

It's time to take Pride in our field

June is Pride month, which is dedicated to celebrating LGBT+ communities worldwide. It also provides an opportunity to celebrate these communities in our own field and to consider how we can improve inclusion and health care for LGBT+ patients in urology.

“Urologists are particularly well placed to be allies to their LGBT+ patients”

At *Nature Reviews Urology* (NRU), we support and celebrate diversity in all aspects of life and are dedicated to improving visibility and care for minority and underserved communities. We are committed to ensuring that our platform provides a place for discussion, openness and allyship.

Originally begun to remember the Stonewall Uprisings in June 1969, Pride has come to represent the aim of increasing and upholding equality and dignity, to honour and remember lives lost to hate crimes against the LGBT+ community and to AIDS, and to celebrate and continue to work towards acceptance regardless of a person's sexual orientation and/or gender identity.

Medicine has a long history of failing such communities. Until 1973, homosexuality was included in the American Psychiatric Association's Diagnostic and Statistical Manual (DSM)¹; before this, it was considered a mental disorder, classified as a “sociopathic personality disturbance”. When DSM-II was published, it was reclassified as a “sexual deviation”. Even after 1973, homosexuality remained within the DSM in a number of forms, enabling the use of harmful sexual conversion therapies, even if no longer considered a disease per se¹.

In the past in urology, babies born with what we now call differences in sex development (DSD) might have undergone early procedures to assign them a gender, many of which are now outdated in terms of both technique and motivation². Likewise, within the field of sexual health, the stigmatization of gay men diagnosed with AIDS in the 1980s led to the designation by some of the disorder as a ‘gay cancer’, leading to considerable discrimination and exclusion of this group³.

Thankfully, times have changed and acceptance of people across the LGBT+ spectrum has become more widespread across medicine and in general. However, LGBT+ people often remain marginalized and their

health-care provision subpar. In the 2017 National LGBT Survey in the UK⁴, 80% of trans respondents reported that access to gender identity services had not been easy (rating 1, 2 or 3 out of 5 for ease of access) and 68% said that waiting lists were too long. Extensive evidence supports increased prevalence of mental health concerns in LGBT+ people in the UK, but 28% of respondents who had accessed or tried to access mental health services in the 12 months preceding the survey said it had not been easy. This report is supported by US data from the National Survey on Drug Use and Health, which suggest that heterosexual coincidence (that is, being heterosexual and only attracted to the opposite sex) is associated with lower mental health risks than all other configurations of sexual identity and attraction⁵.

In urology specifically, the effects of prostate cancer in men who have sex with men (MSM) and transgender women are not clear⁶. People from these communities experience prostate cancer differently to heterosexual men and have different support networks in place to help them with their diagnosis. Furthermore, some data suggest that prostate cancer might be diagnosed earlier in MSM than in heterosexual men⁷. Prostate cancer in sexual and gender minorities remains an emerging area of research and considerable work is required to reach equity in the area.

Urologists are particularly well placed to be allies to their LGBT+ patients, both as surgeons with expertise in gender-affirming surgery and also as specialists with privileged access to a patient's most intimate anatomy, providing a unique opportunity for acceptance, openness and allyship.

At NRU, we believe that diversity is key to enrichment of our specialty and our society. Thus, to celebrate Pride month, we have put together a Pride collection, which brings together some of our content that discusses topics

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relevant to LGBT+ health care. We also present two Worldview articles that discuss LGBT+ representation in urology and the specific needs of our LGBT+ patients. Understanding the experiences and viewpoints of those around us is essential as we work towards equity and understanding.

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3. PublicHealth. HIV and AIDS: an origin story. *PublicHealth* <https://www.publichealth.org/public-awareness/hiv-aids/origin-story/> (2021).
4. Government Equalities Office. National LGBT Survey: summary report July 2018. *Government Equalities Office* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722314/GEO-LGBT-Survey-Report.pdf (2018).
5. Garbarski, D. The survey measurement of sexual orientation: configurations of sexual identity and attraction and associations with mental health. *LGBT Health* <https://doi.org/10.1089/lgbt.2020.0270> (2021).
6. Amarasekera, C. et al. Prostate cancer in sexual minorities and the influence of HIV status. *Nat. Rev. Urol.* **16**, 404–421 (2019).
7. Hart, T. L. et al. Changes in sexual roles and quality of life for gay men after prostate cancer: challenges for sexual health providers. *J. Sex. Med.* **11**, 2308–2317 (2014).