

# Why sexual orientation is relevant to your practice: effective care of gay and lesbian patients

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**ABSTRACT** Myths and misconceptions about gay men and lesbians are common and may become an obstacle to good medical care. The assumption that all patients are heterosexuals can also affect the quality of care. The high rates of suicide, depression, and substance abuse in the homosexual population in this country, and the prevalence of domestic violence among such couples have serious clinical implications. Patients are more likely to disclose relevant medical history if they can trust their provider and be assured that their sexual preference would not be used against them. These and associated medical complications, such as sexually transmitted infections, are some reasons why all physicians need to be aware of the patient's sexual identity. Practical tips offer specific suggestions on how to run a primary care office inclusive of all lifestyles, which will enhance the comfort level and thereby the likelihood of optimal care offered to this patient population.

It is a fact that almost every primary care physician has been seeing gay or lesbian patients, if we consider recent studies suggesting that between 4% and 9% of the population is homosexual, with a predominance among men.<sup>1,2</sup> It is also a reality that physicians may not know their patient's sexual orientation even if they consider such information important to their ability to provide optimal care. Many physicians may make a tacit assumption that all their patients are heterosexual.

Studies show that on average, only 25% of primary care physicians take a sexual history (range 11%–37%),<sup>3,4</sup> and it is likely that physicians who are comfortable inquiring about their patients' sexual orientation will also be respectful of the responses they receive, as such questioning implies a level of comfort with sexual issues. Still, a simple computation suggests that only 12% to 15% of gay and lesbian patients are identified as such by their primary care physicians, although 40% of these patients are comfortable sharing their sexual orientation with a physician.<sup>3</sup>

Medical education has done little to help dispel long-held beliefs and myths about homosexuality; thus some physicians are likely to have uninformed and incorrect notions of homosexual patients. An American Medical Association survey reports homophobia among 35% of a physician sample,<sup>5</sup> and a survey conducted by the American Association of Physicians for Human Rights re-

## Practice Tips

- When a patient discloses being gay or lesbian, listen attentively and with respect. Be sensitive to the risk a patient takes with such self-disclosure.
- Never disclose a patient's sexual identity to a parent or partner. Information that is this sensitive should be recorded in the chart only with the patient's consent.
- Using an inclusive vocabulary—refer to "sexual activity" rather than "intercourse" or to "partner" rather than "husband" or "wife"—is the best way to create an inclusive environment.
- Support the patient's dream of parenting and offer information regarding options for conception or adoption.
- Be vigilant for cues of domestic violence, a history of sexual abuse, or sexual exploitation in this patient population.

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ports that 67% of physicians know gay or lesbian persons who have received substandard or no care,<sup>6</sup> and 52% of the physicians surveyed have witnessed homophobic behavior or discrimination directed at homosexual patients.<sup>6,7</sup> More recent studies suggest that 65% of medical students report antigay and antilesbian comments made by their teachers,<sup>6,8</sup> 25% express overt homophobic reactions,<sup>6,7</sup> and 9% continue to believe that homosexuality is a mental disorder.<sup>6-8</sup> This belief was dismissed almost 30 years ago, when homosexuality was removed from the classification of the Diagnostic and Statistical Manual of Mental Disorders (in 1973 by the American Psychiatric Association, and in 1981 by the American Medical Association<sup>9</sup>). However, this pathologic model of homosexuality is still evident in health care delivery today; therefore, patients who are withholding their sexual identity may be making a wise and self-protective choice.

