Dermatology Practical & Conceptual

There Exist Educational Deficiencies in Specialized Dermatologic Care: Implications for Patients of Different Sexes, Genders, and Sexual Orientations

Isabella Mark[1], Michael J. Diaz[1], Jasmine T. Tran[2], Shari R. Lipner[3]

1 College of Medicine, University of Florida, Gainesville, Florida, USA
2 School of Medicine, Indiana University, Indianapolis, USA
3 Department of Dermatology, Weill Cornell Medicine, New York City, USA

Key words: residency, education, specialty care, genital dermatology, gender-affirming care, LGBTQIA+

Citation: Mark I, Diaz MJ, Tran JT, Lipner SR. There Exist Educational Deficiencies in Specialized Dermatologic Care: Implications for Patients of Different Sexes, Genders, and Sexual Orientations. *Dermatol Pract Concept.* 2024;14(2):e2024128. DOI: https://doi.org/10.5826/dpc.1402a128

Accepted: January 17, 2024; **Published:** April 2024

Funding: None.

Competing Interests: None.

Authorship: All authors have contributed significantly to this publication.

Corresponding Author: Michael J. Diaz, College of Medicine, University of Florida, Gainesville, Florida, USA. E-mail: michaeldiaz@ufl.edu

To the Editor,

Current approaches to specialized dermatologic care for patients across sexes, gender identities, and sexual orientations are hindered by notable deficiencies in educational experiences for rising medical residents and attendings, which poses significant challenges for this population. It is crucial to address these shortcomings both comprehensively and compassionately. Creating equitable, inclusive, and culturally sensitive care environments is paramount to ensuring that all individuals may seek help without fear of judgment or discrimination.

In cisgendered male and female patients, discrepancies across genital dermatosis diagnoses have been partially attributed to patient preferences and dermatology residents' clinical experiences. In a cross-sectional multicenter study of 729 participants analyzing gender differences in diagnosing genital lichen sclerosus (LS), women were more likely than men to obtain a referral with a correct suspected diagnosis of LS prior to diagnosis at the referral center (62.8% vs. 54.8%, respectively, P=0.003) [1]. Women more frequently reported severe symptoms (visual analogue scale score 6/10 or more) compared to men, including itching (39.0% vs. 11.0%, P<0.001), burning (31.6% vs. 9.9%, P<0.001), and dyspareunia (35.8% vs. 15.6%, P<0.001) [1].

Currently, there is a paucity of clinical experience in genital dermatology in the majority of medical schools, residency programs, and fellowships [2]. Male and female dermatology residents exhibit differing approaches to the treatment of conditions such as genital LS. These differences might be because patients commonly prefer physicians of their same gender for anogenital examinations, forming potential bias in experience [2]. A survey-based study (n=110) reported that male residents (n=45) exhibited lower comfort levels in performing female genitalia examinations compared to female residents (n=65; P=0.001). Similarly, female residents reported lower comfort levels for performing male genital

examinations compared to male residents (P<0.001) [3]. In this same study, on average, PGY-4 dermatology residents (n=31) reported greater confidence in treating and counseling genital LS patients compared to PGY-2 residents (n=32) [3], underscoring the importance of education and case exposure for improved care. Additionally, in a 2020 survey of dermatology residents (n=95) on preferences for learning about LS, residents reported the lowest preference for in-person experiences with an LS expert (10%), compared to learning from lectures (24%), journal articles (19%), book chapters (18%), and peer discussions (17%) [4]. Moreover, the majority of residents reported never showing patients the exact location to apply topical medications, with a smaller proportion of male residents doing so compared to female residents (25% [10/40] and 42% [23/55], respectively, P=0.004) [4].

