

## Gay and lesbian doctors

The medical profession has a reputation for conservatism, so does being gay impede your career? Daniel Saunders, Jolyon Oxley, and David Harvey discuss

Most lesbian or gay doctors have the same experiences and opinions as our heterosexual colleagues and experience the same difficulties and joys at work. Many of us expect that our sexual orientation will not affect our clinical practice. Most of our concerns relate to the attitudes of work colleagues to our sexual orientation. There are fears that their attitudes may prejudice our professional relationships and possibly adversely affect our career progression.

The medical profession has a reputation for being conservative, and some consider it to be 'homophobic'—that is, prejudiced against gay and lesbian people simply because of their sexuality. It is, however, very difficult to measure levels of homophobia because, like other forms of discrimination, it is subject to underreporting, particularly as there are currently no laws that protect homosexual and bisexual people from discrimination on the grounds of sexual orientation.

There has been little research in this area; the most recent UK research was published just over five years ago.<sup>1</sup> In this study 28 doctors were interviewed about their attitudes to homosexuality: all 20 who identified themselves as gay felt that homophobia did exist in the medical profession, and only one of the non-gay doctors felt categorically that it did not. Of the gay doctors interviewed, most had not openly declared their sexual orientation at work for fear of it adversely affecting their careers. It is difficult to know whether the attitudes within medicine are more exaggerated than, or simply a reflection of, society at large.

Homophobia must be taken seriously as its effects can be very harmful. A study in Glasgow looked at the effects of homophobia on the general population of lesbians and gay men.<sup>2</sup> It concluded that 66% had suffered depression at some point in their lives and that, of

### Gay and Lesbian Association of Doctors and Dentists (GLADD)

- Provides professional and social support for gay and lesbian doctors, dentists, and medical and dental students
- Collects and disseminates information on gay and lesbian issues relevant to the practice of medicine and dentistry
- Campaigns to combat discrimination against gays and lesbians, particularly if expressed by doctors and dentists or towards doctors and dentists
- Holds regular national meetings to discuss a wide variety of issues relevant to its members
- Organises a number of informal social events around the country to enable members to meet locally and to provide support for one another
- Links up with similar organisations both within Britain and abroad

these, 71% attributed this to their own or others' feelings about their sexuality. In addition, 85% stated that they had had verbal insults directed against them because somebody knew or presumed them to be lesbian or gay, 43% stated that they had experienced discrimination or harassment at work because of their sexual orientation, and 21% stated that addiction to alcohol or other drugs was directly related to their feelings, or those of others, towards their sexuality.

Why, then, is it important for all doctors to understand the issues facing their gay and lesbian colleagues? Firstly, discrimination of any kind displayed by doctors is unprofessional and unethical. Secondly, all doctors will probably work with gay and lesbian colleagues at some point in their careers, even though they may not realise this. Thirdly, lesbian and gay doctors have a right to progression in the profession based on merit alone and free from discrimination because of their sexuality.

The rest of this article is based on opinions expressed by members of the Gay and Lesbian Association of Doctors and Dentists (GLADD), which was formed in 1995. The opinions were expressed at GLADD meetings and in a survey of members carried out in 1997.<sup>3</sup>

Lesbian and gay helplines, local and professional support groups, and professional counselling can help to deal with these issues. It can be a time when lesbian and gay people feel very isolated and do not know who to turn to for help and support. This may be particularly true for medical students and doctors, who are often reluctant to seek appropriate help. The survey of GLADD members confirmed that many had such feelings of isolation, but many also thought that this was at least partly addressed by having opportunities to meet colleagues who had experienced similar situations and had found ways of dealing with this.<sup>3</sup>

Coming out to yourself can produce a great sense of relief but can also raise a number of new concerns such as coming out to your friends and family and coming out to colleagues at work.

