

## ORIGINAL RESEARCH

# LGBT-related educational contents and challenges in bioethics subjects in Japanese medical and nursing departments

Mari Tsuruwaka\*

*Bioethics/Nursing Ethics, Graduate School of Nursing Sciences, St. Luke's International University, Japan*

**Received:** July 23, 2022

**Accepted:** October 12, 2022

**Online Published:** October 24, 2022

**DOI:** 10.5430/jnep.v13n2p34

**URL:** <https://doi.org/10.5430/jnep.v13n2p34>

## ABSTRACT

**Background and objectives:** In Japan, there are delays in the LGBT anti-discrimination law and ensuring human rights. In particular, inadequate response by medical field has been pointed out, and medical education is required not only from the health care needs but also from human rights. This study clarifies the educational contents and challenges related to LGBT in the bioethics subjects in the faculty of medicine and nursing and provides suggestions as one of diversity education.

**Methods:** An anonymous self-administered survey was conducted on the educators in charge of bioethics subjects at 364 universities (81 medical schools and 283 nursing schools). Selective items were simply tabulated, and free descriptions were categorized and analyzed based on commonalities.

**Results:** The response rate was 27.2% (faculty of medicine 29.7%, faculty of nursing 26.5%). “Incorporated,” (33.3%) “want to incorporate,” (21.2%) and “not incorporated” (45.4%) the content related to LGBT into the class. Many of the reasons for adopting it were “related to the way of life and dignity” and “need proper knowledge and understanding of those who identify as LGBT for health care providers.” The contents of education were mostly “definition of words,” “diversity of sexuality,” and “discrimination and prejudice.” Educational challenges included educational consideration for the parties concerned, securing of hours, coordination with other subjects, and educator’s ability.

**Conclusions:** In bioethics subjects, it was suggested that the education is not limited to the improvement of clinical abilities, but that students consider the power structure and institutional inequality of society, notice their own preconceptions, and turn one’s thoughts inward.

**Key Words:** LGBT, Bioethics education, Educational contents, Medical and nursing department, Japan

## 1. INTRODUCTION

### 1.1 Global situation of LGBT and Japan’ position

Gender equality is listed as the fifth of the Sustainable Development Goals (SDGs) established by the United Nations. In the 21st century society, which aims for “diversity” and “inclusion and symbiosis,” the protection of the rights of sexual minorities has become an important issue. In Japan, 8.9% of

the population self-identifies as LGBT; this number is on the rise.<sup>[1]</sup> In some parts of Japan, a partnership system has been introduced, and same-sex couples are recognized as having “marriage-equivalent relationships,” allowing them to obtain marriage certificates. However, this system has no legal effect, and problems with education, employment, medical care, and public services have been widely indicated.<sup>[2]</sup> The

\*Correspondence: Mari Tsuruwaka; Email: [tsuruwaka@slcn.ac.jp](mailto:tsuruwaka@slcn.ac.jp); Address: Bioethics/Nursing Ethics, Graduate School of Nursing Sciences, St. Luke's International University, Japan.

Organization for Economic Co-operation and Development (OECD) report indicates that laws guaranteeing prohibition of discrimination against the LGBT and other human rights are urgent issues in Japan.<sup>[3]</sup>

Those who identify as LGBT have faced legal proscription for hundreds of years, initially under religious laws, and later under secular legal codes, often drawing heavily on the theological traditions that preceded them. Political campaigns, parliamentary debates and public manifestations reveal social prejudice and misconceptions for those who identify as LGBT in the world.

The WHO (World Health Organization) released an agenda item aimed at improving the health and well-being of those who identify as LGBT in 2013,<sup>[4]</sup> which sparked a dynamic conversation within the international community about the importance of LGBT health and calls for the inclusion of LGBT care internationally.<sup>[5]</sup> In 2019, Taiwan became the first country in Asia to allow same-sex marriage, and Japan is the only country among the G7 countries that does not allow same-sex marriage.

In postwar Japan, under democracy centered on individual freedom, an employment system based on the division of labor by gender (husbands work outside and wives stay home) has been developed. As a social morality, homosexuality is not normal, and sexuality based on heterosexuality has been considered orthodox. For these reasons, the realization of gender equality in Japanese society has not progressed.

In addition, a law concerning gender identity disorder, which was enacted as a law to guarantee sexual diversity in Japan, allows gender changes within the scope of not changing the legal system of gender dualism and heterosexuality based on physical characteristics. As a result, various sexual minorities are excluded from legal protection.

