



Covenant
Health

Palliative Institute

Journey to Rainbow's End: Working with LGBTQ2S+ Clients & Families in Palliative & EoL Care

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Reminders

- This session is being recorded.
- Please do not disclose any personal health information during the session.
- Your microphones are muted. When we invite participation, please unmute yourself if you'd like to speak at that time.
- If you experience technical difficulties, please let us know in the chat.

Journey to Rainbow's End

Working with LGBTQ2S+ Clients & Families in Palliative & EoL Care

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Land Acknowledgement

We are located at Amiskwacîwâskahikan (Edmonton) within Treaty 6 Territory - a traditional gathering place for many First Nations such as the Nehiyawak (Cree), Denesuliné (Dene), Nakota Sioux (Stoney), Anishinaabe (Saulteaux) and Niitsitapi (Blackfoot). We acknowledge that the Metro Edmonton Area is within the Metis Homelands and is also home to one of the largest communities of Inuit south of the 60th Parallel.

We affirm that this land has been cared for by Indigenous people since time immemorial and is enriched still by their spirit, strength, wisdom, languages and culture.

We recognize that we are all Treaty people, bound to the spirit and intent of these agreements negotiated between our sovereign nations. We acknowledge broken Treaty promises and grieve the many past and present harms caused by colonization. We humbly commit ourselves to the ongoing work of reconciliation and to end systemic racism both now and into the future.

Where to Begin

A Primer on the LGBTQ2S+ Community

- The LGBTQ2S+ community is among **the most diverse in the world** as we occupy space in practically every other known group (ethnicity, religion, SES, nation of origin, etc.)
 - **Nearly one million Canadians are LGBTQ2S+** (Stats Can, 2021)
- The LGBTQ2S+ community is composed of a **living constellation of unique histories and narratives** that create an evolving collective experience and connection (there is no specific queer “culture”)
 - **Cultural humility and education** are keys to working effectively with LGBTQ2S+ clients, families, groups and communities
 - **A non-judgmental and open minded attitude** is vital (Unconditional Positive Regard)
 - **Blanket inclusivity is not helpful**
 - *Treating everybody the same often means treating everyone as cisgender and heterosexual (CIS/HET)*

Where to Begin

A Primer on the LGBTQ2S+ Community

- **SOGIE** = **S**exual **O**rientation, **G**ender **I**ntity and **E**xpression
 - *Everybody has a SOGIE*
 - “COMMON” vs. “NORMAL”
- **LGBTQ2S+** = **L**esbian, **G**ay, **B**isexual, **T**ransgender, **Q**ueer/**Q**uestioning, **T**wo-Spirit **PLUS** Other Gender & Sexual Minorities
 - *Think DIMENSIONS vs. CATEGORIES*

THE SPECTRUM OF GENDER AND IDENTITY

BIOLOGICAL SEX

Sex assigned at birth



GENDER IDENTITY

How you feel on the inside



GENDER EXPRESSION

How you present yourself to others



THE SPECTRUM OF ORIENTATION

SEXUAL ORIENTATION

Who you like



**This graphic is based on the Spectrum Chart created by The Trevor Project. [Click here](#) for their Support Center to find answers on frequently asked questions and support.*

Stumbling Blocks

General Barriers between LGBTQ2S+ Clients & Healthcare Providers (HCPs)

- LGBTQ2S+ people have often had negative health care experiences and our communities have been **highly policed, pathologized and medicalized** by many societal institutions over the last 150 years.
 - **Historical, Individual & Systemic Trauma**
 - **Precarious Legal Status & Recognition** (Marriage & Family, Identification, Healthcare Decisions)
- **Lack of education/training** for HCPs (including Intercultural/Transcultural Understanding & TRIC) when encountering LGBTQ2S+ clients and families
 - **Bias/Cultural Incompetence**

Stumbling Blocks

General Barriers between LGBTQ2S+ Clients & Healthcare Providers (HCPs)

- Many LGBTQ2S+ people experience **multiple barriers and increased distress (minority stress)** when attempting to access health care services
 - LGBTQ2S+ communities are **negatively affected by various social determinants of health**, including impacts to educational status, income, housing, and social support.
 - Previous experiences of **stigma, discrimination, prejudice and improper/inadequate service** within health care settings (Mistrust)
 - *Members of oppressed and marginalized groups engage in “**Safety Math**” – calculating what is safe and what is not based on previous experience and expectations*
 - It is important to understand that it is **not** the responsibility of LGBTQ2S+ clients to educate health care providers
 - **Explanation is emotional labour** (*there is a cost*)

