

Announcer:

In this episode of Tim Talk, we'll talk about gender pronouns and how to eliminate barriers to care for older LGBTQ+ adults.

Tim Dentry:

Welcome to Tim Talk. I'm Tim Dentry, President and CEO of Northern Light Health, and I'm so glad you could join me as we open our hearts and minds to diversity through meaningful conversations. We have a great podcast for you today as we continue our discussion on issues concerning social and medical justice for the LGBTQ+ community. Today, it is my distinct honor to have as our guest, Robin Hirsh-Wright, a licensed Clinical Social Worker, Director of Palliative Care Services for Northern Light Home Care and Hospice. I know you love the opportunity to teach as well, Robin, along with Dr. Van Kirk. Thank you for joining me here today, Robin.

Robin Hirsh-Wright:

Thank you for having me. It's my distinct pleasure to be here as well.

Tim Dentry:

Thank you Robin. I'd like to start the conversation with the same question I asked last week of our colleague, Chris McLaughlin, because I think your insights can provide us with some very valuable perspective as someone who identifies as a member of the LGBTQ+ community. What can you share about your experiences as both a consumer of healthcare and as a professional working in the healthcare sector and why is this personally important to you?

Robin Hirsh-Wright:

This is a great question. Let me first talk about accessing healthcare as a consumer and then I'll connect it back to my professional experience as well. The assumption is that everyone is cisgender, or gender identity, same as birth sex, and heterosexual, so unless you offer up information to the contrary, the interaction had with providers is going to follow that framework. It's really easy as a minority to feel invisible in that paradigm. For me, it took years to be able to say a peep about anything. One of the things we do in the palliative care trainings, Dr. Van Kirk and I do, is we talk about this study done a few years back that found the three things patients really hope to talk about with their providers are sexuality, spirituality and end of life issues and the three things providers are most uncomfortable talking about are sexuality, spirituality and end of life issues. So you see, it's a recipe really for a lot of missed signals.

Robin Hirsh-Wright:

The best healthcare results from patients truly being seen. My experience is when I've truly been felt to be seen when I've been asked questions and I think that's the point I really want to kick through the goal post today, I'm just of saying that for your hopeful football enthusiasts out there, I really want to kick through that all people want to be seen for who they are and to be viewed as fully human. When you ask about sexuality, gender identity or things that are challenging topics that make us all a bit anxious to discuss, we are really working to see the whole person. When I'm seen, I feel cared for. I say this in our palliative care trainings as well, that when medicine can't make things better, it's human connection that makes things better, but truly it's that human connection that can make things better in every encounter in medicine, not just palliative care encounters.

Tim Dentry:

Wow, Robin, thank you very much. When you and I first talked on this topic, you mentioned that about feeling invisible and now this is the second time we've had a chance to really think and listen to what you're saying and a fear of saying a peep, I believe, are the words that you chose and so the desires to be seen, that's just fabulous. I really thank you for putting it in those terms and especially for our caregivers out there because we're all trying to learn from this and hopefully our caregivers are really assessing their own comfort or discomfort levels in sexuality, spirituality, end of life, and saying, "Hmm, how can I learn from this?" That's the goal for sure. Here's my second question. What should we have in a program that educates people to be aware of LGBTQ+ identity and what should the program aim for as a desired outcome?

Robin Hirsh-Wright:

Well, we need to start with basic education and expectations that are built in, or I would say, almost like baked into onboarding and not all online and then we need follow up trainings on the howtos of approaching these difficult topics. We need questions that are built into our assessments. These are skill sets that actually can be learned. In my line of work, we are used to walking into conversations that have been avoided sometimes for years. And training seems such a simple thing to say, but it's very challenging in our healthcare climate in making time for educational activity, it's extremely difficult, but the payoffs are huge in terms of patient care and outcomes and also in staff retention.