### Definitions, perceptions, and attitudes

This raises the issue of definitions of the terms gay and lesbian. Many persons who engage in same-gender sexual activity may not identify themselves as gay, lesbian, or bisexual, although the opposite may also be true. The words used to define homosexuality—"disposition," "preference," "orientation," and "identity"—trace the history of our evolving cultural struggle to come to terms with questions surrounding homosexuality—What is it? Why does it happen? Is what we currently call sexual orientation (or identity) defined by a person's sexual behavior, by one's sexual fantasies and desires, or by self-identification? Any one of these descriptors may be distorting a person's reality. Many homosexuals have had, and may still have, sexual contact with members of the opposite sex; many persons, especially older ones who grew up in a more repressive atmosphere, conceal their sexual identity. Consequently, defining and sampling human sexuality for surveys have been difficult. The Physicians for Human Rights survey suggests that sexual identification is best defined by the triad, "desire-identity-behavior."<sup>6</sup>

The biggest obstacle to respectful and effective care of gay and lesbian patients involves perceptions and attitudes—overcoming it is a matter of resisting falling prey to the familiar and popular caricature of gay and lesbian persons. Such attitudes may change if clinicians accept the reality that allowing for different sexual ori-

entations does not necessarily signal endorsement or approval of that preference.

### The myths

Acknowledging that myths are alive and well in our society is the first step toward respectful care of the homosexual and bisexual population.

#### 1. All homosexuals are sexually active

A common attitude toward homosexuals is reflected in the emphasis on sexual aspects of their lives and the assumption that they are all sexually active. In reality, some gay men and lesbians are sexually active, others are temporarily abstinent, and still others may live a lifetime of celibacy or virginity. Just like "straight" people, some homosexuals may also engage in bisexual behavior by having sex with members of the opposite gender. No data are available to suggest a different level of sexual activity among heterosexuals and homosexuals. Overall, the incidence of celibacy versus sexual activity may be similar in both groups.

#### 2. If you are married you are not gay; if you are not married you must be gay

Marriage and procreation are two elements of what is considered the socially expected standard lifestyle and are quasi-universal aspirations. However, being in a conventional marriage does not unequivocally mean being "straight"; homosexuals may marry members of the opposite sex for reasons such as internalized homophobia, desire to fit in and appear "normal" to family and society, desire to create a biological family, confusion about sexuality, and strong religious conviction that forbids a homosexual lifestyle.

Although sometimes gays and lesbians marry members of the opposite sex, at some point in their adult development they may come to terms with the importance of living authentically and sharing their sexual orientation with their spouse. "Coming out" during midlife is a common phenomenon.

#### 3. If you wanted to, you could change your sexual orientation

Homosexuals do not choose to be gay or lesbian any more than straight people choose their sexual orientation. Being homosexual is not a preference over being

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heterosexual. Considering the often-victimized predicament of homosexuals, it would seem rather morbid to choose a life of rejection and victimization over a life of acceptance and inclusion. Ongoing research on the etiology of homosexuality, especially in the area of biology and genetics, may eventually shed light on this issue. To date, the bulk of scientific literature strongly suggests the irreversibility of sexual orientation.

#### 4. All homosexuals look and act alike

As a minority, homosexuals are often a target of profiling. A widespread and mistaken belief is that you can tell if people are homosexual by the way they dress, speak, act, the profession they choose, or the way they decorate their homes. A general misconception is that all gay men are effeminate and all lesbians are masculine. Although this may be true of some of them, the vast majority of homosexuals look like their heterosexual counterparts. There is no hairstyle, speech pattern, or profession that is solely the realm of homosexual or straight persons. Likewise, gays and lesbians are found in all walks of life and are involved in all professions—mechanics, engineers, artists, teachers, and physicians; they are even on Wall Street and in Congress. Assuming that homosexuals can mostly be found in gay bars and bathhouses is an unfortunate generalization, which has had a negative influence on sociological and medical research.<sup>3,10</sup> The convenience of studying gay men and lesbians in such settings has led to distortions, biased findings, and the reinforcement of stigmatization and discrimination.

#### 5. Homosexuality means hypersexuality

The AIDS crisis has reinforced the perception that gays and lesbians are promiscuous and reckless. We know, of course, that promiscuity is not the sole domain of homosexuals. The high incidence of sexually transmitted infections (STIs), unplanned pregnancies, and sexual assault among heterosexuals points to the recklessness of many straight people, yet this has not resulted in the generalization that all heterosexuals are promiscuous, indiscriminate, and reckless. An intriguing question is, why does the perception of hypersexuality get attached to one group over the other?