Individuals identifying with the LGBTQIA+ community require substantial and complex dermatologic care, including both physical (e.g., genital dermatology and/or hirsutism) and psychosocial needs [4]. Transgender patients, especially, rely on dermatologist support during their transition process for a range of aesthetic and medical treatments [5]. However, patient fears of stigmatization and negative prior experiences with the health care system may hinder them from seeking medical care [6]. For example, in a survey-based study analyzing first-year medical students' attitudes towards homosexual men and women among medical students, 45.79% of the 2,088 heterosexual first-year medical student respondents reported explicit bias and 81.51% reported implicit bias against homosexual individuals [7]. Currently, education on LGBTQIA+ content is limited within the medical school curricula, leaving many graduates uncomfortable with caring for LGBTQIA+ patients. A 2012 survey-based study reported that 52% of the responding faculty from U.S. medical education institutions had no formal LGBTQIA+ competency training (N=69; P< 0.05) [6, 8]. Inadequate care or lack of access to desired procedures may result in illicit procedures, which may cause significant morbidity or mortality. For transgender women, injected substances have included industrial-grade silicone and automobile transmission fluid, causing serious complications, temporary or permanent injuries, and death [9].

Mitigating the complications that may arise from inexperienced or limited access to care requires adaptations that encompass education and awareness. The quality of patient care may substantially benefit from greater clinical exposure to a spectrum of genders and sexualities during residency training. Openness to new practices and experiences may support easier assimilation into proper, adaptive care for these individuals. Future directions include increased collaboration with LGBTQIA+ organizations, cultural competency training, and reassessment of curriculum inclusiveness.

References

1. Virgili A, Borghi A, Cazzaniga S, et al. Gender differences in genital lichen sclerosus: data from a multicenter Italian study on 729 consecutive cases. *G Ital Dermatol E Venereol Organo Uff Soc Ital Dermatol E Sifilogr*. 2020;155(2):155-160. doi:10.23736/S0392-0488.17.05819-9
2. Kuraitis D, Murina A. Gender discordance of genital examination experiences among dermatology residents and attendings. *J Am Acad Dermatol*. 2022;86(3):638-640. doi:10.1016/j.jaad.2021.02.006
3. Kuraitis D, Stumpf B, Murina A. Discrepancies by dermatology resident gender in diagnostic confidence and management of female and male genital lichen sclerosus. *Dermatol Online J*. 2020;26(7):13030/qt09r2d0n3.
4. Boos MD, Yeung H, Inwards-Breland D. Dermatologic care of sexual and gender minority/LGBTQIA youth, Part I: An update for the dermatologist on providing inclusive care. *Pediatr Dermatol*. 2019;36(5):581-586. doi:10.1111/pde.13896
5. Dhingra N, Bonati LM, Wang EB, Chou M, Jagdeo J. Medical and aesthetic procedural dermatology recommendations for transgender patients undergoing transition. *J Am Acad Dermatol*. 2019;80(6):1712-1721. doi:10.1016/j.jaad.2018.05.1259
6. Yeung H, Luk KM, Chen SC, Ginsberg BA, Katz KA. Dermatologic care for lesbian, gay, bisexual, and transgender persons: Terminology, demographics, health disparities, and approaches to care. *J Am Acad Dermatol*. 2019;80(3):581-589. doi:10.1016/j.jaad.2018.02.042
7. Burke SE, Dovidio JF, Przedworski JM, et al. Do Contact and Empathy Mitigate Bias Against Gay and Lesbian People Among Heterosexual First-Year Medical Students? A Report From the Medical Student CHANGE Study. *Acad Med J Assoc Am Med Coll*. 2015;90(5):645-651. doi:10.1097/ACM.0000000000000661
8. Khalili J, Leung LB, Diamant AL. Finding the perfect doctor: identifying lesbian, gay, bisexual, and transgender-competent physicians. *Am J Public Health*. 2015;105(6):1114-1119. doi:10.2105/AJPH.2014.302448
9. Yeung H, Luk KM, Chen SC, Ginsberg BA, Katz KA. Dermatologic care for lesbian, gay, bisexual, and transgender persons: Epidemiology, screening, and disease prevention. *J Am Acad Dermatol*. 2019;80(3):591-602. doi:10.1016/j.jaad.2018.02.045