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Healthcare Professionals’ Views on Assisted Reproductive Technology for the LGBTQ Population

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Introduction

- Public opinion of assisted reproductive technology (ART) as a whole is largely positive regardless of their past experiences with infertility[1].
- There has been limited research on whether providers of ART feel the same way specifically for LGBTQ+ individuals in the United States. Currently, there is mixed evidence showing support among the majority of transgender care providers[2] but hesitancy among other fertility specialists[3].
- With limited reproductive resources of LGBTQ+ individuals available online[4] and gaps in provider training when treating LGBTQ+ patients[5], there is a concern that LGBTQ+ patients are not receiving the same opportunities for ART as compared to cisgender heterosexual individuals.

Aims

- To better understand the degree and reasons of provider hesitance in providing ART for LGBTQ+ individuals.
- To examine the relationship between LGBTQ+ health training and provider perspectives on ART access for LGBTQ+ individuals.

Methods

- Participants complete an entirely anonymous 14-question survey across three sections: Demographics, Perspectives on Assisted Reproductive Technology for Potential Patients, and Assisted Reproductive Technology Education and Training. These questions were adapted and edited from a range of studies[3,6,7]
- In Demographics, participants are asked their age range, gender identity, sexual orientation, healthcare profession as it relates to fertility care, and any personal history with infertility. The gender identity, sexual orientation, profession, and infertility history items all include optional comment or other sections for more specific self-identification.
- In Perspectives on Assisted Reproductive Technology for Potential Patients, participants are asked about providing ART to LGBTQ+ patients, which was asked with 5-point Likert scales ranging from strongly disagree to strongly agree with optional comment boxes. Participants were asked whether LGBTQ+ individuals have the same right to having children as others, whether children born to LGBTQ+ families are disadvantaged, whether oocyte/sperm donation to LGBTQ+ individuals be allowed, whether gestational surrogacy for LGBTQ+ individuals be allowed, and whether healthcare professions be allowed to conscientiously object to LGBTQ+ individuals seeking fertility care. Following the question about childhood disadvantages, there was an additional item for those who selected agree or strongly agree to further specify what was the underlying reason for that position which included mental health, social stigma, lack of traditional gender roles or another reason which could be inputted. The final question in this section asked if the participant would treat a variety potential patients that identified with different LGBTQ+ identities.
- In the final section, Assisted Reproductive Technology Education and Training, participants were asked two questions on a 5-point Likert scales ranging from minimal knowledge to expert knowledge with optional comment boxes. The first question was asking participants to define their knowledge about LGBTQ+ health as a whole and the second asked about their knowledge about LGBTQ+ reproductive health options.