Tim Dentry:

Terrific. And I've echoed this one probably the majority of the podcasts that we've had and that isn't training and education and developing skill sets that are not all online, it really needs to be people-to-people and, I really agree with you, skill sets that can be learned. Robin, I'm sure you have some questions for me. What would you like to ask me?

Robin Hirsh-Wright:

Well, I was going to go with the meaning of life, but I'm going to narrow it down for you this afternoon. As the Director of Palliative Care Services, I'm responsible for care for older adults in the LGBTQ+ community, many of whom have lived their lives in secrecy. What practical steps can be taken to promote awareness for Northern Light Health caregivers for this segment of the LGBTQ+ community?

Tim Dentry:

Yeah, great question. Well, when we talk about promoting awareness among caregivers, and your last answer to the last question of skill sets and learning, a learning culture, a learning environment, I first answer that question with asking myself, what can I do to make a difference and what am I going to make sure I continue to do? That is why the first thing we can do among our care caregivers is communicate, communicate, communicate, create forums and ways in which we have interaction among all of us. So for example, you're on our council, our diversity and equality and inclusion council, and I thank you for agreeing to be part of that. That's one forum of many that are going to be in place. Every one of our member organizations, I ask them, the leaders, to have these listening sessions and talk and discuss and raise issues. So that's number one, communicate and broaden the blanket from which we cast so that we can listen to one another, and then create very specific actions to back it up.

Tim Dentry:

If there was any one learning step one, probably my second or third learning in this whole journey just a couple of months ago, is, "Okay, fine, sounds good, what are you going to do? What is your action plan?" and I really want that to come from my whole team. We'll definitely have very specific actions so that folks will say, "They're backing it up with words." I also, I don't want to presume to know all the answers and that's why I am so thrilled that we are focusing on discussions in this series of podcasts on the LGBTQ+ community because I have so much to learn. We all have so much to learn. We've talked about things like terms that are applied in different contexts, but micro insensitivities and that kind of thing, and I think we have so much of that and biases, intrinsic biases, and we have so much to learn in this space.

Tim Dentry:

I'm really glad that we are considering this community to really be a group that we learn from and really self examine so that we as caregivers and we as leaders can do a better job. I do want to appeal to all who came into contact with all of our patients and my hope is that we can get people, again, to self reflect on their own implicit biases and say, "Ah, I used to do it that way. What was I thinking?" but not in a way that makes people feel like they did anything bad or they are a bad person, or what have you, just, "Wow, I can be a better person." I think it's going to lead to so much positive in everyone's life.

Robin Hirsh-Wright:

Thank you for that. I am very happy to be asked to be on the diversity council. I have another question for you, but before I say that, you mentioned you're working and learning about all of this and I just want to say we all are. Even people who are members of a minority are learning too. I've been learning. I'm learning a ton of things about different minorities, but I actually was learning about LGBTQ+ issues too and I make jokes about it all the time that I better brush up kind of a thing, but I think we really have to be willing to be vulnerable. And if we can just say, "It's okay I don't know everything about that, but I'm curious and I'm interested and I don't think it's less than just because I don't know about it," so I think that's a great place to start and I really appreciate that you're able to say that as our leader in that way.

Tim Dentry:

I love that. And if you wouldn't mind before you ask me this second question, Robin, I'd really like that and be welcome to express your vulnerability, I think is what you said, vulnerability. I learned that humility over the course of my career is a strength and a lot of people see humility as a sign of weakness. "Oh, you're humble," what have you, however you want to fill that in. I see it as one of the greatest strengths and one of the greatest joy of this stage of my career and this stage of my life is I really enjoy being a humble person. I see being humble as very, very open to expressing things that you don't know and things that you can learn, so I really do resonate with that.