Signposts

Specific Factors related to LGBTQ2S+ Clients and Palliative/EoL Care

- HCP biases & misbeliefs can **complicate and undermine healthcare encounters** with LGBTQ2S+ people (i.e. certain gynecological screenings are not as necessary).
- Because of negative healthcare experiences and due to increased social isolation & marginalization, **LGBTQ2S+ people may not participate** in regular checkups, screenings, preventative care and routine follow-ups.
- Additionally, as is seen with other minority groups, LGBTQ2S+ clients have personal and generational maladaptive reactions to systemic trauma such as **complicated relationships with tobacco, drugs and alcohol and higher rates of STBIs.**
- These behavioural health concerns can lead to **poorer, more serious and more challenging clinical outcomes** and, by default, more referrals to Palliative & EoL care
- A greater number of LGBTQ2S+ people (vs. the general population) do not have robust social support systems, advanced care and/or legal documents, or chosen alternate decision makers when they encounter Palliative & EoL Care

Steppingstones

Preparing to work with LGBTQ2S+ Clients and their Families

- **Cultural Humility (Intercultural/Transcultural Understanding)**
 - “You don’t know what you don’t know.” – We are all Learners
 - Clients are the experts on their own lives
 - You will make mistakes – Apologize, Rebuild Rapport, Reforge Alliance and Move Along
- **Unconditional Positive Regard**
 - Focus on the inherent dignity and worth of every person we encounter
 - Meeting clients where they are at
- **Trauma & Resilience Informed Care (TRIC)**
 - Toxic Shame
 - Triggers and Traps
- **Understanding Oppression**
 - Power and Privilege
 - Intersectionality

Steppingstones

Preparing to work with LGBTQ2S+ Clients and their Families

- **The Differences of Difference**

- LGBTQ2S+ people have **constructed their relationships differently** because our relationships were outlawed and forbidden for years AND we have been forcibly removed or marginalized from established social groupings. Our relational and intimate partnerships may resemble social norms or they may not. **We define our relationships differently because we had no other choice.**
- Many LGBTQ2S+ people have **chosen family** vs. biological family (“bio” family and “logical” family – Russell Tovey), **partners/spouses** vs. husbands/wives, **polyamorous vs. open vs. monogamous** intimate relationships.
- Unfortunately, chosen family members/partners/support persons can end up **pushed aside** in palliative care spaces and processes, which can complicate the client’s journey and can create **disenfranchised grief** for these individuals
- **Intersectional factors** add to this diversity and complexity.

Steppingstones

Preparing to work with LGBTQ2S+ Clients and their Families

- **Inclusive Lens, Inclusive Language**

- **Identity vs. Identification** – Being LGBTQ2S+ is about **identity**. We do not identify as one SOGIE or another. We are not “groomed” or “woke” or confused or going through a phase or following a trend. We are who we are. We have always been here. We will always be genuine expressions of the immense diversity of the human species

- **Inclusive language** is about choosing and using words, phrases and expressions that **avoid biases, assumptions, and prejudices** that in turn reinforce discrimination and marginalization against people and groups based on Indigeneity, race, gender, SOGIE, ability, socioeconomic status and other human conditions

- **Inclusive language** is also about choosing and using words, phrases and expressions that have been **affirmed by marginalized people and communities** to help them feel safer, more comfortable and better understood

The Journey Forward

Addressing the Needs of LGBTQ2S+ Clients and Families

- **SOGIE may not be so important**
 - A client's SOGIE may have little or everything to do with their health care journey (Meet clients where they are at)
- **Coming Out, Staying In**
 - LGBTQ2S+ clients may choose to disclose their SOGIE to everyone, to you specifically or to no one (**Safety Math**). Disclosure is confidential and clients dictate to whom and how that information is shared
 - Certain clients may choose to “**go back into the closet**”, especially if they feel it is safer to do so.

The Journey Forward

Addressing the Needs of LGBTQ2S+ Clients and Families

- **Signaling Safety**
 - Ask Chochinov's Dignity Question: 'What should I know about you to help me provide the best care for you?'
 - Create an **inclusive healthcare environment**:
 - Many palliative & EoL spaces are affiliated with religious communities or faith-based organizations, which can provoke distrust and fear in LGBTQ2S+ people. Programs will need to **acknowledge and openly promote inclusion and reinforce their commitment to diversity and psychological safety**
 - As LGBTQ2S+ clients and families may be reticent in openly sharing SOGIE-related information, HCPs can signal safety ("**rainbow flagging**") by including their pronouns when introducing themselves, wearing pronoun or PRIDE pins, and/or including a preamble on inclusivity and confidentiality before starting the data collection process.
 - **Specific education** on LGBTQ2S+ peoples and communities and allyship should be a focus for all staff and leadership