Medical programs in several countries, including the United States of America, Canada, United Kingdom and, are now prioritizing diversity in medical education. A key recommendation of the report<sup>[6]</sup> was that the “curricula, standards, and training” of medical schools should be reviewed in order to encompass mandatory teaching on the use of appropriate language, LGBT health inequalities and discrimination, and LGBT-inclusive care. However the education and training of health care workers has lacked LGBT-specific curricular content in Japan.<sup>[7]</sup> The policy statements can have tremendous influence on curricular design and faculty development programs, with the ultimate aim of aligning practice with the current evidence base.<sup>[8]</sup>

Sexual minorities are individuals whose sexuality is a minority in the population in which they live; in this manuscript,

we will focus on those who identify as LGBT. The term LGBT is an initialism composed of the first letters of the words “Lesbian, Gay, Bisexual, and Transgender”; LGBT individuals comprise a portion of those who can be considered sexual minorities

## 1.2 Medical issues faced by those who identify as LGBT in Japan

In the medical field, there are situations in which knowledge of the biological sex of an individual is necessary. Due to lack of consideration by the medical staff, those who identify as LGBT may avoid access to medical care and may be at an increased risk of mental health problems and cancer.<sup>[9,10]</sup> Older those who identify as LGBT also have difficulty communicating with medical professionals due to having experienced years of discrimination.<sup>[11,12]</sup> It has been shown that inadequate responses and delays in countermeasures at medical institutions are associated with social stigma and underdeveloped laws, creating health inequalities, and lowering the quality of life (QOL) of the concerned parties.<sup>[13]</sup>

## 1.3 LGBT-related medical education from a global perspective and the situation in Japan

Numerous national medical organizations—including the American College of Physicians and the Association of American Medical Colleges (AAMC)—have called for improved health professional training to care for individuals with diverse sexual orientations, gender identities, and gender expressions.<sup>[14]</sup> The AAMC’s publication provides medical schools with a framework for recognizing existing gaps and challenges schools to realign curriculum to address the needs of patients who identify as LGBT. These AAMC guidelines can be adapted and generalized to programs in many countries to help medical educators integrate LGBT-specific health training into various curriculum structures.<sup>[14]</sup>

A survey of medical schools in the UK found that teaching on LGBT mental health, gender identity, sexual orientation, awareness of LGBT-health inequalities, and LGBT discrimination in healthcare were reported by almost all respondents, whilst maternity and childbirth, chronic disease and LGBT adolescent health were least represented within the curriculum.<sup>[15]</sup>

It has been shown that LGBT education for medical students is useful in terms of acquiring knowledge and ethical attitudes;<sup>[16–18]</sup> particularly, education related to LGBT health enhances clinical ability and provides self-confidence.<sup>[19]</sup> However, medical students often lack knowledge and skills that pertain specifically to transgender (T) patients, and they need specialized education in this area.<sup>[19,20]</sup> The curriculum of LGBT education at a medical school in United

states included “definition of words,” “stigma and discrimination,” “sexuality and sexual dysfunction,” “questioning about sexuality”, and “health and health inequalities specific to LGBT.”<sup>[16]</sup> The number of hours of training ranged from 1-42 hours, and the average was 11 hours. Methods included lectures, small group discussions, presentations, documentary viewing, role-playing, patient interviews, etc.<sup>[16]</sup> According to a study, many medical students have an understanding of LGBT health, but some students are prejudiced and need educational consideration to ensure the mental safety of the those who identify as LGBT in the learning environment.<sup>[21]</sup>

As found by a national survey, compared to the young people<sup>[22]</sup> in Japan, students at medical universities are more knowledgeable about sexual minorities, believe in equality for them, and show more empathetic attitudes. These findings suggest the significance of LGBT education.<sup>[23–25]</sup> The core curriculum of Japanese medical schools has student’s learning outcomes of “explaining how to consider gender formation, sexual orientation, and gender identity.” Only these three points are indicated as necessary for medical education. How it is included in the curriculum is at the discretion of the teacher in charge. However, 53 out of 82 schools (65%) answered that they did not have the opportunity to provide “handling and consideration for patients who identity as LGBT,” which demonstrates that education is inadequate.<sup>[7]</sup> Since these classes are generally taken as one-time lessons by medical school students, it becomes necessary to incorporate a wide range of knowledge into the single lesson, making it impossible to gain an in-depth understanding.<sup>[23]</sup>

#### 1.4 LGBT education in nursing education

In nursing education, LGBT education is inadequate, resulting in negative attitudes and stereotypical thinking in many countries.<sup>[26]</sup> Curriculum gradually incorporates skills needed for nursing education.<sup>[26]</sup> There are also exercises on health assessments and communication techniques that utilize simulations on patients who identify as LGBT.<sup>[27]</sup> Educators from various disciplines have spoken about the need to collaborate on this subject.<sup>[27]</sup>

The need for LGBT education has been indicated in Japanese nursing education.<sup>[28]</sup> In women’s health training, concrete educational efforts are being centered around learning about the issues and kind of support that those who identify as LGBT have and need.<sup>[29]</sup> According to a survey of nursing students, 23% of students were educated in relation to sexual minorities, 30.9% knew what it meant, and television was the most common source of information.<sup>[30]</sup> There is a need for education to discuss sexuality-related issues that may be faced in clinical settings and the approaches to tackle them, with lectures from clinicians and case-based discussions.<sup>[31]</sup>

Educators are also required to gain knowledge of LGBT health inequalities and improve their communication skills as role models in the classroom.<sup>[32]</sup>

