“Ensure you meet the end-of-life needs of LGBT people”

Well planned and delivered end-of-life care is shaped by the patient’s life and personality. Our new resource on end-of-life care for lesbian, gay, bisexual and transgender (LGBT) people highlights some difficulties that nurses and their colleagues can face.

Experiences of LGBT people can inhibit full, honest discussions with health professionals. This is particularly true of older people who have lived in periods of intolerance and when homosexual acts between consenting men were illegal.

This has implications for how some LGBT people will approach health and social care services, even when they or someone they love is nearing the end of life. There can be complications around confirming next of kin, the extent to which a person has “come out” to family members and the reaction of relatives to sexual orientation and same-sex partners.

Ironically, staff with good intentions who adopt a “we treat everyone the same” attitude can exacerbate problems. This means they could miss the impact of a person’s experiences or their anticipation of discrimination, unintentionally limiting access to end-of-life care.

Many pitfalls can be avoided with an open-minded approach. For example, it is a myth that the next of kin has to be a marriage partner or blood relative (although “nearest relative” definition under the Mental Capacity Act 2005 is more rigid).

Discussions, assessment and care planning should start with open questions around relationships and those closest to patients. The aim is to identify who is important in their personal network – including a partner.

While coordinating care, watch out for signs that coming out to a range of carers and agencies might cause stress to LGBT patients, partners or families.

As a person nears death, be clear about who they wish to be present – and be aware of any potential conflict between the people involved and how that can be managed.

Our resource tells how staff at a hospice responded to tensions between a dying man’s civil partner and his mother, who found it difficult to accept her son’s sexuality. Staff reinforced the role of the civil partner but ensured his mother was respected and her questions answered honestly. They made sure no one felt excluded.

When preparing our guide, we heard moving accounts of unrecognised partners being offered inadequate support and bereavement counselling because the extent of their relationship had been kept hidden. Look out for anyone who might have had an undisclosed close link with the person you have been caring for.

Nursing, like society, has stepped out of the dark ages in responding to the needs of LGBT people. Our guide should help nurses step forward in meeting their needs as their life draws to its end. NT

● The Route to Success in End of Life Care – Achieving Quality for Lesbian, Gay, Bisexual and Transgender People can be downloaded at www.endoflifecareforadults.nhs.uk/publications/rts-lgbt

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HIGHLIGHTS

How group reading can help in acute mental health care p14
An integrated care pathway for peripheral arterial disease p18
Treating PTSD with eye therapy p24

SPOTLIGHT

Open your eyes to which trauma treatments work

Traumas can haunt people for years, blighting their lives and restricting their opportunities. There is various psychological support available for those with post-traumatic stress disorder but it can mean months or years of therapy. With NHS resources stretched, waiting lists are long so those who can afford it may turn to the private sector.

Eye movement desensitisation and reprocessing therapy is an alternative way of addressing PTSD and other psychological problems, as our review (page 24) explains. It works on the basis that the brain has not processed the traumatic experience properly – almost like rogue data on a computer hard drive.

EMDR processes are unorthodox but the therapy has been shown to be effective and it is recommended by NICE. And a main benefit is the short duration of therapy needed to free people from the burden of their past.