

Facilitating Equitable Access to Palliative and End-Of-Life Care for Underserved Populations in British Columbia: Knowledge Exchange Series (2025)

Insights Specific to:
2SLGBTQ+ Individuals Living
with a Life-Limiting Illness



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Knowledge Exchange Overview

In Spring 2025, the BC Centre for Palliative Care on behalf of the BC Palliative Care Research Collaborative hosted a three-part virtual **Knowledge Exchange Series** on *facilitating equitable access to palliative and end-of-life care for underserved populations in BC*.

Shaped by research, expert insights, and lived experiences, the series aimed to advance an equity-informed approach to palliative care by sharing stories, highlighting promising practices, strengthening connections between health and community systems, and identifying future directions for policy, practice, and research.

Discussions and activities focused on twelve underserved population groups with limited access to essential palliative and end-of life care services.

Read the full **Summary Report** [here](#).

Insights Specific to 2SLGBTQ+ Individuals Living with a Life-Limiting Illness

Insights from the Literature and Key Informants

To inform discussions about **2SLGBTQ+ individuals living with a life-limiting illness** during the Knowledge Exchange sessions, a population fact sheet was developed. The fact sheet summarizes key themes from a literature review and insights gathered from key informants through an online survey—highlighting experiences, opportunities, facilitators, and barriers to care.

View the **population fact sheet** [here](#). A preview is shown below.


Facilitating equitable access to palliative and end-of-life care for underserved populations
Knowledge Exchange and Learning Series *hosted by the BC Palliative Care Research Collaborative*

Population Factsheet: Members of the LGBTQ+ community living with a life-limiting illness

This population comprises members of the LGBTQ+ community who are living with a life-limiting illness in accessing palliative care. Participants from the environmental scan survey reported several barriers to accessing care, primarily involving experiences of stigma within the healthcare system.

The information in this factsheet is organized according to the session it is of relevance to. The environmental scan survey was conducted in January-February 2025, and was completed by 57 key informants across British Columbia.

Session 1: The lived experience of access to palliative and end of life care for underserved populations

 What did environmental scan survey respondents say?
 Respondents described several experiences this population face, including:

- Providers often make incorrect assumptions about the wishes of patients and the family dynamics of individuals seeking care.
- There exists significant mistrust of the healthcare system from these individuals as a result of historical and ongoing discrimination and medical harm faced by members of the LGBTQ+ population.

Insights from the Knowledge Exchange Series

Key barriers, potential solutions and recommended actions that emerged from discussions on improving palliative and end-of-life care access for 2SLGBTQ+ individuals living with a life-limiting illness.

Insights Specific to 2SLGBTQ+ Individuals Living with a Life-Limiting Illness

Barriers

- **Stigma and assumptions:** Forms and questions often assume traditional family structures, excluding chosen families and fostering mistrust.
- **Lack of provider knowledge:** Many clinicians don't understand 2SLGBTQ+ needs, leading to poor or inappropriate care.
- **Religious exclusion:** Some 2SLGBTQ+ individuals face religious-based discrimination in spiritual care, limiting their support options.
- **Non-inclusive language:** Misgendering and insensitive language erode dignity and trust, making people less likely to seek care.

Solutions

- **Inclusive policies and training:** Leadership should model inclusion, and staff should be trained in respectful communication and documentation.
- **Ask open-ended questions:** Avoid assumptions by focusing on identity, relationships, and lived experience.
- **Listen and include 2SLGBTQ+ voices:** Engage 2SLGBTQ+ individuals and elders in education, planning, and policy development.
- **Use integrated care models:** Reduce repeated storytelling and build trust through coordinated, consistent care. The Foundry is an example of such an integrated, one-stop service.

Recommended Action

Due to ongoing stigma in both society and healthcare, many 2SLGBTQ+ individuals feel unsafe or unwelcome in care settings, leading to delays or avoidance of care. To change this, education, training, and policies must reflect the lived experiences of 2SLGBTQ+ people. This is essential for creating a cultural shift that upholds their dignity and ensures they receive respectful, appropriate, and inclusive care.

Insights from the Knowledge Exchange Series

After the Knowledge Exchange Series, participants completed a survey to prioritize the most important research questions and promising solutions for each underserved population.

Top three rated research questions and promising solutions for 2SLGBTQ+ individuals living with a life-limiting illness.

Top 3 Questions to Answer

Top 3 Solutions to Consider

1

Practice/Care

How can those of us in palliative/hospice care re-examine our language to ensure it honours trans identities, chosen families, and diverse communities we serve, especially given the harmful systems many are navigating or resisting?

System/Program Planning

Establish cultural safety navigators to help 2SLGBTQ+, unhoused, people who use substances, new Canadians/refugees and other groups to navigate the healthcare system and advocate for them.

