



## Best Practices: Using Inclusive Language, Terminology, and Communication

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) people face bias, discrimination, and barriers to equal and inclusive health care. Often times these barriers stem from interactions with office staff and medical providers. Misgendering or mis-naming a patient in the waiting room causes embarrassment, isolation, and alienation. Using the correct terms, language, names, pronouns, and communication practices can improve a visit with a healthcare professional and will establish a trusting and compassionate relationship. The following communication recommendations may improve patient-provider interactions and are not listed in rank order.

- **All staff should be familiar with common terms used by and in reference to the LGBTQ community.** A glossary of important terms can be found [here](#) and at the bottom of this page.
- **Avoid outdated terms.** Designed for new allies who want to support LGBT Americans but often face an array of confusing terminology and language, this short guide offers an overview of essential vocabulary, terms to avoid, and a few key messages for talking about various issues. GLAAD published An Ally's Guide to Terminology, which can be found [here](#).
- **Use correct gender pronouns and chosen name when referring to a patient.** The name on a chart or insurance document may not match a patient's chosen name; it is crucial to use the chosen name when referring to or talking directly to a patient. Mis-naming can create irreparable damage. In addition, sex assigned at birth on the patient's chart or insurance document may not align with the patient's gender pronouns. It is equally as crucial to correctly gender the patient in all steps of receiving care.
- **Use fully inclusive acronyms when referring to the LGBTQ community.** LGBTQ or LGBTQ+ are more inclusive than LGB or LGBT. While it is challenging to include every identity in the shortened acronym, including more identities will create a more inclusive environment.
- **Diversify the images displayed in the space to communicate an inclusive environment.** Include posters, signs, magazines, brochures, and images that embrace the diversity of families and patients to be served. Images of white, cisgender families will alienate those who belong to a diverse family unit. This simple non-verbal technique will tell LGBTQ patients that they are welcome and included.
- **Use the same terms and words that the patient uses to describe themselves.** If someone identifies as "gay" and uses that term to describe themselves, do not use "homosexual" as your term to describe them. If a lesbian refers to her partner as her "wife" do not use "your friend" to describe her partner. A simple rule to follow is to use the term that the patient chooses in describing themselves or their relationships. If you are unsure about the language a patient uses to describe their relationships, ask questions like: "are you in a relationship?," "do you have a partner?," "who do you have with you today?"
- **Avoid asking unnecessary questions.** Keep the line of questioning relevant to the patient's reason for visiting. Before asking questions, reflect on whether or not the question enhances the patient's care or if it is simply for personal curiosity. If a question



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is for personal curiosity, it is inappropriate. You can educate yourself on the intricacies of LGBTQ people and their health at a more appropriate time.

Understand the diversity and fluidity of expression. Recognize that there are many sexual and gender identities and that these develop and change over time. A patient may change their sexual orientation or gender identity from one visit to the next. Some people do not embrace or act on their sexual orientation or gender identity until much later in life, even after having been in a heterosexual relationship for years – this does not diminish or discount their experience. Gender expression is also distinct from gender identity.

Maintain a nonjudgmental attitude. It is important to maintain control over body and language and facial expressions to avoid sending unintended messages. Non-verbal communication can show disapproval or surprise just as easily as outward verbal expression. Make eye contact. Maintain a neutral and welcoming face. And keep an open mind about differing behaviors, identities, and expressions.

Create an environment of accountability. Implementation of the above practices requires contentious effort. It is helpful and responsible to politely correct colleagues who use the wrong name or pronouns, or who make insensitive comments. Creating an inclusive environment requires teamwork.

For more detailed information on language, terminology, and communication, please visit:

- [Glossary of LGBT Terms for Health Care Teams](#)
- [Providing Inclusive Services and Care for LGBT People](#)
- [Guidelines and Tips for Collecting Patient Data on Sexual Orientation and Gender Identity](#)