#### 1.5 LGBT and bioethics

Nelson<sup>[33]</sup> states that bioethicists have remained silent on the unique ethical challenges faced by those who identify as LGBT in clinical settings. Those who identify as LGBT have the right to good medical care, but historically, they have had no choice but to hide their sexuality. Their circumstances and challenges should be discussed in the field of bioethics.<sup>[34]</sup> The bioethics community has an important role to play toward eliminating inequalities faced by those who identify as LGBT. The places where inequality is faced are diverse, such as educational settings, hospitals, and academic fields. In the field of bioethics education, which is the focus of this paper, it has been shown that it is necessary to consider the responsibility of the social and bioethics communities for the historical, medical, and legal treatment of those who identify as LGBT who have been estranged from society.<sup>[35–37]</sup>

Furthermore, need for LGBT education has been pointed out in other countries and Japan for medical and nursing students who are expected to lead the next generation. As mentioned earlier, sexuality is related to the way of life of a person and is an important issue in every place where bioethics is concerned. Therefore, bioethics subjects in medical/nursing education may play a role in introducing LGBT-related content. Although previous studies have not investigated LGBT topics and bioethics education, there are cases where LGBT topics are currently dealt with in bioethics subjects.

Thus, in this study, the author surveyed educators of bioethics subjects in the medical and nursing departments at the university-level in Japan. The purpose of the present study was to elucidate the nature of LGBT-related educational content and issues, and to gain a deeper understanding of the ethical aspects of this type of education. LGBT education in medical and nursing schools in Japan is still inadequate, and this study will provide suggestions as one of the broader diversity educations in Japan.

## 2. METHODS

An original, anonymous, self-administered questionnaire was filled-up by educators of all bioethics subjects in the Departments of Medicine (81 schools) and Departments of Nursing (283 schools) across 364 universities in Japan. The survey was conducted from October to November 2019. As already stated, there is no previous research on LGBT-related educational content in bioethics subjects in Japan, so the author created original survey items.

At first, in order to clarify the outline of the subjects of this survey, the author asked the basic attributes of the subjects, such as age group, faculty classification, subject name, and years of experience as a subject in charge. The second, since there is no previous research, in order to clarify whether the content related to LGBT is taken up in the bioethics course, the intention of taking up or wanting to take up LGBT in the course was clarified. In addition, if it is taken up in the subject, the author asked the reason. The choices were knowledge, capability, ethical issues, coexistence, and dignity from several related studies.<sup>[7,24,25]</sup> The third, the author asked how much time was devoted to LGBT in the course. The fourth, the author asked them specifically about the content of LGBT education within the course. This also refers to some related studies, as options such as explanation of words, social systems, law, world situation, discrimination and prejudice, sexual diversity, coexistence, problems with medical consultation, medical problems, the experience of the parties. Additionally, since previous studies found educational consideration for the those who identify as LGBT to be an important concern,<sup>[21]</sup> the author clarified this point concretely. In addition, educational difficulties and issues are freely described. The questionnaire was examined by bioethics researchers and parties who identify as LGBT to ensure its validity.

Regarding the choices of questions, the author asked bioethics scholars and those who identify as LGBT to ensure the validity and appropriateness of the content.

The subjects were provided with an explanation of the purpose, methods, and ethical considerations of the present study, and the voluntariness of the study was ensured. The author informed the subjects that the following steps would be taken: 1) questionnaires would be anonymous and could not be used to identify any personal information, 2) returning the questionnaire through mail would be considered to indicate obtainment of consent, 3) The questionnaires would be strictly managed within the locker of the researcher's office, which itself is always kept locked. 4) the questionnaires would be stored for at least 5 years after publishing the data in an academic journal and subsequently shredded and discarded, and 5) anonymity would be ensured when the data will be published in an academic journal. This study was conducted with approval from the Research Ethics Review Board of St. Luke's International University (No.19-A048).

Data were analyzed using simple tabulation for selectable items. The free description was converted into text data, and subcategories were created to show the context of the text data. Furthermore, we focused on the similarities of the subcategories, and classified them into categories with a

higher degree of abstraction. In the results, the contents of each category were clarified by explaining the subcategories. The naming of categories and subcategories was done with bioethics scholars and those who identify as LGBT confirming their suitability. Below, categories are represented by [] and sub-categories by ().

### 3. FINDINGS

#### 3.1 Basic attributes

The response rate of the questionnaire was 27.2% (99 questionnaires returned overall; medical school (29.6%): 24, nursing faculty (26.5%): 75). Table 1 shows the basic attributes of the respondents. Most respondents were in their 50s (47%), followed by those in their 60s (32%), and 40s (15%). The subjects that the respondents were in charge of were as follows: Bioethics (37.5%), Medical Ethics (29.1%), and Others (33%) in the Faculty of Medicine; and Nursing Ethics (56%), Bioethics (14.6%), Medical Ethics (9.3%), and Others (20%) in the Faculty of Nursing. The areas of expertise of the person-in-charge were as follows: Medicine (17%), Ethics (8%), Nursing (61%), Others (13%). Their teaching career was as follows: less than 1 year (17%), 1-4 years (32%), 5-9 years (23%), 10-14 years (6%), 15-19 years (13%), and 20 years or more (11%).