The Journey Forward

Addressing the Needs of LGBTQ2S+ Clients and Families

- **Stress, Resilience and Challenges to Coping**
 - The palliative and EoL journey can be highly stressful for patients, regardless of their SOGIE. LGBTQ2S+ clients live with minority and intersectional stressors that can produce increased resiliency and robustness, but the **additional stresses of health care crises can overwhelm adaptive coping mechanisms**, leading to mistrust, hypervigilance, social withdrawal, noncompliance with examination/treatment, adjustment and emotional concerns, and agitation/aggression
- **Your bias is showing**
 - **Do not assume.** Embrace the discomfort of not knowing. Meet clients where they are at. Clients will define the terms and construct the narrative.
 - **Bias can be conscious and/or unconscious.** Our expectations about SOGIE can obscure important facts (i.e. IPV) or cause us to focus on the wrong things (i.e. behaviour vs. identity)

The Journey Forward

Addressing the Needs of LGBTQ2S+ Clients and Families

- **Unique Needs**

- The end-of-life journey often involves reconciliation or reunions with family. LGBTQ2S+ clients may have **distressed or estranged relationships with biological family members**, so these reconnections can be fraught with interrelational stress.
- In the absence of Personal Directives and other legal documents, **health care systems often rely on biological versus chosen family members** to make decisions in crisis or palliative situations (i.e. ranked list of relatives from AGTA). HCPs will be called to intervene proactively with LGBTQ2S+ clients and to provide guidance and advocacy when conflicts arise between chosen family and biological family.
- Data collection and professional assessment tools were **not often created with minority populations in mind**. Consider asking SOGIE questions with every assessment.
- TNB/TGNC clients have **additional challenges when navigating health care encounters and environments**. These challenges can be physical, psychological, and practical. Client-centered dialogue is extremely important when working with TNB/TGNC clients as each person has had a unique journey towards self-realization and affirmation.

Questions?

Evaluation



<https://redcap.albertahealthservices.ca/survey>

Upcoming Psychosocial Spiritual Alberta COP Session

December 10th 2026 12-1 pm MST



**Advance care planning and end-of-life
communication with young people with cancer**

Speaker: **Perri Tutleman**, PhD, RPsych, Clinical
Psychology, University of Calgary

[Psychosocial-Spiritual Alberta Community of Practice](#)

See recordings and past sessions [here](#)

Coffee Break Care Chats Podcast:

New Episode on Pain &
Delerium

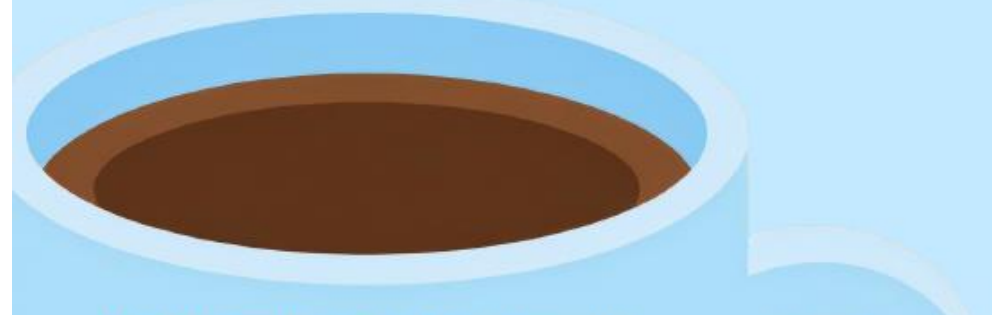
Care Chats Podcast

Coffee Break

CARE  CHATS

let's get comfortable with palliative care

Learn about a palliative care on your coffee break!



On this mini episode you will
learn about:

- Different types of pain
- Common opioid side effects
- Difference between opioid overdose and toxicity
- Some myths around pain and opioids

LISTEN NOW



Hospice Palliative Care Alberta COP Upcoming Session



November 26th 2026 2-3pm MST

**Psychosocial and Care Needs of Persons with Non-Healing
and Malignant Wounds**

Speaker: **Sherry A. Irwin**, RN, BN, Rural Continuing Care
RAI Coordinator Covenant

[Alberta Hospice Palliative Care Community of Practice](#)

Thank You!

Stay Connected

- Visit [Palliative Institute | Covenant Health](https://covenanthealth.ca/palliative-institute) (covenanthealth.ca) to access all our tools and resources.
- Contact us at: Palliative.Institute@covenanthealth.ca



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