

Culturally competent and inclusive endometriosis care

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1 Racialized patients with endometriosis have higher rates of open-abdominal surgeries than minimally invasive procedures, compared with White patients¹

Lower rates of minimally invasive procedures predispose patients to complications.¹ Providers should ensure that all patients receive high-quality care and are aware of all treatment options.

2 Most Indigenous people who menstruate (65%) have difficulty accessing pain-relieving medicines²

Providers should consider access to medication when discussing endometriosis management. Access barriers include affordability, medication supply, and other issues, such as travel distance.²

3 Providers should overcome diagnostic barriers and cultivate an inclusive environment for transmasculine patients³

Providers should avoid dismissing reports of pelvic pain in transmasculine patients who are receiving testosterone therapy, as they can have endometriosis. Transmasculine patients can experience self-doubt and fear arising from misgendering, discrimination, and dismissal of symptoms.⁴ Patient experience should be validated, and the possibility of endometriosis explored. Accurate names and pronouns should always be used in the patient's presence, absence, and related documentation.

4 Patients who are migrants to or refugees in Canada show low use of sexual and reproductive health services, which may be due to the belief that discussing sex is taboo⁴

When discussing endometriosis symptoms, which can include intimate topics such as dyspareunia, providers should be transparent about their goals and respect patient autonomy: "I would like to ask some intimate questions to understand your experience better. Is that okay?" A safe space for discussion should be cultivated: "Would you like someone in the room during this discussion or would you like us to be alone?"

5 Cultural practices and beliefs should be respected through shared decision-making and acknowledgement of patient goals and values

Culture and beliefs can influence a patient's perspective on some endometriosis treatments such as hormonal therapy.⁵ Instead of making assumptions, providers should ask, "How do you feel about this treatment option?" They should spend time with patients, explaining different treatment options, allowing them to ask questions, and consulting cultural, spiritual, or religious advisors.

References

1. Westwood S, Fannin M, Ali F, et al. Disparities in women with endometriosis regarding access to care, diagnosis, treatment, and management in the United States: a scoping review. *Cureus* 2023;15:e38765. doi: 10.7759/cureus.38765.
2. *An assessment of menstrual-related needs in northern communities*. Kitchener (ON): True North Aid; 2022:1-19. Available: <https://truenorthaid.ca/wp-content/uploads/2024/03/an-assessment-of-menstrual-related-needs-in-northern-communities-final.pdf> (accessed 2024 Apr. 8).
3. Eder C, Rommaney R. Transgender and non-binary people's perception of their healthcare in relation to endometriosis. *Int J Transgend Health* 2023 Nov. 24. doi: 10.1080/26895269.2023.2286268.
4. Rowland DL. Culture and practice: identifying the issues. In: Rowland D, Jannini E, editors. *Cultural differences and the practice of sexual medicine: Trends in andrology and sexual medicine*. Cham: Springer; 2020:3-21.
5. Srikanthan A, Reid RL. Religious and cultural influences on contraception. *J Obstet Gynaecol Can* 2008;30:129-37.

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Editor's note: Marfy Abousifein has lived experience as an immigrant, a person with endometriosis, and a women's health researcher. Dr. Nicholas Leyland is the co-director of the Advanced Gynecology and Minimally Invasive Surgery Fellowship Program at McMaster University and an endometriosis specialist.

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