before treatment, 96% of the clinics (23/24) require laboratory work, 71% (17/24) require ultrasound,

FIGURE 1

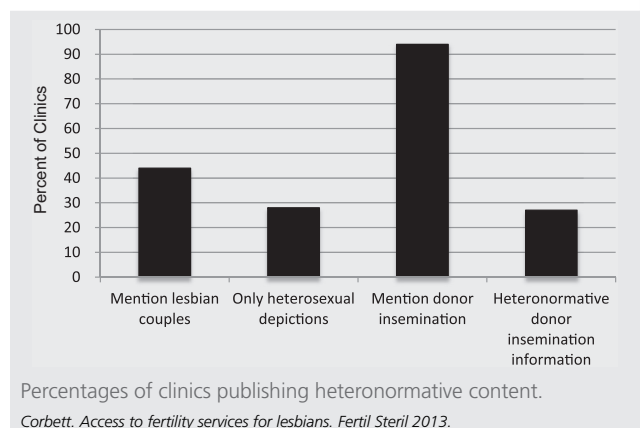


and 75% (18/24) require sonohysterogram/hysterosalpingogram. All clinics that treat lesbians will offer IUI and cycle monitoring. A total of 75% of the clinics (18/24) will allow use of semen from a known donor (providing that Health Canada donor sperm screening requirements were met), but only 21% (5/24) will facilitate home insemination. Of those clinics that will facilitate home insemination, all do so through cycle monitoring and education, and 4% actually provide the materials required for insemination. A total of 96% of the clinics will offer IVF services to lesbians if required.

Thirty-two clinics have web sites. Only 44% of the clinic web sites (14/32) mention lesbian couples. Of the web sites 94% (30/32) mention DI; however, 27% (8/30) of those that mention DI have heteronormative information only. Of all clinic web sites, 28% (9/32) feature depictions of heterosexual couples only (Fig. 2). Of the survey nonresponders, 50% (5/10) mention lesbian couples, 90% (9/10) provide information on DI, and 11% (1/9) of those have heteronormative DI information. Finally, 20% (2/10) of the nonresponders' web sites featured heterosexuals exclusively.

Heteronormative refers to language or content that assumes all patients are heterosexual and serves to alienate

FIGURE 2



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