It is true that the spread of STIs is fastest among homosexual men. Anal intercourse offers a favorable route for transmission of the human immunodeficiency virus (HIV) and other viruses, such as hepatitis B. Anilin-

gus—fecal-oral contact—places the homosexual male at risk for hepatitis A.<sup>3,5,11</sup> Note, in contrast, that STIs are less common in lesbians than in either heterosexual women or gay men, with a lower incidence of HIV, hepatitis A and B, syphilis, gonorrhea, chlamydia, herpes, and papillomavirus.<sup>12</sup>

#### 6. Pedophiles and perverts

At most, 5% of all convicted pedophiles are gay,<sup>13</sup> meaning that 95% of pedophiles are straight. This would suggest that children are just as safe, if not more so, in the presence of a gay or lesbian schoolteacher, scoutmaster, or parent than with a straight person. Being gay or lesbian does not make someone a predator; nor does it mean homosexuals are trying to recruit or convert young people.

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#### Challenges facing homosexuals

Growing up gay or lesbian and living a homosexual life brings about special challenges that are often foreign to the “straight world.” As clinicians, we need to be aware of these issues and consider the possibility of the anxiety commonly associated with being gay or lesbian.

**Being a homosexual teenager.** The human need to belong and fit in is essential for the development of a positive self-concept. It is usually during adolescence that a person comes to terms with one’s sexuality and expresses concern about sexual orientation. Sexual experimentation is par for this stage of life, and same-sex sexual involvement is common. A predictor of homosexuality is not so much adolescent sexual behavior but rather the persistence of a homosexual fantasy life for boys, and intense emotional same-sex attachment for girls.<sup>3</sup>

At the discovery of one’s homosexuality, confusion and fear may set in. Usually, teenagers initially keep this unwelcome identity secret because of fear of being rejected: being gay or lesbian is often experienced as a curse because of its negative and stigmatized connotation in our society. Such teenagers may begin to do poorly at school, isolate themselves, withdraw socially, and exhibit clinical signs of depression.<sup>14</sup> The incidence of teen suicide attempts among homosexuals is estimated at 25% to 30% and accounts for 30% of all completed teen suicides.<sup>3,14,15</sup> Few role models are available, and no blue print exists for the sometimes-traumatic process of “coming out.”

**Making connections.** People typically socialize with others who share similar concerns, struggles, and desires, and

it is human nature to seek intimacy with such “others” toward the eventual outcome of coupling. By definition, minorities represent a smaller community; homosexuals represent a little over 1/20th of the general US population. Therefore, socializing among gay and lesbian persons requires special rituals and clearly identifiable gathering places. Certain cities in the United States have been more welcoming of gays and lesbians, and landmarks have generally offered a safe gathering place. Gay bars and community centers are such gay-friendly places, offering opportunities to make connections, relax, and feel welcome. Although such places are vital, these small social networks lead to complex romantic entanglements, a consequence of having a limited number of potential partners. Fear of abandonment, jealousy, and possessiveness are common results of this reality.

**Domestic violence.** Discord between a homosexual couple can be very stressful because of a lack of traditional social support. The incidence of domestic violence among heterosexual women is estimated at 25% to 33%,<sup>16</sup> and of all the women murdered in the United States annually, 42% are victims of domestic murder.<sup>16</sup> The estimate of domestic violence for lesbian couples is between 20% to 27%, with a 39% rate of domestic murder.<sup>17</sup>

The lesbian population faces a specific problem, aptly described as “the closet within the closet.”<sup>17</sup> Several factors compound the problem, including isolation and lack of social support, inherent tendency to conceal violence, and high incidence of alcohol and drug-related aggression. All this leads to a likely underestimation of the extent of partner battering, as lesbians are reluctant to report such abuse.<sup>17</sup>

The homosexual community perceives that the courts and the police are anti-homosexuals. Reporting the violence is a replay of the coming out process for the victim. The response of authorities is often tinged by ignorance or by societal homophobia. Authorities sometimes seem to find homosexual domestic violence justified and take it less seriously than heterosexual domestic abuse. Often, the person perceived as “butch” is stereotyped as the aggressor, without cause. Homosexual victims of violence may believe they deserve this abuse because of their internalized sense of guilt or being “bad.”