#### Coming out professionally

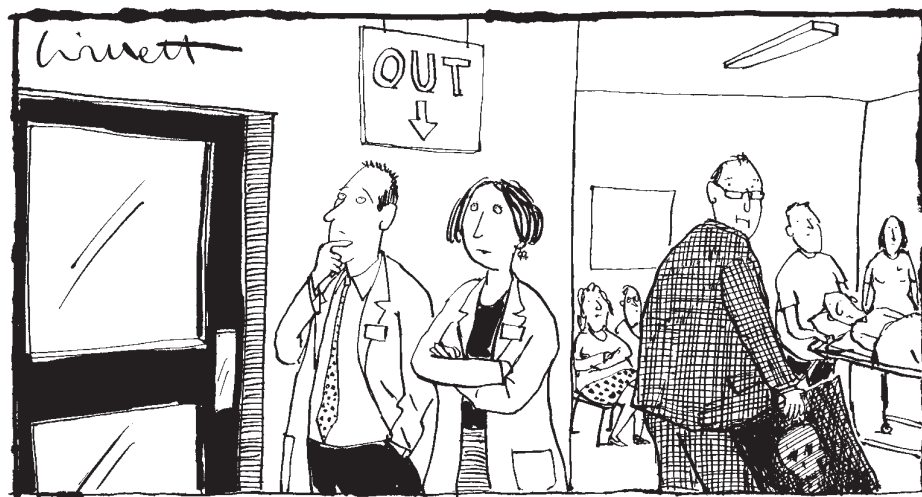
There are legitimate concerns about coming out to your professional colleagues. Many of our members have been open about their sexuality at work and have experienced no problems as a result. Yet others quite legitimately choose not to come out at work at all, or choose to conceal their sexuality for a sizeable proportion of their career, perhaps until they have reached the relative security of becoming a consultant or general practitioner principal. The fear remains that others knowing about your sexuality will prejudice your career. This fear is reinforced by the occasional homophobic comment made by a lecturer to a group of students or by a consultant in outpatients or on a ward round. Only the most self assured person can ignore these comments, let alone be strong enough to challenge them, especially if someone more senior says them. Supportive non-gay colleagues can be very helpful in these situations. Every person who stands

There are important messages here for all doctors, employers, and professional and regulatory bodies.

#### Coming out to yourself

'Coming out' refers to the realisation that you may be homosexual or bisexual. This may occur at any age and is a difficult time for most who experience it. One of the influences that may prevent lesbians and gays coming out is the presumption by others (parents, school teachers, the media, peers, colleagues, etc) that any variation from heterosexuality is unwelcome. Dealing with the conflict between this external pressure and your own, innermost feelings can be very distressing. The Glasgow survey found, for example, that 27% of respondents directly connected their attempts at deliberate self harm to their own feelings, or those of others, about their sexuality.<sup>2</sup>

Even if gay and lesbian people do not experience overt hostility to their sexuality, some remain in difficulties because of what has been termed 'internalised homophobia.' This is the feeling that what you are experiencing is wrong because the attitude of society leads you to believe that being homosexual or bisexual is wrong. Internalised homophobia can be extremely difficult to deal with.



up and says "This is who I am, this is what I'm proud of, this is what I care about, and these are my principles, values, and standards" makes it a little harder for others to be prejudiced. GLADD hopes and expects that in future there will be more lesbian and gay role models in medicine.

#### Choice of career

Although it may be assumed that many lesbians and gays will pursue careers in medical specialties that are seen to be lesbian and gay friendly, such as psychiatry or genitourinary medicine, GLADD has members from virtually all specialties. Many of our members have experienced great success within their specialty and have experienced no problems as a result of being open with their colleagues about their sexual orientation. We need these people to challenge their less tolerant colleagues as well as providing role models for those who feel less confident about dealing with homophobia.

#### Tackling homophobia

Although every doctor can play his or her part in combating homophobia, there are no laws in Britain that protect lesbians, gays, and bisexuals from discrimination because of their sexuality. It is still perfectly legal to discriminate against and dismiss someone just because of their sexuality, and GLADD would like to hear from any doctors or dentists who have been treated in this way.

