Gay and Lesbian Medical Association

Visitation Guidelines for Hospitals

Purpose

A key part of a patient’s healing is the support the patient feels from friends and family. Therefore, visitors should be a welcome part of patient treatment at any hospital. Frequently, however, gay, lesbian, bisexual or transgendered (“GLBT”) patients are estranged from or rejected by their biological families and require access to friends or domestic partners, even if such relationships are not afforded equal status under the law.

Hospitals have an obligation to promote a patient’s healing and well-being by maintaining clear guidelines that permit visitation by domestic partners of GLBT patients, treating those domestic partners as they would treat any spouse or next-of-kin. For example, the hospital should not require domestic partners to present domestic partnership registration or a durable power of attorney prior to granting visitation rights. A hospital should also permit all parents to visit hospitalized children, regardless of whether the children’s parents are opposite or same-sex couples. Similarly, a hospital should treat all parents—regardless of whether biologically related to the child or adoptive—in the same manner and should not require any special proof of parental rights. Hospitals should only restrict visitation of a parent if that parent poses a threat to the child.

State or local laws, regulations or ordinances may require equal visitation rights for same-sex domestic partners or adoptive parents. The Gay and Lesbian Medical Association recommends that hospitals seek the advice of legal counsel to ensure full compliance with such laws.

We recommend including the following language in hospital visitation policies:

[Hospital] explicitly adopts the following definition of “family” used by the Joint Commission: “Family” means any “person(s) who plays a significant role in an individual’s life. This may include a person(s) not legally related to the individual. This person(s) is often referred to as a surrogate decision maker if authorized to make care decisions for the individual should he or she lose decision-making capacity.” This includes both spouses and same-sex domestic partners as well as a minor patient’s parents, regardless of the gender of either parent.
Training

In addition to implementing visitation policies as described above, the hospital should conduct regular training on these issues in the hospital setting, making sure that all professional and non-professional staff understand that same-sex domestic partners and same-sex adoptive parents are to be treated in the same manner as all other next-of-kin.