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Abstract Title: Healthy dying: Gay and bisexual men's expectations for end-of-life

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Introduction

Older lesbian, gay, bisexual, transgender, queer, intersex, and two-spirited (LGBTQI2S) adults are frequently labelled an "invisible" population (Brotman, Ryan, & Cormier, 2003). In addition to typical age-related health issues, gay, bisexual, and other men who have sex with men (gbMSM) have reduced health equity stemming from past experiences of homophobia/heterosexism. They continue to face obstacles in engaging with healthcare due to current discrimination and stigma (Brotman et al., 2003). Later-life and end-of-life (EOL) planning research has rarely focused on a holistic approach for older Canadian gbMSM.

Objectives

This is subset research of a national project on later-life issues and end-of-life (EOL) planning of older LGBTQI2S adults, funded by the Canadian Frailty Network. The goal of this study was to explore EOL expectations and experiences of gbMSM; determining how participant concerns could be mapped to the conceptual framework an inverted socioecological model focused on developing health promotion interventions.

Methods

Older gbMSM were recruited at five sites (Vancouver, Edmonton, Toronto, Montreal, and Halifax) where they completed participant profiles collecting data on personal characteristics (e.g. relationship status, employment, degree of 'outness'), social support (e.g. caregivers, EOL discussion partners, legal preparations), and internet use (e.g. frequency of use, reliance of service). Focus groups were structured around a pre-determined question guide covering plans for EOL care, community, and technology. Focus group transcripts were thematically analyzed, following descriptive qualitative methodology, to identify major barriers and facilitators to accessing EOL care and services. Thematic codes were created through inductive qualitative methods. Major themes were mapped to the inverted socioecological model with policy centered as the source of interventions.

Results

Preliminary analysis identified concerns about the nature of dying and death as a recurring primary theme. Major points of discussion related to the ways in which participants might end their life; either in a hospice, long-term care facility, hospital, or home. Several participants spoke about their past experiences with death and dying through the passing of partners or as survivors of the AIDS epidemic. Control over death in the form of medical assistance in dying (MAiD) was a preferred option for many. Some participants had actively lobbied for, and educated others, on MAiD.

Conclusion

While much of EOL care research focuses on how older adults prepare their eventual death, the studied gbMSM demonstrated interest in how death arrives and their control over associated processes. A population that has often been medicalized and stigmatized, these men want control at the end of their lives.

References

Brotman, S., Ryan, B., & Cormier, R. (2003). The health and social service needs of gay and lesbian elders and their families in Canada. *The Gerontologist, 43*, 192-202.

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