

Care of Patients in Diverse Family Structures

We are seeking an author or author group to write a manuscript for this edition of *FP Essentials* that will update family physicians about care of patients in diverse family structures. This edition will cover four topics:

1. Foster parenting and adoption
2. LGBTQ families
3. Blended, multigenerational, and single-parent families
4. Third-party parenting

The main text of the manuscript should be approximately 10,000 words in length, divided into four sections of approximately 2,500 words each with an abstract of 200 words maximum for each section. In addition, there should be key practice recommendations, a maximum of 15 tables and figures), suggested readings, and a single reference list with up to 200 references to provide support for all factual statements in the manuscript.

The edition should focus on what is new in each topic and should answer the key questions listed for each section. Each section should begin with an illustrative case, similar to the examples provided, with modifications to emphasize key points; each case should have a conclusion that demonstrates resolution of the clinical situation. The references here include information that should be considered in preparation of this edition. However, these references are only a useful starting point.

Needs Assessment: There has been substantial changes in the composition of families in the United States in recent decades. Traditional families, often defined as married, heterosexual parents and their children,¹ predominate less than they used to, and family structures are increasingly diverse. In 2020, 72.4% of families consisted of married, heterosexual couples, and 13.4% were single-parent families; nontraditional families are more common among racial minorities. Among Black households, 45.8% were married couples, and 27.7% were single-parent homes.² Blended families, multigenerational families, and families headed by same-sex couples also are increasingly common. Advances in assisted reproductive technologies also have further contributed significantly to changes in the family. Because family physicians care for patients in the context of their families, family physicians need to be well informed about the evolving structure of the modern family and the complex challenges that families face.

1. United States Census Bureau. Glossary.
https://www.census.gov/glossary/#term_Familyhousehold
2. United States Census Bureau. America's families and living arrangements: 2020. Table FG10: family groups. 2020. <https://www.census.gov/data/tables/2020/demo/families/cps-2020.html>

Section 1: Foster Parenting and Adoption

Example case: *LP is a 16-month-old girl who is brought to your office for an initial well-child visit by a caseworker from your state's department of social services. She previously lived with her birth mother and two older siblings, but she entered foster care 3 days ago due to an unsafe home environment. It is unknown whether she received any vaccinations after age 5 months.*

Key questions to consider:

- How common are fostering and adoption in the United States? How many children are fostered and/or adopted annually? How often are children fostered or adopted by relatives versus by unrelated individuals?
- What are the main reasons that children enter the foster care system? How often are fostered children adopted versus reunited with their birth families? How long do these processes typically take, and at what age do they most commonly occur?
- What are the special medical and emotional needs of young children, older children, and adolescents who recently have entered foster care or who are newly adopted?
- How do they differ among age groups?
- How frequently should they be seen for follow-up care?
- How can family physicians address these needs and provide support?
- What are the emotional and behavioral outcomes of children who are fostered and adopted?
- What is *ethnic identity confusion*? How common is it among children of one racial or ethnic group who are adopted into families of a different racial or ethnic group? What are some strategies for mitigating the risk of this confusion?
- How many families foster or adopt? What factors should families and individuals consider when contemplating fostering or adoption?
- What level of medical and psychological screening is required for potential foster parents?
- How expensive is it to foster or adopt a child? What financial resources are available to assist families?
- What are the medical and emotional needs of fostering and adopting parents? How can family physicians address these needs and provide support?
- What is the effect on biological children of adding foster or adopted children to a family?
- How common are international adoptions? What are the challenges and risks associated with cross-cultural adoption? What are some strategies for mitigating these risks?
- How can physicians obtain medical, surgical, and family histories for fostered and adopted children? How should physicians manage gaps in the medical record (eg, incomplete vaccination records)? How has open and closed adoption changed over time in the United States?
- Who can provide medical consent for children in foster care, and what level of consent is required?
- What are the ethical issues associated with fostering and adoption for physicians? Is it ethical for a physician to adopt a child of a patient, to help coordinate the adoption of a patient's child, or to help arrange the adoption of a child by the physician's friends or

family members? Consider issues of consent, privacy, confidentiality, and physician-patient relationships.

Initial references to consider:

- US Dept of Health & Human Services. Child Welfare Information Gateway. <https://www.childwelfare.gov/>
- US Dept of Health & Human Services. Child Welfare Information Gateway. Adoption. <https://www.childwelfare.gov/topics/adoption/>
- Adoption Network. Helping build families, one miracle at a time. <https://adoptionnetwork.com/>
- Szilagyi MA, Rosen DS, Zlotnik S, et al. Health care issues for children and adolescents in foster care and kinship care. *Pediatrics*. 2015;136(4):e1131-e1140.
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- American Medical Association. Code of medical ethics overview. <https://www.ama-assn.org/delivering-care/ethics/code-medical-ethics-overview>

Section 2: LGBTQ Families

Example case: *JR is an 11-year-old boy who is brought to your office by his parents to establish care. He is the adopted son of two gay men. When asked how he is adjusting to his new middle school, he says that it is all right, but he has had difficulty fitting in. He explains that he has been teased about having two dads. JR worries that other kids will not want to be his friends.*

Key questions to consider:

- What does it mean to say that a family is a lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ) family? What kinds of family structures does the designation LGBTQ encompass? How common are the various types?
- What barriers can LGBTQ families encounter when seeking medical care? What can family physicians do to reduce these barriers in their practices?
- When should physicians ask about patients' sexual orientation, gender identity, and personal preferences, and how can they do that with language that is clear, sensitive, and unassuming?
- What special medical and emotional needs do various members of LGBTQ families have? How can family physicians address their patients' needs and provide support in the following scenarios?
 - A child of same-sex parents
 - A child whose sibling, parent, or grandparent has identified as LGBTQ
 - A child of heterosexual parents who identifies as LGBTQ or who is experiencing gender dysphoria
 - A parent whose child is experiencing gender dysphoria or has identified as LGBTQ
 - An individual whose partner has identified as LGBTQ (or the reverse) later in life
 - An individual whose child or parent is undergoing gender transition
- Do the emotional or behavioral outcomes of children raised in LGBTQ families differ from those of children raised in heterosexual families? If so, how? If not, what variables are associated with emotional health and resilience?
- How common is gender dysphoria in children and adults? What is its natural history? How should family physicians advise and support parents whose children experience gender dysphoria?
- What health disparities do LGBTQ individuals (adults versus adolescents or children) experience? What are some recommended strategies for reducing these disparities?
- In some areas of the United States, physicians can refuse care or certain services to LGBTQ patients. What are the reasons they might do so? How should physicians in group practice deal with disagreements over what services should be provided?
- When is subspecialty consultation or referral indicated in the care of LGBTQ patients and their families?
- What resources are available to family physicians who want more information about treating LGBTQ patients?

Initial references to consider:

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- Morris M, Cooper RL, Ramesh A, et al. Training to reduce LGBTQ-related bias among medical, nursing, and dental students and providers: a systematic review. *BMC Med Educ.* 2019;19(1):325.
- Klein DA, Paradise SL, Goodwin ET. Caring for transgender and gender-diverse persons: what clinicians should know. *Am Fam Physician.* 2018;98(11):645-653.

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Section 3: Blended, Multigenerational, and Single-Parent Families

Example case: *JA is a 34-year-old woman following up with you for anxiety. Symptoms are improving with citalopram. She is a single parent of two boys, ages 8 and 10 years. JA is in a relationship with KM, who shares custody of his 12-year-old daughter with his ex-wife. KM also is the primary caretaker of his aging mother. JA and KM are considering merging their families, but JA has concerns about how disruptive the change in family structure might be for her children.*

Key questions to consider:

- How prevalent are various kinds of nontraditional families, such as single-parent, blended, multigenerational, same-sex, and cohabitating families? How does this compare with previous generations?
- Why has the prevalence of the traditional family (ie, married, heterosexual parents and their children) declined in the United States? How do these statistics compare in urban versus rural areas?
- How does family structure influence health measures, such as longevity, obesity, substance abuse, divorce, and incarceration?
- What familial factors are associated with emotional and social health and resilience? What factors are associated with adverse psychosocial outcomes?
- How does growing up in a single-parent household influence a child's well-being? How important is it for vacant parental roles to be filled by others when possible?
- What challenges might various family members face when grandparents instead of parents head households? How are children's health, emotional, or behavioral outcomes affected? How can family physicians address these challenges and provide support?
- How should physicians ask about patients' family structures and relationships using language that is sensitive and that avoids false assumptions (eg, mistaking a parent for a grandparent or another family member)?
- When can stepparents, grandparents, older siblings, or other family members make medical decisions and give consent for medical treatment of minors? How can electronic health records be used to document parental permission?
- What resources may help family physicians, parents, stepparents, and grandparents seeking to navigate the complexities of diverse family structures?

Initial references to consider:

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Section 4: Third-Party Parenting

Example case: *RV is a 42-year-old man who grew up in a family with two married parents and a sister. His mother recently revealed she had conceived her children using anonymous donor sperm through a fertility clinic. At that time, her physician had discouraged her from telling their children. RV now has questions about his identity and is considering commercial DNA testing to learn more about his genetic heritage. He has concerns about sharing genetic information, as well as ambivalence about discovering new genetic relatives.*

Key questions to consider:

Suggestion: Answer these questions in separate subsections on donor conception and surrogacy.

- What are donor conception and surrogate parenthood? What are the various types of each? How common are they?
- What reproductive technologies are available, and how long have they been available? How do they work? How many children are conceived using these technologies annually in the United States?
- What are the reasons these assisted reproductive technologies are chosen? What are the advantages, disadvantages, and costs compared with other forms of assisted reproduction?
- What are pregnancy success rates using these technologies? How does the success rate using embryo donation compare with standard in vitro fertilization? Do these pregnancies carry a higher risk of medical complications?
- For what reasons do individuals become donors or surrogates? How much are donors and surrogates compensated?
- What medical and psychosocial screening is required or recommended for prospective donors and surrogates?
- What is the process for choosing a donor bank and a donor or surrogate?
- What laws regulate donor conception and surrogacy? Are there limits on how many times an individual donor can be used? Is surrogacy prohibited in some jurisdictions? Why? What do surrogacy contracts stipulate?
- What ethical issues should be considered regarding these forms of reproduction?
- When and how should donor offspring be told how they were conceived? Are there situations in which offspring should not be told?
- What medical and psychological concerns are common among donor-conceived individuals?
- What is the role of commercial DNA testing for finding biological relatives and discovering genetic health risks? How accurate is it?
- How secure is an individual's genetic information when it is submitted for commercial DNA testing? What are the risks related to privacy and confidentiality?
- How do donor-conceived individuals feel about contact with their donors and vice versa?
- What are the laws and donor rights regarding privacy? How have expectations and regulations changed since commercial DNA testing has become widely available?

Initial references to consider:

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