However, medicine need not wait until there is further anti-discrimination legislation. The GMC and the BMA should con-

tinue to lead on this important issue. There is already an instruction from the GMC stating "You must not discriminate against colleagues, including doctors applying for posts, because of your views of their lifestyle, culture, beliefs, race, colour, sex, sexuality or age."<sup>1</sup> GLADD urges the GMC to ensure that doctors do not behave in a discriminatory way, whether it be in their role as clinician, academic, teacher, or medical manager. In 1998 the BMA's Career Progress Of Doctors Committee published a supplement to its guidelines for promoting equal opportunities in the health service *Discrimination on the grounds of sexual orientation*.<sup>2</sup> Though the guidelines are excellent, they remain only guidelines. In 1999 the Junior Members' Forum, Medical Students' Conference, and Junior Doctors' Conference all passed motions commending these guidelines to the profession and called on the BMA to take steps to implement the guidelines. Although guidelines will not themselves end discrimination on the basis of sexual orientation, or the internalised homophobia experienced by some lesbians and gays within the profession, they will provide support from those who shape attitudes and opinions within the medical profession.

University deans can do much to help form appropriate attitudes in students by including learning about sexuality in the core medical and dental curriculums without linking it to pathology. Postgraduate deans can help by ensuring that all doctors in training have an understanding of the diversity of

human sexuality and are appropriately skilled to work with patients and colleagues whose sexuality may be different from their own. The Department of Health can help by taking the lead in promoting good practice throughout the health service. GLADD urges health authorities, NHS trusts, and private healthcare employers to implement anti-discrimination employment policies on the grounds of sexuality and ensure that all staff for whom they are responsible are helped to abide by them. The medical profession, as a caring profession, should be leading the way to combat homophobia both within the profession itself and in society at large.

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1 Rose L. Homophobia among doctors. *BMJ* 1994;308:586-7.

2 Patrick A, John S. *Poverty and social exclusion of lesbians and gay men in Glasgow*. Lesbian archive and information centre., 1999

3 Saunders DJ. GLADD membership survey 1997. *GLADD Tidings Suppl* 1998 June.

4 General Medical Council. *Good medical practice. Duties of a doctor*. London: GMC, 1995.

5 BMA Career Progress of Doctors Committee. *Discrimination on the grounds of sexual orientation. Guidelines for promoting equal opportunities in the health service—supplement*. London: BMA, 1998

Website extra: a table with the BMA's guidance on equal opportunities on grounds of sexual orientation is appended to the web version of this article.

#### Contacting GLADD

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## Briefing

• Junior doctors have always had to get up at three in the morning but these days plenty of other occupations are joining the nocturnal work club.

According to a survey published in *IRS Employment Trends* (2000;696:5-20) six in every 10 employers have responsibility for at least some staff working outside the usual working week. The same survey also reports that the average working week for full time workers in the UK is 37.4 hours, that managerial staff are working longer than ever—one third exceed 56 hours each week—and that the average holiday entitlement is 23.9 days each year.

• Not everyone will know what the Joint Committee for Higher Medical Training does—but they will after perusing its excellent website ([www.rcplondon.ac.uk/jchmt](http://www.rcplondon.ac.uk/jchmt)). The JCHMT oversees training in the medical specialties; its new site contains an explanation of the requirements for specialist registration and completion of training in all of the medical specialties and subspecialties. The site eschews graphic content in favour of fast loading text, so access to such arcana as the rules surrounding the contribution of LAT and LAS (locum) posts to the final achievement of the CCST is quick and simple.

• While the physicians push, the surgeons pull: the Royal College of Surgeons in England is to hold a one day seminar on internet skills for surgeons, including the use of online books and searching Medline. Participants will receive personal tuition as well as hands-on experience using computer workstations. You can get more information by visiting the College's website at [www.rcseng.ac.uk](http://www.rcseng.ac.uk) or by calling 020 7312 6673.

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