Findings

Perspectives on ART for Potential Patients

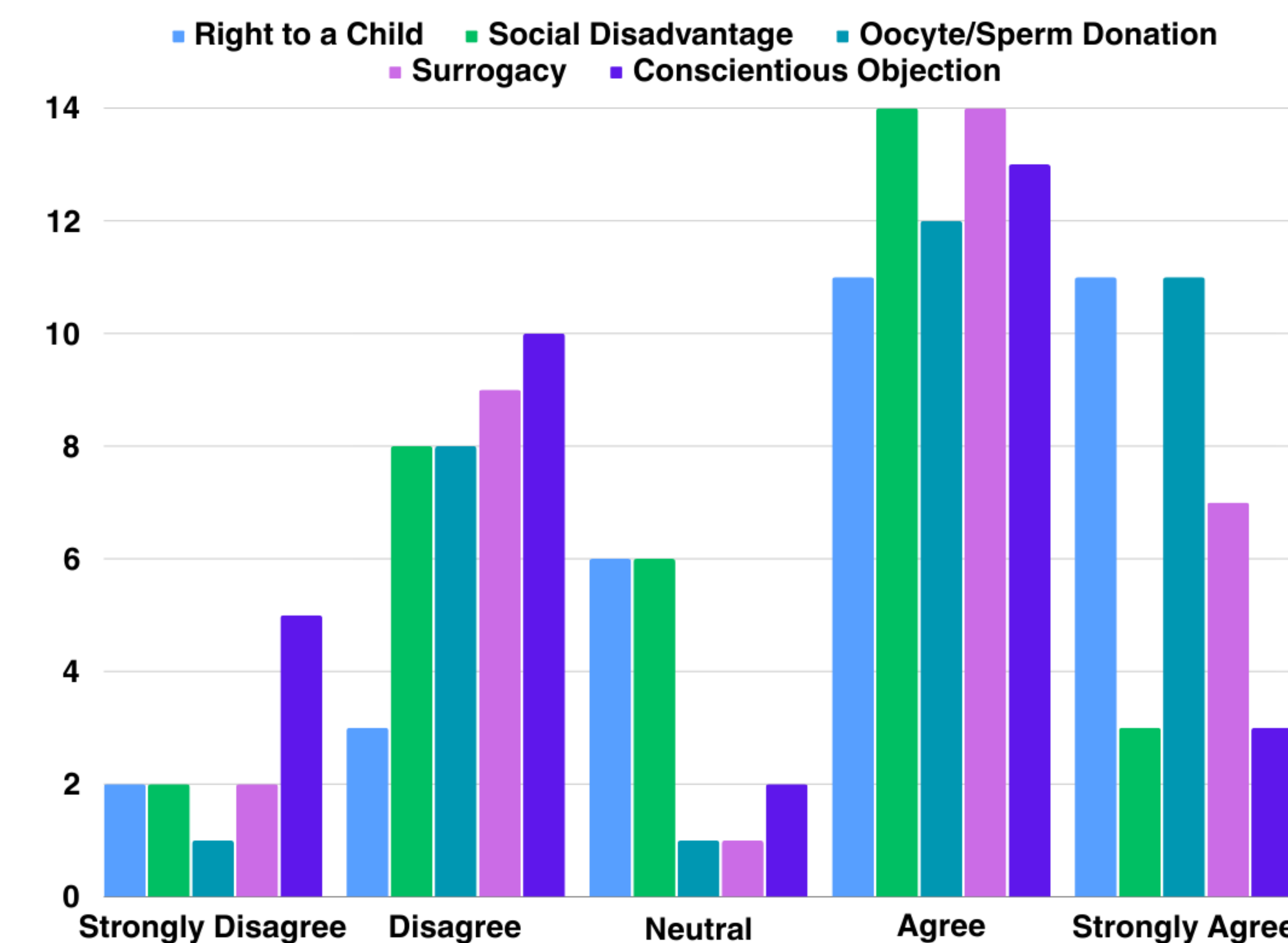

Figure 1. Results for 5 questions asking their views on 5 different areas: the right to a child, disadvantages of children with LGBTQ+ parents, views on oocyte/sperm donation and surrogacy for LGBTQ+ individuals, and the right to a conscientious objection.

Perceived Disadvantages of Children born to LGBTQ+ Families

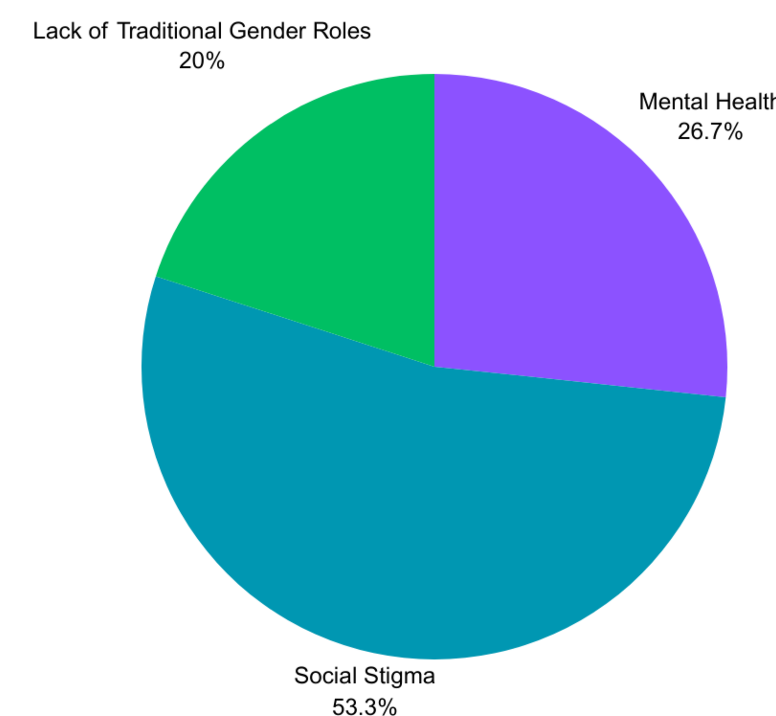

Figure 2. 16 participants reported agreeing or strongly agreeing that children born to LGBTQ+ families have a disadvantage. The chart shows the specific reasoning behind that belief.