**Being a parent: the medical context.** There are about 4 million lesbian mothers and 2 million gay fathers in the United States,<sup>18-20</sup> and between 6 and 14 million Americans have one or more homosexual parents. The child

of such same-sex couples may be the biological child of one parent or the adopted child of both. “Rainbow families,” as they are often referred to, tend to be especially thoughtful about whom they choose to entrust their family’s medical care, seeking physicians who show sensitivity and understanding for their situation, often finding such a physician by word-of-mouth referral.<sup>19</sup>

Acute care and emergency medical situations may pose special problems for homosexual parents. Often, the non-biological parent may be excluded from the evaluation and/or treatment process or from participating in the clinical decision-making process because of established protocols and guidelines that prohibit disclosure of information or signature from a non-blood relative or from the non-primary guardian.

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**Anxiety, depression, and suicide.** It comes as no surprise that the combination of societal disapproval, stigmatization, experiences of discrimination or violence, and internalized homophobia leads to an increase in the incidences of depression, low self-esteem, anxiety, and suicidal tendencies in the gay community.<sup>21,22</sup> Research has demonstrated that suicide attempts are linked to the coming out process, placing late adolescents at high risk.<sup>14,15</sup> The Netherlands study, where homosexuality is fairly well tolerated, shows significant differences in the prevalence of mood disorders and anxiety in homosexuals, compared with heterosexuals.<sup>21</sup> For example, a gay man is twice as likely to suffer from major depression, five times more from bipolar disorder, and two to three times more likely to have an anxiety disorder, compared with a heterosexual man.<sup>21</sup>

**Alcohol/substance abuse.** Gay bars have contributed to the excessive drug and alcohol abuse and high rate of cigarette smoking that have plagued the health of the homosexual community. Although it has been decreasing, alcohol use remains higher among homosexuals than in the heterosexual population.<sup>23</sup> The Netherlands study uncovered a higher incidence of alcohol dependency and a two- to fourfold incidence of drug use among gay men and lesbians, respectively.<sup>21</sup> This abuse may lead to high-risk behaviors, such as unprotected sex with casual partners.

### Tips for your practice

Having dispelled some myths and identified unique issues faced by homosexuals, we can now discuss what you can do to enhance your management of gay or les-

bian patients, and why it is important to encourage patients to disclose relevant sexual history.<sup>24,25</sup>

**Respect self-disclosure.** When a patient discloses being gay or lesbian, listen attentively and with respect. Heterosexual physicians have much to learn about the issues and struggles of a homosexual lifestyle. Be sensitive to the risk each gay or lesbian patient takes with such self-disclosure; this patient's fears of alienation and rejection and feelings of guilt or conflicts in the context of religious affiliation, may make it difficult to disclose sexual identity that is different from the norm. Your sensitivity will go a long way toward making it a safe and positive experience for the patients and toward encouraging patients to share information relevant to their medical situation.

**Uphold confidentiality.** Assure the patient of complete confidentiality. Never disclose information about sexual identity to a parent or partner of a patient. Information that is this sensitive should be recorded in the chart only with the patient's consent, and then with a great deal of care. Consider using encoded language in the chart. Be cognizant that this information could be subpoenaed by a court or used against the patient in other public contexts.

**Create an inclusive environment.** From the moment a patient steps into your office cues of homosexual-acceptance should be pervasive. For a start, the reading material in your waiting room can set an open tone to a practice accepting of alternative families as well as educate heterosexual patients. Consider the terminology used on forms patients must fill out and the terminology used during the medical interview. Is it inclusive of all lifestyles? Is it welcoming of a child who has two dads or two moms, or to same-sex partners? During the initial visit, and when taking a sexual history, avoid making the assumption of heterosexuality. Using an inclusive vocabulary—referring to “sexual activity” rather than “intercourse” or to “partner” rather than “husband” and “wife”—is the best way to accomplish this.

