



# ETHICAL CONSIDERATIONS WHEN DEVELOPING FORMS

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## The Issue

It is recognized that lesbian, gay, bisexual, Transgendered and queer/questioning (LGBTQ) people experience various forms of implicit and explicit discrimination and harassment because of their sexual orientation, gender expression, and/or gender identity. As such, it is important to be aware of subtle and often unintentional messages that imply that dominant cultural norms are correct. Assuming that everyone is heterosexual, or that their gender and sex match, or that they identify as either male or female can lead to stigmatization of those that do not identify with traditional labels. As a result they may feel excluded, unaccepted, disrespected, ashamed, insulted, invisible, unsafe, or unwanted. This can result in reluctance to provide private and personal information, or even to seek care. In health care, it is especially important to be aware of language, ensuring that it demonstrates respect for all people. Health care organizations have a moral obligation to establish a safe and respectful environment for all.

## Potentially harmful messages

Some examples of potentially harmful messages include

- Only offering binary choices for gender or sex on a form (e.g. male/female)
- Assuming that an individual is in (or seeks) a monogamous sexual relationship
- Assuming an individual's parents are one male and one female
- Assuming that a individual's spouse is of the opposite sex
- Conflating the terms "sex", "gender identity" and "sexual orientation"

The terms *sex*, *gender* (or *gender identity*), and *sexual orientation* can be especially problematic. **Sex** is a term used to describe the biological distinction between male and female, and includes anatomical, hormonal and chromosomal markers (which may be distinctly male, distinctly female, or intersex). **Gender identity** refers to a person's innate, deeply felt psychological identification as a man, a woman, neither, or both, and which may or may not correspond to the sex assigned to them at birth. Gender identity can be fluid and may change over time. Transgender, Trans, Two-Spirit, and genderqueer are terms sometimes used by people who do not identify with the traditional male/female genders. **Sexual orientation** refers to an individual's physical and/or emotional attractions to others (i.e. to the same and/or opposite gender, or to neither). Terms such as gay, lesbian, heterosexual, asexual, bisexual, pansexual, straight, Two-Spirit, and queer are some of the many terms that people use to describe their sexual orientation.

### Quick summary

- Assumptions about a person's sex, gender or sexual orientation can create a harmful and unsafe environment for that person.
- Harmful messages can be conveyed, even unintentionally, by the terms and questions on forms and other documents, or by the absence of terms and the way questions are posed.



For more information, see the reference list on page 4.



## Inclusivity

People use names, labels, and even pronouns they feel comfortable using. It is important to take cues from how they refer to themselves. An ethical organization makes all people feel welcome and safe by ensuring that they are treated with dignity and respect at all times. One small part of a respectful environment is its paperwork.

Documents such as intake forms, health records, referrals, and surveys can all become sources of exclusion and stigmatization if people do not recognize their own identity among the options available. For example, forms that force the user to choose between male and female exclude people who are intersex, and possibly Trans people as well.

More inclusive forms help to signify that the organization is a safe environment for anyone seeking health care or employment by demonstrating that everyone is entitled to equal recognition, dignity and respect. People will be more comfortable disclosing their identity using their preferred terms. The information obtained will be more complete and relevant. Health care providers and employers will be better equipped to provide appropriate support.

Forms are one way for people to evaluate if an environment is safe and inclusive of diversity, and reflect the Dignity Question: “What do I need to know about you to be able to provide you with the best care possible?” It is also important for to employers and human resources departments. “What do I need to know about you to provide a respectful workplace?”

***Consider: What do I need to know about you to provide you with the best possible care?***

## Ethical Considerations

The primary ethical consideration in developing forms is respecting the dignity and rights of all. Other ethical considerations include

- Values, including decisions that reflect those listed in the Declaration of Patient Values
- Ethical principles such as respect for autonomy, providing benefit, avoiding or preventing harm
- Complicity with relevant rules, laws, policies and social obligations
- Projected net benefit when all possible advantages and harms are weighed
- Congruence with the values of the individuals, organization, community, and broader society involved

Organizational decisions that involve discussion or deliberation on each of these factors will usually be grounded in ethical principles and may be easier to defend if questioned.

When creating forms, it is important to be as inclusive as possible. Use language that demonstrates respect for individual values and autonomous choices and prevents the negative impact of assumptions about socially defined roles related to sex, sexual orientation, gender expression, or gender identity. Exclusive language implicitly and unfairly discounts or denies the individual’s lived experience. Inclusive language reflects respect for the inherent worth of the person, and their reality.

When possible, consider these guidelines in the development of electronic forms, such as for registration, as well.



*For more information, see the reference list on page 4.*

# Ethical Considerations in Forms Development

## Suggestions for making forms more inclusive

As you develop your form, consider the following questions:

1. What questions/fields on this form might be discriminatory? For example are there assumptions being made about sex, gender, or sexual orientation? Do the available options implicitly or unintentionally exclude anyone?
2. Are there any questions that might suggest that the organization values some people more than others? Anything that perpetuates or reinforces stereotypes or untested assumptions?
3. Is the information necessary? Is it required for the development of an appropriate care plan?
  - a) If not, can the question be eliminated?
  - b) If so, as may be the case in health care, how can it best be phrased so that it is inclusive and respectful without compromising readability and data quality?

## Specific standards

To create an inclusive form, use gender-neutral terms – e.g. spouse/partner instead of husband/wife; parent/guardian(s) instead of mother/father.

### Fill in the blank – e.g.

I identify my gender as \_\_\_\_\_.  
 Gender \_\_\_\_\_.  
 Gender identity \_\_\_\_\_.  
 Preferred name: \_\_\_\_\_.

These allow people to use their own preferred terminology, but can compromise data quality, as you may receive responses that are difficult to categorize. Use of the word “identity” can decrease readability.

### Multiple choice:

I identify my gender as:

- a) male
- b) female
- c) Trans
- d) both
- e) not sure
- f) \_\_\_\_\_ (fill in the blank)
- g) prefer not to disclose

Sex:

- a) Female
- b) Intersex
- c) Male

It is difficult to account for all the terms that may be preferred but an “other” option is not recommended. Making these questions optional is

also a sign of respect for the choice not to provide certain information.

Salutations (if required) can also be problematic. Offer an inclusive list of options. For example,

- a) Mr.
- b) Ms.
- c) Dr.
- d) \_\_\_\_\_ (fill in the blank)

Rarely, it may be appropriate or necessary to ask about sexual orientation or preference. Rather than asking people to check off an item on a list that may not include their preferred term, a more general question might be best. For example,

Do you identify as LGBTQ?

- a) Yes
- b) No
- c) Don't know

Overall, providing people with as much choice as possible about how to answer questions on a form, up to and including which questions to answer, can contribute to a safe environment. Including an option to self-identify might also help.

Communication cues, such as finding out which pronouns, title, or name a person prefers demonstrate respect for their lived experience and supports a commitment to treating all people with dignity.

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- WRHA Declaration of Patient Values: <http://www.wrha.mb.ca/about/engagement/lhig/files/LHIG-PatientValues-May15.pdf>



For more information on any of the points in this document, please contact us, or talk with your library about the resources on this list.

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