RECIPE Small Group Discussions: Case 5 Video
(Video length: 4:38)

OVERVIEW
This case involves a gay couple that comes to a clinic desiring help with having a baby. Multiple religious, ethical and cultural issues underlie this scene so the case is relevant for use in undergraduate and graduate medical education. The video highlights a situation involving a gay patient, nontraditional pregnancy and state laws but is presented to allow faculty the opportunity to discuss other issues not uncommon to the reproductive clinic. This video also allows future healthcare providers to address personal biases, such as caring for gay patients, that should not influence patient interactions. The physician’s handling of the situation is also portrayed to allow discussion of professionally managing patient encounters and not as a model to follow. Students need to be conscious of how to professionally handle these sensitive situations so we encourage faculty to view this facilitator guide as suggestive but not all encompassing.

Learning Objectives
At the end of the session, the student should be able to:

1. Recognize how one’s personal values and opinions about different cultures, communities, personal attributes, and beliefs impact patient care.
2. Discuss how biases contribute to health disparities.
3. Discuss strategies for freeing doctor-patient interactions of implicit bias.

Facts to Initiate Discussion
- The U.S. Census 2010 identified 650,000 same-sex couples with an estimated 17% of the couples raising children (Gates, 2013).
- The U.S. Census 2010 found more same-sex couples rearing children in the South, Mountain West and Midwest regions of the country (Gates, 2013).
- Healthcare discrimination and disparities experienced by people in gay marriages may cause psychological distress in the form of anxiety, suicide or alcohol abuse (Daniel and Butkus, 2015).

Critical Points (Every Student Needs to Hear)
- Value choices influence all clinical decisions (Pellegrino, 2000). Although every health care practitioner has biases, both positive and negative, the recognition of these biases is important. If patients request a treatment that a practitioner finds ethically problematic, the practitioner is obligated to fully discuss the situation with the patient. If resolution cannot be reached, it may be necessary to refer the patient to another health care professional for further care.
- Healthcare providers have a professional obligation to provide accurate, up-to-date, comprehensive information to their patients about medical treatment options and standards of care.

Background Information
- Stereotypes exists when characteristics of a few are generalized to a social group. Stereotypes do not require conscious effort and can be activated without awareness or intent. When activated stereotypes guide how a person collects and processes information (Stone and Moskowitz, 2011).
- Implicit bias refers to judgment and/or behavior of unconscious attitudes and stereotypes that emerge automatically (National Center for State Courts, downloaded 4/27/16).
**Questions to Ask**

- How should this couple be counseled?
- Would you counsel this couple any differently if they were a heterosexual couple?
- How should healthcare professionals manage their biases in this physician-patient interaction?
- Would you counsel this couple differently if they were not on a state-funded health insurance program?
- Do you feel that it is appropriate to refer this couple to a fertility clinic for information or do you feel that it is your responsibility to manage their care if you are able?
- Is it appropriate for the medical provider to question the couple’s planning of this pregnancy?
- What are the options for pregnancy planning for lesbian patients?

**Concluding the Session**

- Implicit and explicit bias have been shown to increase health disparities in minority populations.
- Awareness of stereotypes and biases is required to ensure quality healthcare is provided to patients.
- Strategies for promoting a patient-friendly environment to LBGT patients include: Displaying a non-discrimination policy, providing reading materials that address specific needs of same-sex patients, training staff, ensuring confidentiality, and designing intake forms to include options for non-married partners (Makadon, Mayer, Potter and Goldhammer, 2008).

**Reading Resources**