**Table 1.** Characteristics and background of respondents (n = 99)

Characteristics and background		%
Age-group	30's	1
	40's	15
	50's	47
	60's	32
	70's	4
Speciality	Medicine	17
	Nursing	61
	Ethics	8
	Other	13
Years of experience in teaching	Less than a year	14
	1-4 years	32
	5-9 years	23
	10-14 years	6
	15-19 years	13
	Over 20 years	11
Subject in charge (medical school)	Bioethics	37
	Medical ethics	29
	Other	33
Subject in charge (nursing school)	Nursing ethics	56
	Bioethics	14
	Medical ethics	9
	Other	20

### 3.2 Reason, leaning goals and educational contents

While 33.3% of the respondents answered that they “incorporated” LGBT-related content into their lectures, 21.2% answered that they would like to incorporate it, and 45.4% answered that they did not incorporate it (see Table 2).

Respondents provided the reasons why they chose to incorporate LGBT-related issues in the lesson content (multiple answers), with the most common responses reporting reasons similar to “sexuality is related to the way of life and dignity of people” and “need proper knowledge and understanding of those who identify as LGBT for health care providers.” (see Table 3). The time spent on this within the course was

as follows: less than 60 minutes (30%), 60 minutes (33%), 90 minutes (21%), 120 minutes (6%), 180 minutes or more (9%). There were multiple answers about the learning goals, and answers similar to the following were the most prevalent: “Understanding the diversity of sexuality and thinking about issues that can occur in the medical field,” “Thinking about coexistence with various people in society,” and “Understanding the discrimination and prejudice surrounding LGBT-related issues and thinking about the composition and background of those issues” (see Table 3). Finally, while there were multiple answers about the educational content, answers related to “What is LGBT?” “Sexual diversity,” and “Discrimination and prejudice” were common (see Table 3).

**Table 2.** Incorporate case of LGBT-related contents

	Medical schools (n = 24)		Nursing schools (n = 75)		Medical schools and nursing schools (n = 99)	
	Number of respondents	%	Number of respondents	%	Number of respondents	%
Incorporated	9	37	24	32	33	33
Not incorporated	6	25	39	52	45	45
Want to incorporate	9	37	12	16	21	21

### 3.3 Specific educational considerations for those who identify as LGBT

Educational considerations for those who identify as LGBT were “considerable” (15%), “somewhat” (37%), “minor” (30%), “none in particular” (15%), and “unknown” (3%).

Five categories of specific educational considerations were extracted from the free response section (see Table 4):

- 1) [Work to make others aware of the existence of those who identify as LGBT],
- 2) [Be careful about expressions and words],
- 3) [Make preparations for LGBT consultation],
- 4) [Prepare opportunities for students to speak],
- 5) [Be creative about class progress].

[Work to make others aware of the existence of those who identify as LGBT] had three subcategories: (speak based on the assumption that those who identify as LGBT exist), (tell students to assume that those who identify as LGBT are present), (involved in respecting their value, not special treatment). In other words, respondents always assumed that those who identify as LGBT were in their classrooms. [Be careful about expressions and words] had two subcategories: (use words that are not misunderstood), (always make statements that are conscious of diversity). In other words, there was consideration for the educator’s own remarks and words. [Make preparations for LGBT consultation] had three subcategories: (inviting those who identify as LGBT as lecturers so that they can have natural consultations), (providing in-

formation on the consultation desk), (communicating that teachers are supporters). In other words, respondents were encouraged to facilitate consultations from those who identify as LGBT in various ways. [Prepare opportunities for students to speak] had two subcategories: (allowing students to freely write lesson assignments in post-reports), (creating an environment where those who identify as LGBT can speak). In other words, respondents were careful to ensure that both those who identify as LGBT and students in general could share their opinions. [Be creative about class progress] had two subcategories: (building the foundation for LGBT-related lessons), (promoting correct knowledge before proceeding). In other words, respondents valued the foundation and establishment of correct knowledge in order to make lessons on the those who identify as LGBT meaningful.

### 3.4 Educational challenges

Educational challenges were divided into six themes: LGBT, educational content, time, educators, collaboration with other subjects, students (see Table 5). For LGBT, there were three subcategories: (Fear of hurting those who identify as LGBT), (concerns of discrimination against those who identify as LGBT due to close relationships between students), and the fact that (some cultures are not tolerant of speaking as an organization). In other words, the issue was [is it possible to give sufficient consideration to the LGBT?].

