

LGBTQ Cancer Patients, Survivors Concerned About Discrimination in Health Care

A new survey also finds that one third of LGBTQ cancer patients and survivors experienced discrimination in health care settings.

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According to a new [survey](#), half of Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ+) cancer patients and survivors report they are concerned they may face discrimination in a health care setting. More than one-third have experienced discrimination in a health care setting due to their sexual orientation or gender identity, and 75% of those who say they experienced discrimination feel it impacted their health care. These concerns and experiences with discrimination are resulting in barriers to receiving timely care that is vital to surviving cancer.

The latest [Survivor Views](#) survey from the American Cancer Society Cancer Action Network (ACS CAN) found that some of the forms of discrimination respondents experienced include feeling they were not taken seriously, not being treated with respect, or feeling they were treated differently due to their sexual orientation or gender identity. Hispanic patients (71%), Black patients (44%) and those living in the South (42%) were the most likely to report experiencing discrimination based on their LGBTQ+ identity.

“No one should be disadvantaged when facing a cancer diagnosis because of their sexual orientation, their gender identity, the color of their skin, or where they live,” said Lisa A. Lacasse, president of ACS CAN. “Ensuring that all cancer patients and survivors receive high quality, respectful and timely care is important to saving more lives from this disease.”

The survey also found that 24% of respondents reported that their sexuality or gender identification has been a barrier to getting health care or has caused delays in getting the care they need. Respondents living in the South (30%) and Midwest (25%) were more likely to report facing a barrier to care due to their orientation or gender identity, while those living in the Northeast (18%) and West (14%) were less likely. Non-White LGBTQ+ patients (36%) were more likely to have experienced this discrimination as a barrier than White LGBTQ+ patients (21%), with Black (44%) and Hispanic (45%) LGBTQ+ patients most likely to have experienced discrimination as a barrier to receiving health care.

As a result of concerns about discrimination impacting their care, nearly half (48%) of those surveyed have chosen not to disclose their sexual orientation or gender identity to their health care provider, and more than a quarter (26%) have avoided seeking care due to concerns about discrimination. Additionally, more than half of survey respondents (58%) are concerned about the political climate impacting their ability to get health care and 49% are concerned that a health care provider may feel it is too risky to treat them because of laws passed in the state where they practice.

The American Cancer Society estimates there could be nearly 152,000 new cancer cases and 50,000 cancer deaths among LGBTQ+ people in 2023. LGBTQ+ people face an unequal burden of cancer, with both a higher incidence of cancer and later stage diagnoses. ACS CAN advocates for federal, state and local public policies that reduce cancer-related disparities, remove barriers to care and improve health outcomes for everyone. Some of these policies include:

- Advocating to maintain [the provision of the Affordable Care Act](#) that ensures broad protection against discrimination of LGBTQ+ individuals in healthcare services;
- Actively opposing legislation and regulations that include “[conscience clauses](#)”;
- Advocating to ensure that all eligible individuals can access affordable, comprehensive health insurance through [Medicaid expansion](#); and
- Supporting the [Respect for Marriage Act](#) which ensures marriage equality for same-sex couples and their families and protects their ability to access employer health insurance.

“If we are to achieve our vision of ending cancer as we know it for everyone, we must continue to identify and relentlessly pursue public policies that address barriers to care for LGBTQ+ people,” said Lacasse. “The cost of doing nothing is delayed cancer diagnosis and care, which could result in avoidable deaths, an unconscionable reality that ACS CAN is fighting to prevent.”

The survey of 200 LGBTQ+ patients and survivors nationwide who have been diagnosed with or treated for cancer in the last seven years was conducted between May 19 and 23, 2023.

Read the full [polling memo](#).

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