Seminars in Oncology Nursing, Vol ■■, No ■■ (■■), 2017: pp ■■-■■

Intersectionality and the LGBT Cancer Patient

Penny Damaskos, Beau Amaya, RuthAnn Gordon, and Chasity Burrows Walters

Objectives: *To present the ways in which race, ethnicity, class, gender, and sexual orientation interact in the context of cancer risk, access to care, and treatment by health care providers. Cancer risk factors, access to care, and treatment for lesbian, gay, bisexual, and transgender (LGBT) patients are discussed within the context of intersectionality and cultural humility.*

Data Sources: *Peer reviewed articles, cancer organizations, and clinical practice.*

Conclusion: *LGBT patients have multiple identities that intersect to create unique experiences. These experiences shape their interactions with the health care system with the potential for positive or negative consequences. More data is needed to describe the outcomes of those experiences and inform clinical practice.*

Implications for Nursing Practice: *Oncology nurses have an obligation to acknowledge patients' multiple identities and use the practice of cultural humility to provide individualized, patient-centered care.*

Key Words: *LGBT, cancer, intersectionality, cultural humility, sexual minority, gender minority.*

Penny Damaskos, PhD, LCSW, OSW-C: *Director, Social Work, Memorial Sloan Kettering Cancer Center, New York, NY.* Beau Amaya, RN, BSN, OCN®: *Nurse Leader, Memorial Sloan Kettering Cancer Center, New York, NY.* RuthAnn Gordon, MSN, FNP-BC, OCN®: *Coordinator, Clinical Trials Nursing, Memorial Sloan Kettering Cancer Center, New York, NY.* Chasity Burrows Walters, PhD, RN: *Director, Patient and Caregiver Engagement, Memorial Sloan Kettering Cancer Center, New York, NY.*

This work has been supported by a MSK Cancer Center Support Grant/Core Grant (P30 CA008748).

Address correspondence to Penny Damaskos, PhD, LCSW, OSW-C, Memorial Sloan Kettering Cancer Center, 1275 York Ave., New York, NY 10065. e-mail: damaskp1@mskcc.org

0749-2081
https://doi.org/10.1016/j.soncn.2017.11.004

The conditions in which people are born, grow, live, work, and age, collectively referred to as the social determinants of health, present a complex matrix understood to produce health disparities.[1,2] Commitments to address these disparities are evident at both the national[3] and international levels, yet disparities based on determinants such as race, ethnicity, class, and gender persist.[1] Furthermore, the recognition of lesbian, gay, bisexual, and transgender (LGBT) individuals as minority populations in 2016 by the National Institutes of Health adds to this discourse, calling attention to the complexity of the understanding of health disparities.[4]

The way in which social determinants produce inequities may be understood through the lens of

TABLE 1.
Glossary of Terms

Race	Race refers to a group of socially constructed categories associated with an array of cancer disparities[6]
Class	Class refers to the socioeconomic conditions in which a person lives. Class continues to be a source of inequalities in cancer incidence and survival[7]
Gender	Gender is a social construct predictive of certain cancer disparities.[8] Historically understood as a binary construct (eg, man and woman), contemporary discourse regards gender along a continuum. As such, gender in this article refers to the range of identities, such as cisgender, nonbinary, and transgender
Cisgender	A person whose gender aligns with the sex they were assigned at birth
Nonbinary	An umbrella term to describe a person whose gender does not fit the man/woman binary
Transgender	An umbrella term to describe persons whose gender does not align with the sex they see assigned at birth
Sexual orientation	Sexual orientation refers to whom a person is attracted to romantically, sexually, and emotionally. People who identify as sexual minorities, such as gay, lesbian, and bisexual, experience disparities across the cancer continuum[9]

intersectionality.[5] Originating in the study of women and people of color, the intersectional approach has expanded to study a range of factors including race, ethnicity, class, gender, and more recently, sexual orientation.[5] To that end, this article will discuss the role of those factors, defined in Table 1,[6-9] as they relate to cancer risk, access to care, and treatment by health care providers (HCP). Case studies are provided to illustrate these connections in the clinical arena.

Intersectionality

Intersectionality is a theoretical framework that proposes individuals have multiple, overlapping identities, and the understanding of the interconnectedness of those identities can help us to recognize how systemic injustice and social inequality occurs.[5,10-12] Intersectionality suggests discriminatory practices within society, such as racism, classism, sexism, homophobia, and transphobia, do not act independently of one another; rather they interrelate, creating interconnecting systems of oppression and discrimination.[5,13,14] In addition, when marginalized individuals interact with large social systems, such as educational, political, legal, and health care systems, they can experience discrimination and further marginalization on multiple levels.[10,15] For example, a lesbian, Native American physician might experience micro aggressions and more overt discriminatory practices in the workplace than her straight, white female colleagues, which could include career-limiting rejections, such as being steered away from prestigious mentorship opportunities because "she was not a right fit."

Intersectional Approach to LGBT Health and Cancer Care

LGBT populations are a large and diverse group of individuals of different ages, experiences, ethnic, cultural, and socioeconomic backgrounds. As sexual (eg, lesbian, gay, bisexual) and gender (eg, transgender, non-binary, and gender-nonconforming) minorities, LGBT people have experienced discrimination and marginalization by the health care system.[15,16] Current health care practices may result in assessments that overlook the many overlapping racial, socioeconomic, sexual and gender issues that comprise an individual's identity.[10,15] By utilizing the framework of intersectionality, HCPs can allow for a more complex and individualized understanding of LGBT patients and consequently provide better care overall. Furthermore, health assessments that are inclusive of all aspects of an individual's psychosocial and medical histories will allow for a comprehensive understanding of their cancer risks, screening behaviors, treatment adherence, and adjustment to survivorship. For example, transgender men should be asked about a family history of breast cancer and discuss genetic testing, self-breast examinations, and screenings to assess their overall risks for the development of the disease. If the HCP does not discuss best practices, it will put the patient at risk for late-stage discovery of the disease.

Utilizing such assessments will likely provide a framework to better understand how sexual and gender identities intersect with race, class, ethnicity, and multiple identities.[10,16] In health care, we strive to provide excellent, patient-centered care to minimize the disjointed care that can often characterize the patient experience. Utilizing the