**Table 3.** Reason, learning goals, educational contents (n = 33, multiple answers)

		Medical schools (n = 9)		Nursing schools (n = 24)		Medical schools and nursing schools (n = 33)	
		Number of respondents	%	Number of respondents	%	Number of respondents	%
Reasons to incorporate LGBT-related issues	Sexuality is related to the way of life and dignity of people	8	88	21	87	29	87
	Need proper knowledge and understanding of those who identify as LGBT for health care providers	8	88	20	83	28	84
	Sexual diversity and coexistence around LGBT are social issues	6	66	21	87	27	81
	Expected to be involved in medical care for those who identify as LGBT in the future	6	66	15	62	21	63
	There are ethical issues facing those who identify as LGBT in hospitals	7	77	14	58	21	63
Learning goals	Understanding the diversity of sexuality and thinking about issues that can occur in the medical field	6	66	17	70	23	69
	Thinking about coexistence with various people in society	6	66	16	66	22	66
	Understanding the discrimination and prejudice surrounding LGBT-related issues and thinking about the background of those issues	6	66	15	62	21	63
	Considering the problems and supports associated with those who identify as LGBT's hospital visits	4	44	12	50	16	48
	Understanding troubles faced in medical treatment and thinking about how to face with those who identify as LGBT for medical profession	4	44	11	45	15	45
	Understanding the social institution and law, and thinking about the issues associated with it	3	33	11	45	14	42
	Others	0	0	2	8	2	6
Educational contents	What is LGBT	6	66	21	87	28	84
	Sexual diversity	4	44	21	87	25	75
	Discrimination and prejudice	6	66	17	70	23	69
	Social institution and structure	4	44	16	66	20	60
	LGBT anti-discrimination law	3	33	17	70	20	60
	Troubles faced in medical treatment	5	55	11	45	16	48
	Coexisting with diverse people	4	44	12	50	16	48
	Problems associated with visiting a hospital	4	44	11	45	15	45
	World affairs about LGBT	3	33	10	41	13	39
	Listen to those who identify as LGBT	2	22	1	4	3	9
	others	4	44	5	20	9	27

Regarding the educational content, the following issues were extracted. First, it was noticeable that [the assumptions of specific clinical issues were not sufficient]: (issues are not covered in textbooks), (medical care are not enough to convey the specific needs of those who identify as LGBT). Next, there was the concern that [an approach that emphasizes knowledge does not lead to introspection or behavioral changes]: (lack of behavioral changes), (the learning goals appears primarily to be supplementing knowledge rather than changing one's thinking), and that respondents (wanted stu-

dents to learn these points as issues that question their way of life). Finally, there was also the point that [LGBT issues need to be taken up as a universal theme]: (it is important to not treat only LGBT specially) and (it is also necessary to discuss these topics from the perspective of coexistence).

Regarding time, the issue of [not enough time] was mentioned: (there is not enough time to check the reaction of the students), (it is difficult to secure the necessary number of class periods). Regarding the teaching section, there was the

issue of [whether the educators themselves have sufficient knowledge and understanding]: (sufficient knowledge and understanding may be lacking), (it is unclear whether educators themselves have an understanding of LGBT views). Regarding cooperation with other subjects, the issue of [insufficient cooperation with other subjects] was raised: (this field cannot be separated from other subjects), (it is necessary

to take up this content even in other subjects dealing with sexuality). For students, the issue of [low student interest] was raised: (students are not interested in social concerns), and (students do not consider this to be an issue that is pertinent to them). Additionally, there was an opinion that there were [no special difficulties or troubles] for this subject relative to others.

**Table 4.** Specific educational considerations (free description)

Category	Sub-category
Work to make others aware of the existence of those who identify as LGBT	Speak based on the assumption that those who identify as LGBT exist (9)
	Tell students to assume that those who identify as LGBT are present (2)
	Involved in respecting their value, not special treatment (1)
Be Careful about expressions and words	Use words that are not misunderstood (5)
	Always make statements that are conscious of diversity (1)
Make preparations for LGBT consultation	Inviting those who identify as LGBT as lecturers so that they can have natural consultations (1)
	Providing information on the consultation desk (1)
	Communicating that teachers are supporters (1)
Prepare opportunities for students to speak	Allowing students to freely write lesson assignments in post-reports (1)
	Creating an environment where those who identify as LGBT can speak (1)
Be creative about class progress	Building the foundation for LGBT-related lessons (2)
	Promoting correct knowledge before proceeding (2)

Note. ( ) indicate the number of codes

**Table 5.** Educational challenges (free description)

	Category	Sub-category
Those who identify as LGBT	Is it possible to give sufficient consideration to the LGBT?	Fear of hurting those who identify as LGBT (3)
		Concerns of discrimination against those who identify as LGBT due to Close relationships between students (1)
		Some cultures are not tolerant of speaking as an organization (1)
Educational Contents	The assumptions of specific clinical issues were not sufficient	Medical care are not enough to convey the specific needs of those who identify as LGBT (1)
		Issues are not covered in textbooks (1)
	An approach that emphasizes knowledge does not lead to introspection or behavioral changes	Lack of behavioral changes (2)
		The learning goals appears primarily to be supplementing knowledge rather than changing one's thinking (1)
	LGBT issues need to be taken up as a universal theme	Wanted students to learn these points as issues that question their way of life (1)
Time	Not enough time	It is important to not treat only LGBT specially (1)
		It is also necessary to discuss these topics from the perspective of coexistence (1)
Educators	Whether the educators themselves have sufficient knowledge and understanding	There is not enough time to check the reaction of the students (1)
		It is difficult to secure the necessary number of class periods (2)
Collaboration with other subjects	Insufficient cooperation with other subjects	Sufficient knowledge and understanding may be lacking (1)
		It is unclear whether educators themselves have an understanding of LGBT views (1)
Students	Low student interest	this field cannot be separated from other subjects (1)
		It is necessary to take up this content even in other subjects dealing with sexuality (1)
Students	Low student interest	Students are not interested in social concerns (2)
		Students do not consider this to be an issue that is pertinent to them (2)