**Earn trust, be supportive.** It is generally accepted that physicians need to establish a caring, respectful relationship with their patients. This effort is especially important in the context of gay or lesbian patients. When providing care to teenagers who are confused about their sexual identity, assure them that this quest is a normal developmental task, while also making it

clear that whatever their sexual identity, they are valued and accepted. Avoid judging your patients and earn their trust—these are two prerequisites for open and honest relationships with your patients.

**Support parenting.** Some gay and lesbian patients may wish to have a family. Support their dream and offer information regarding options for conception (eg, heterosexual intercourse, surrogate parent, insemination) or adoption. If you feel uncomfortable discussing these issues with a patient, consider making a referral to another clinician or to a specialist. Gay and lesbian parents tend to be thoughtful about their decision to parent, since it requires complex and often expensive procedures. As a group, homosexuals are known to provide loving care to their children. Patterson's review of the limited literature on the subject suggests that children of gay parents do not differ from children of heterosexual parents in term of psychological health, sexual or gender identity, and social relationships<sup>19,20</sup>; they have also been shown to be more tolerant of diversity and more open to discussion of sexuality.<sup>19,20</sup> These children are less likely to be victims of parental sexual or physical abuse.

**Be cognizant of “red flags.”** In addition to being aware of the increased risk of certain medical problems and the decreased risk of others in gay and lesbian patients, maintain a high index of suspicion about specific conditions.<sup>23</sup> Be vigilant for cues of domestic violence, especially among lesbians, for a history of sexual abuse, and for cues of sexual exploitation, especially in young gay men. Systematically assess the presence of depression resulting from social stigma and feelings of victimization, and consider the potential for suicide, especially among teenagers. Inquire into the possibility of alcohol and nicotine abuse, and, finally, explore with sensitivity the possible romantic disappointment gays and lesbians may face in a very enmeshed social fabric.

**Know your resources.** Education and support are essential ingredients for gay men and lesbians to develop a positive self-image and live life fully and freely. Make sure your staff is cognizant of community resources for gay and lesbian patients and have telephone numbers available. Should parents and friends be aware of the patient's homosexuality, you can provide them with the support and answers they may need, and refer them to the nearest chapter of Parents and Friends of Gays and Lesbians, or to other support groups. Most colleges and

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## Support and advocacy resources

### Gay and Lesbian Medical Association

459 Fulton Street, Suite 107, San Francisco, CA 94102  
Tel: 415-255-4547; [www.glma.org](http://www.glma.org)

### Family Pride Coalition

For families of lesbian, gay, bisexual, and transgender parents, PO Box 34337, San Diego, CA 92163  
[www.familypride.org](http://www.familypride.org)

### Gays and Lesbians Parents' Coalition International

PO Box 50360, Washington, DC 20004  
[www.uk.qrd.org/qrd/orgs/GLPCI](http://www.uk.qrd.org/qrd/orgs/GLPCI)

### Parents, Families & Friends of Lesbians and Gays

1101 14th Street NW, Suite 1030, Washington, DC 20005  
[www.pflag.org](http://www.pflag.org)

### Children of Lesbians and Gay Everywhere

3543 18th Street #17, San Francisco, CA 94110  
[www.colage.org](http://www.colage.org)

certain progressive high schools and churches also have such groups available.

**Become an advocate.** As a clinician, you are called to advocate for everyone's right to equal access to excellent medical care. Not only will your advocacy be a courageous stand and provide a role model for many closeted and under-served patients, but it will also sow seeds for an interesting and diverse practice that is attractive to non-traditional families as well as to the more traditional ones.

## Conclusion

Access to quality medical care has less to do with homosexuality per se than with the medical community's response to it. Fear of sexuality or homosexuality in the health care system has a devastating effect on a population that is at greater risk for certain diseases and for psychologic disorders. Providing information about STI prevention requires the ability to speak openly with patients about their sexual practices. Today's physicians must be adept at dealing with families of all kinds, including mixed-race couples and "rainbow families." You are encouraged to put prejudices aside and prepare to deliver the best medical care for all patients. ☐

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