Percent of ART Providers Willing to Provide Care for LGBTQ+ Individuals

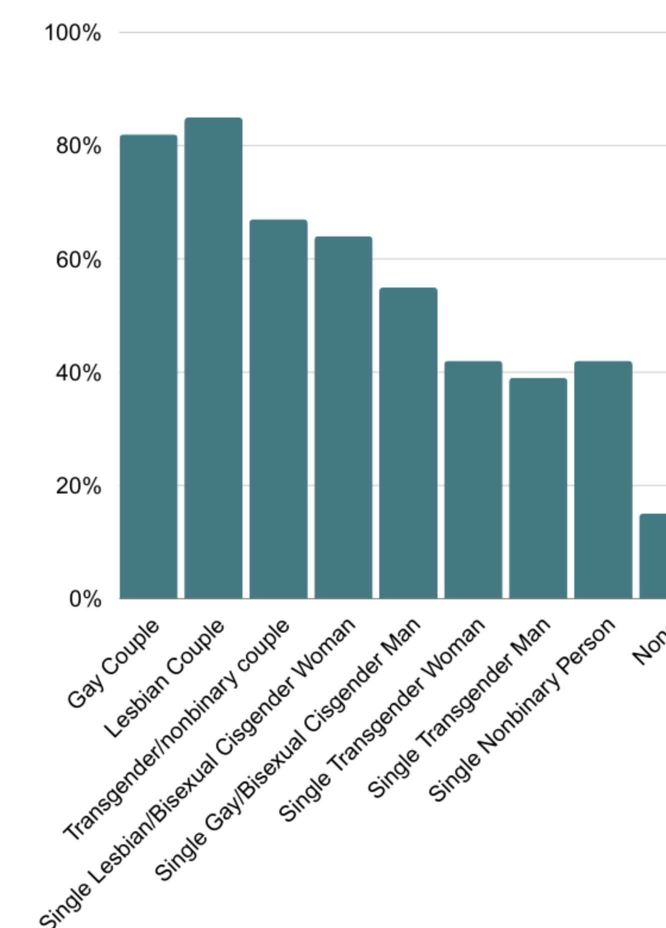

Figure 3. This illustrates the percent of participants that would be comfortable personally providing ART to different LGBTQ+ couples/individuals

Conclusions

- The results indicate that the majority of ART providers agree that ART should be widely available to LGBTQ+ individuals, but this comes with distinct social disadvantages. Approximately half of the participants believe that children born to LGBTQ+ individuals may experience some form of disadvantage, with half of those responses indicating negative social outcomes.
- Additionally, the findings show that more ART providers are comfortable providing services to LGBTQ+ couples and are less likely to offer care to single individuals, with the lowest acceptance observed for single transgender men.
- In the open response portions of the survey, a provider stated that having a child is not right for anyone. They stated that funding infertility through a single payer health system like the UK’s NHS represents an unnecessary drain on resources. This perspective could be generalized to the American healthcare system as well and presents a future discussion topic of healthcare prioritization based on patient rights versus pragmatic financial decisions.
- When asked about general LGBTQ+ health and ART-specific knowledge, most participants were confident in their knowledge of the field. The findings reveal a degree of hesitancy in providing ART to some LGBTQ+ individuals which indicates more LGBTQ+ ART education might provide clarity on the topic. This could minimize hesitancy to provide ART for medical reasons and instead make that determination based on relevant health and social factors. Previous work has shown a similar need with the American Society for Reproductive Medicine already recommending that LGBTQ+ individuals receive equitable access to ART[8], but provider education has been limited[9].

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