Note. ( ) indicate the number of codes

## 4. DISCUSSION

Previous studies have shown that, in Japan, the need for LGBT-related education has been demonstrated in medical and nursing education<sup>[24,28]</sup> and the current situation has been shown to be inadequate.<sup>[7,23]</sup> This survey focused on bioethics subjects in Japanese medical and nursing departments. Thirty percent of the respondents had already adopted this theme in their subjects, and a further 20% of respondents had an ambitious desire to adopt it in the future. However, educational challenges included consideration for those who identify as LGBT, educational content that tends to emphasize knowledge, difficulty in securing enough teaching time, ability of educators, and insufficient cooperation with other courses. In this survey, we discuss the following two themes based on the results of elucidating the nature of LGBT-related educational content and challenges in bioethics subjects taught in Japanese university-level medical and nursing departments: (1) educational content discussed in bioethics and their significance, (2) educational consideration for those who identify as LGBT.

### 4.1 Educational content discussed in bioethics and their significance

Two major reasons for incorporating LGBT themes into bioethics subjects were brought forth through the themes focusing on: “Necessity of proper knowledge and understanding about LGBT” and “Sexuality is related to every human’s way of life and dignity.” Apart from the basic understanding of the term, the content of education covered “sexual diversity” and “discrimination and prejudice.” Furthermore, the learning goal was not only communicating specific issues that could occur in the medical field, but also placing an emphasis on understanding the ideal way of coexistence with diverse people, and considering the realities of discrimination and prejudice as well as their composition and background. The results demonstrate the reasons for teaching LGBT-related themes in bioethics courses that have dealt with issues related to human dignity and rights, as well as contact with medical care. It has been shown that not only specific medical issues related to LGBT, but also universal themes such as the basic human rights of LGBT and the ideal way of coexistence with those who identify as LGBT, which are preconditions for topics like appropriate medical care, should be covered in bioethics subjects. Those who identify as LGBT have been historically alienated from society, and these results are consistent with the argument that a foremost issue in bioethics education is considering our responsibility in the matter of how those who identify as LGBT have been treated in various social arenas.<sup>[34,37]</sup>

Based on the previous research<sup>[16]</sup> and these results demon-

strate that the educational content of LGBT in medical/nursing education can be divided into the following four points: “Basic knowledge about LGBT,” “Discrimination, prejudice, and related issues,” “Issues related to LGBT-specific health and medical care,” and “Health assessment and clinical communication ability.” It is difficult to cover this through only bioethics subjects. As mentioned above, bioethics subjects may be able to contribute to the content of “discrimination, prejudice, and related issues” and “LGBT-specific health and medical issues” from the study results. Sexuality is a part of one’s identity and is important in one’s relationship with others. In addition to objectively thinking about discrimination and prejudice, encouraging introspection on how students will face this prejudice and discrimination themselves is an issue that should be addressed in bioethics education. Additionally, sexuality in medical care is also greatly related to the QOL of patients, and it is important for bioethics education to know specific issues and consider various courses of action.

The results showed that securing time and resource to discuss LGBT-related subject matter was difficult. A single session is not enough to understand these issues in-depth. This is consistent with previous studies that demonstrate that LGBT-related educational content does not go beyond a general overview.<sup>[23]</sup> If the situation of other subjects is not considered, “basic knowledge about LGBT” will be emphasized, and these sessions will remain limited to a superficial overview. It has been shown that the acquisition of basic knowledge itself leads to student attitude change and clinical self-confidence.<sup>[16–18,25]</sup> In a preliminary survey in Japan, it was found that student knowledge was obtained from television, rather than from university classes.<sup>[30]</sup> In the curriculum, it is necessary to first consider the subjects in which spaces for students to acquire basic knowledge can be created. Then, more effective educational strategies can be devised in light of the topics and concepts that the educator intends to cover. It may be necessary to share LGBT educational content across various subjects within medical/nursing departments and to devise a plan to disseminate this content. Previous studies have also demonstrated the need for collaboration across specialized fields for LGBT-related education.<sup>[27]</sup>

The educational content, “health assessment and clinical communication skills,” aims to improve specific clinical skills. In this regard, it would be more effective to develop lessons in specialized clinical subjects, rather than in bioethics subjects. According to previous research,<sup>[25,31]</sup> it is useful to learn to conduct interviews and communicate based on lectures by medical professionals who have been involved with those who identify as LGBT, using simulations on patients, and



introducing specific situations.

#### 4.2 Educational considerations for those who identify as LGBT

Educational consideration for those who identify as LGBT has been a consistent issue in previous studies. The results of this study demonstrate the nature of the concrete efforts that educators make when covering LGBT content in bioethics subjects. The specific methods adopted by the study respondents in their classes were as follows: working to make others aware of the existence of those who identify as LGBT, being careful about expressions and words, making preparations for LGBT consultation, preparing opportunities for students to speak, and being creative about class progress. In particular, the respondents tried to make the students aware of the existence of those who identify as LGBT by using statistical materials and other evidence. It was also found that they made efforts to meet the needs of students outside of class, and did not resort only to in-class consideration. The respondents realized that it was important to create a place where each person could recognize the value of the other, rather than communicate that those who identify as LGBT should be treated specially above all others.