2

Education/Training

How can hospice societies be supported to invest in training for volunteers and staff to provide inclusive, affirming care for 2SLGBTQ+ clients?

3

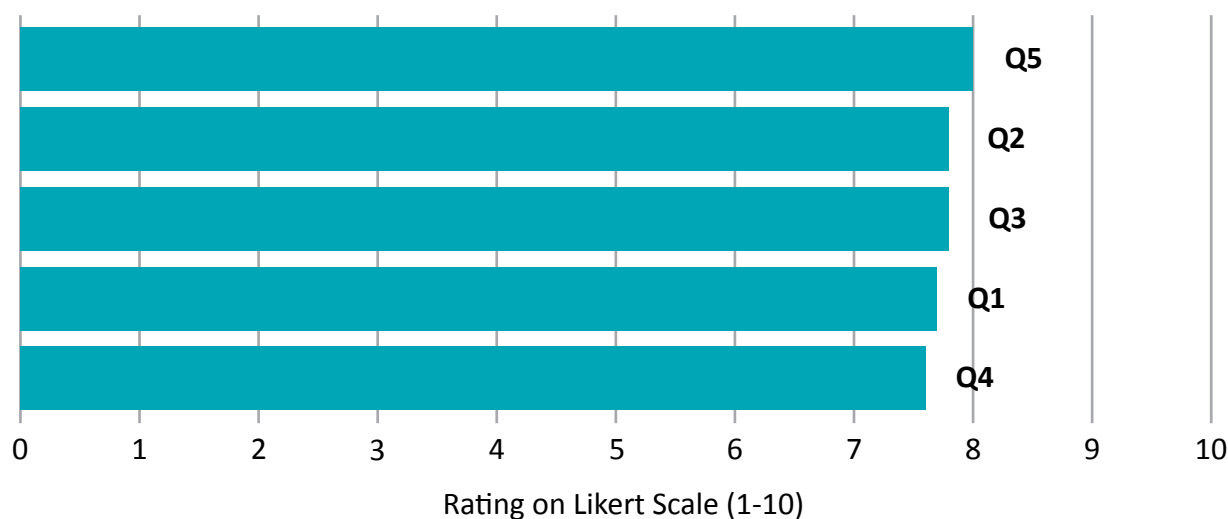
System/Program Planning

How are long-term care facilities held accountable for ensuring that 2SLGBTQ+ older adults are met with dignity, authenticity, and celebration?

The average importance rating for each priority research question related to 2SLGBTQ+ individuals living with a life limiting illness.

Priority Research Questions: What do you want to know or solve? (Session 3 Breakout 1)

Question	Average Rating
1 Education/training: What diversity, equity, and inclusion (DEI) and cultural safety training do staff receive to support safe and inclusive care for 2SLGBTQ+ patients and communities?	7.7
2 Education/training: How can hospice societies be encouraged and supported to invest in training for volunteers and staff to provide inclusive, affirming care for 2SLGBTQ+ clients?	7.8
3 System/program/planning: How are long-term care (LTC) facilities held accountable for ensuring that 2SLGBTQ+ elders are met with dignity, authenticity, and celebration?	7.8
4 Research: How do members of the 2SLGBTQ+ community experience and navigate a palliative diagnosis, advance care planning (ACP), caregiving, and end-of-life (EOL) care? In what ways might their experiences, needs, or approaches differ from those of cisgender and heterosexual individuals?	7.6
5 Practice/care: How can those of us in palliative and hospice care re-examine our language to ensure it honours trans identities, chosen families, and the diverse communities we serve—especially given the harmful systems many are navigating or resisting? (Highest Rated)	8.0

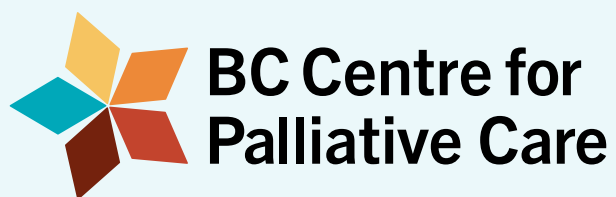


The average importance rating for each priority promising solution related to 2SLGBTQ+ individuals living with a life limiting illness.

Priority Research Solutions: What can be done right now and by who? (Session 3 Breakout 2)

Solution	Average Rating
<div data-bbox="237 415 331 512">1</div> <div data-bbox="347 386 1247 541"> <p>System/program planning: Establish cultural safety navigators to help 2SLGBTQ+, unhoused, people who use substances, new Canadians/ refugees and the other groups to navigate the healthcare system and advocate for them.</p> </div>	<p>7.8</p>

For similar insights on other underserved populations, visit the BC Centre for Palliative Care website [here](#).



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