Robin Hirsh-Wright:

Well, I appreciate that. Brene Brown, a social researcher, talks about the fact that vulnerability is the birthplace of innovation. And if you can't be vulnerable, you don't innovate and we certainly need to be able to innovate in healthcare. Speaking of vulnerability, though, Tim, as we go down the path, I want to broach another subject if I could. What are we doing as a system to be open to gender preference pronouns? Now, this is something I'm exploring for myself because I consider myself, I would say a little non-binary, if you will. If gender's a continuum, I'm somewhere kind of in the middle. So no pressure at all, but you might notice that folks from Acadia Hospital state their pronouns in the signature area of

their emails, is that something you'd be willing to do for yourself or even entertain the notion of having that be something we do in general on our emails?

Tim Dentry:

Yeah. Great question. I was going to ask you to explain gender preference pronouns maybe be a little bit more for answer, if you would, for our listeners.

Robin Hirsh-Wright:

Absolutely. And I'm still on a learning curve too, so remember we're all learning together. A lot of people are being very clear what they would like to be referred to. She/her/hers if you identify as female. He/him/his or they/them/theirs if you are sort of somewhere in the middle, gender non-binary or gender fluid, some people might refer in that way. What it does is it, as you meet people, there's a growing trend of people just letting folks know what their pronouns are so people know how to refer to them going forward in conversation. And again, it kind of circles back to that being seen piece. I had Mrs. Balduke in ninth grade English so the they/them/ theirs for me is still a hard thing, even though there's been some evolution in thinking on that, but it is that I don't feel exactly like a she and I certainly don't feel exactly like a he, but I feel probably something in the middle. Just wondering what your thoughts are about those gender pronouns and making them some part of our culture at some point?

Tim Dentry:

Yeah. Well, first, I'll give you some just off the heart reflections. One is that I've seen this in action in writing, on emails, et cetera, maybe twice so far, within the last week. My first reaction was, "Ah, that's cool. That's interesting." I see it as, I don't know about an icebreaker necessarily on an email, but it could absolutely be something that shows vulnerability on the part of the person that's expressing it and hopefully the person receiving it will see that as a strength from that person and go, "Huh. That's cool. Okay, got it. Now I know." Secondly, for me personally, I honestly, like I said, I hadn't thought about it until the last few days and so I'm learning as we go, but I would also say there are two other very key constituents that I should answer your question about.

Tim Dentry:

One is patients, if patients request that. I really do support Northern Light staff, our colleagues, our 12,000 plus colleagues, to respect the pay wishes and what better way to make sure that we are reflecting to those that we are serving that, "Okay, we're tuned into that. We're tuned to this being important to you," and hopefully we're also reflecting we're tuned into everything that's important to them. I really do encourage all of our staff to respect the patient's wishes. For staff. There's no reason why a colleague cannot use gender preference pronouns now. And as you say, they're starting to do it across the system, so it's a matter of individual conscience. And to me, that's one of the key characteristics of being human, but being an American is aren't we supply to be encouraging individual conscience and expressions of same, so I'm all for if that's important to those that wish to exercise it.

Robin Hirsh-Wright:

Great. Can I make one quick correction? When I was describing things, I actually said she/her/hers and I used the term female and what I meant to say is the feminine. Just to be clear. Because again, see, I'm learning too. You can see, everyone that listens to the podcast, we all make errors and we can make corrections.

This transcript was exported on Apr 11, 2022 - view latest version [here](#).

Tim Dentry:

Excellent. That's great. Thank you, Robin. And this will wrap up this episode of Tim Talk. Robin, thank you for joining me here to continue this conversation.

Robin Hirsh-Wright:

This has been a pleasure. These conversations actually elevate everyone's care, not just anyone in a minority, so thank you.

Tim Dentry:

And thanks to you, our podcast listeners, as well. So until next time, I'm Tim Dentry encouraging you to listen and act to promote our culture of caring, diversity, inclusion for one another. Thank you.

Announcer:

Thank you for listening to this episode of Tim Talk. If you enjoyed this podcast and would like to learn more about this subject, you can find additional information at [NorthernLightHealth.org/podcast](https://NorthernLightHealth.org/podcast). We welcome you to join us for our next podcast when we will address gender transitioning patients.