According to the results of this study, consideration for LGBT was mentioned as an educational challenge. Respondents were worried that their classes may be harmful for those who identify as LGBT. In particular, in medical/nursing departments, there are many practical and hands-on lessons, and there was a concern that discrimination between students might occur because the number of students was relatively small, and students would often interact amongst one another. In previous studies, from the LGBT standpoint, students may feel prejudiced. Therefore, it was shown that there is a need to foster a safe place for those who identify as LGBT in learning.<sup>[21]</sup> As shown in the results, one possible strategy is to give consideration to those who identify as LGBT before the class is held. For example (speaking on the premise that those who identify as LGBT are present all around us), educators can let students who identify as LGBT know ahead of time, and invite people identify as LGBT (advisor, not

students) to be part the curriculum planning for the topics.

#### 4.3 Limitation

The limitations and issues of this research are described below. Our results show that during undergraduate studies, more effective education can be provided by collaborating with other subjects while taking advantage of the specialties and particularities of each. Therefore, it is necessary to clarify how to take up this theme in other subjects and its contents, and to devise educational strategies. In the future, by conducting interview surveys with educators who are conducting LGBT education at the Faculty of Medicine and Nursing in Japan, medical and nursing students who have taken classes, and those who identify as LGBT, the situation of LGBT education will be clarified from various perspectives. Educational strategies could be considered. Efforts in bioethics education related to LGBT can be widely suggested as one of diversity and inclusion education.

### 5. CONCLUSION

This study provides an overall picture of the LGBT-related educational content and challenges in the bioethics subjects taught in university-level medical/nursing departments in Japan. Bioethics courses should not be limited to learning LGBT health assessments or improving clinical abilities. Considering the inequalities in the power structures and systems of the society that those who identify as LGBT have faced, our results suggest that students should receive education in which they are made aware of their own preconceptions and are able to continually question their established worldviews. This initiative can be widely used as one of the diversity and inclusion education.

#### ACKNOWLEDGEMENTS

The author wishes to thank all respondents in the study for their time and willingness to express their opinions and share their knowledges.

#### CONFLICTS OF INTEREST DISCLOSURE

The author declares that there is no conflict of interest.

### REFERENCES

- [1] Dentsu, 2021, LGBTQ+ Research 2020. Available from: <https://www.dentsu.co.jp/news/release/2021/0408-010364.html>
- [2] Japan Alliance for LGBT Legislation, List of Difficulties, 3ed 2019, [http://lgbtetc.jp/pdf/list\\_20150830.pdf](http://lgbtetc.jp/pdf/list_20150830.pdf)
- [3] OECD. Society at a glance: A spotlight LGBTpeople, 27th March 2019.
- [4] WHO. Improving the health and well-being of Lesbian, Gay, Bisexual and Transgender Persons. Report by the World Health Organization Secretariat. 2013.
- [5] Duvivier RJ, Wiley E. WHO and the health of LGBT individuals. *Lancet*. 2015; 385: 1070-1. [https://doi.org/10.1016/S0140-6736\(15\)60595-5](https://doi.org/10.1016/S0140-6736(15)60595-5)
- [6] Bachmann CL, Gooch B. LGBT in Britain: Health report. Stonewall. 2018.

- [7] Yoshida E, Matsushima M. The education on LGBT contents at medical schools in Japan. *Medical Education Japan*. 2018; 49(2): 166.
- [8] Lim FA, Brown DV, Jones H. Lesbian, gay, bisexual, and transgender health: fundamentals for nursing education. *J Nurs Educ*. 2013; 52(4): 198-203. PMID:23471873 <https://doi.org/10.3928/01484834-20130311-02>
- [9] Sun D. LGBT and Health inequalities. *Therapy*. 2017; 99(1): 68-72.
- [10] Fujii H. Lesbian sexuality and health support. *Japanese Journal of Sexology*. 2018; 59(6): 511.
- [11] Lim F, Bernstein L. Promoting awareness of LGBT issues in aging in a baccalaureate nursing program. *Nurs Educ Perspect*. 2012; 33(3): 170-5. PMID:22860480 <https://doi.org/10.5480/1536-5026-33.3.170>
- [12] Foglia MB, Fredriksen-Goldsen KI. Health disparities among LGBT older adults and the role of nonconscious bias. *Hastings Cent Rep*. 2014; 44(Suppl 4): S40-4. PMID:25231786 <https://doi.org/10.1002/hast.369>
- [13] Sunakawa H. Sexual issues and Medicine-LGBT and HIV. *Hospital Librarian*. 2012; 37(1): 10-5.
- [14] Hollenbach AD, Eckstrand KL, Dreger A, eds. *Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born With DSD: A Resource for Medical Educators*. Washington, DC: Association of American Medical Colleges; 2014.
- [15] Tollemache N, Shrewsbury D, Llewellyn C. Que(e) rying undergraduate medical curricula: a cross-sectional online survey of lesbian, gay, bisexual, transgender, and queer content inclusion in UK undergraduate medical education. *BMC Med Educ*. 2021; 21: 100. PMID:33579262 <https://doi.org/10.1186/s12909-021-02532-y>
- [16] Sekoni AO, Gale NK, Manga-Atangana B, et al. The effects of educational curricula and training on LGBT-specific health issues for healthcare students and professionals: a mixed-method systematic review. *J Int AIDS Soc*. 2017; 20(1): 1-13. PMID:28782330 <https://doi.org/10.7448/IAS.20.1.21624>
- [17] Salkind J, Gishen F, Drage G, et al. LGBT+ health teaching within the undergraduate medical curriculum. *Int J Environ Res Public Health*. 2019; 16(13): 1-9. PMID:31261831 <https://doi.org/10.3390/ijerph16132305>
- [18] Yang HC. Education first: promoting LGBT+ Friendly healthcare with a competency-based course and game-based teaching. *Int J Environ Res Public Health*. 2020; 17: 1-15. PMID:31877850 <https://doi.org/10.3390/ijerph17010107>
- [19] Nowaskie DZ, Patel AU. How much is needed? Patient exposure and curricular education on medical students' LGBT cultural competency. *BMC Med Educ*. 2020; 20: 490. PMID:33276769 <https://doi.org/10.1186/s12909-020-02381-1>
- [20] Thompson HM, Coleman JA, Kent PM. LGBT medical education: first-year medical students' self-assessed knowledge and comfort with transgender and LGB populations. *Med Sci Educ*. 2018; 28: 693-7. <https://doi.org/10.1007/s40670-018-0614-6>
- [21] Nama N, MacPherson P, Sampson M, et al. Medical students' perception of lesbian, gay, bisexual, and transgender (LGBT) discrimination in their learning environment and their self-reported comfort level for caring for LGBT patients: a survey study. *Med Educ Online*. 2017; 22: 1-8. PMID:28853327 <https://doi.org/10.1080/10872981.2017.1368850>
- [22] Kamano S, Ishii J, Kazama T, Yoshinaka T, Kawaguchi K. Attitudes toward sexual minorities in Japan: Report of 2015 national survey. 2016.
- [23] Aoki A, Sakakibara H, Nagashima Y, et al. Learning from a lecture about sexual minorities for first-year medical students. *Medical Education Japan*. 2014; 45(5): 357-62.
- [24] Matsushita M, Furukawa N, Taniguchi J, et al. Practical report of the lecture about the sexual minority in medical education, *Medical Education Japan*. 2017; 48(4): 265-6.
- [25] Sunaga F, Ogura H, Horikawa H, et al. The awareness and behavior of university students toward sexual minority Part 1: a research study through online survey. *The Showa University Journal of Medical Sciences*. 2017; 77(5): 530-45.
- [26] Carabez R, Pellegrini M, Mankovitz A, et al. "Never in all my years...": nurses' education about LGBT health. *Journal of Professional Nursing*. 2015; 31(4): 323-9. PMID:26194964 <https://doi.org/10.1016/j.profnurs.2015.01.003>
- [27] McEwing E. Delivering culturally competent care to the lesbian, gay, bisexual, and transgender (LGBT) population: Education for nursing students. *Nurse Educ Today*. 2020; 94. PMID:32927395 <https://doi.org/10.1016/j.nedt.2020.104573>
- [28] Yanagihara M. The sexuality of nursing students and the education for human sexuality. *Bulletin of College of Medical Sciences, Tohoku University*. 2000; 9(2): 161-73.
- [29] Mizuno C, Tone Y, Seyama N, et al. Challenges for women's health training. *Mejiro Journal of Health Care Sciences*. 2017; 10: 41-8.
- [30] Okuyama A, Miyamoto M, Sogabe M. Fact-finding Research on First Grade Sexual Minority Nursing Students. *Bulletin of Kansai University of Nursing and Health Sciences*. 2020; 12(1): 31-43.
- [31] Hirata K. Establishing a sexuality perspective before going to the clinical setting. *The Japanese Journal of Nursing Education*. 2017; 58(3): 184-9.
- [32] Bonvicini CA. LGBT healthcare disparities: What progress have we made?. *Patient Educ Couns*. 2017; 100: 2357-61. PMID:28623053 <https://doi.org/10.1016/j.pec.2017.06.003>
- [33] Nelson JL. "The Silence of the Bioethicists," *GLQ: A Journal of Lesbian and Gay Studies*. 1998; 4: 213-30. <https://doi.org/10.1215/10642684-4-2-213>
- [34] Powell T, Stein E. Legal and ethical concerns about sexual orientation change efforts. *Hastings Cent Rep*. 2014a; 44(5): S32-9. PMID:25231784 <https://doi.org/10.1002/hast.368>
- [35] Powell T, Mary Beth Foglia. The time is now: bioethics and issues. *Hastings Cent Rep*. 2014b; 44(Suppl 4): S2-3. PMID:25231781 <https://doi.org/10.1002/hast.361>
- [36] Callahan EJ, Hazarian S, Yarborough M, et al. Eliminating LGBTIQ health disparities: The associated roles of electronic health records and institutional culture. *Hastings Cent Rep*. 2014; 44(Suppl 4): S48-52. PMID:25231788 <https://doi.org/10.1002/hast.371>
- [37] Murphy TF. LGBT people and the work ahead in bioethics. *Bioethics*. 2015; 29(6): ii-v. PMID:26053920 <https://doi.org/10.1111/bioe.12168>