Lesbian expectations and experiences with family doctors

How much does the physician's sex matter to lesbians?

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OBJECTIVE To identify the factors lesbian women find important in selecting a family physician and to describe their attitudes toward the sex of a physician. To determine their attitudes about disclosure of sexual orientation to physicians, their fears upon disclosing, and their actual experiences with disclosure.

DESIGN Anonymous, self-administered, written questionnaire survey of lesbians in the Fraser Valley.

SETTING Lesbian community in the Fraser Valley.

PARTICIPANTS Volunteer responses were obtained from 53 of 125 women attending gay and lesbian dances, on mailing lists of gay and lesbian advocacy groups, and known to me as lesbians.

MAIN OUTCOME MEASURES Demographic variables, attitudes toward family physicians, and experience of disclosing sexual orientation to their physicians.

RESULTS Most participants considered it important to disclose their sexual orientation to their family physicians, and most had. Although some feared lower quality health care upon disclosure, the group as a whole was not particularly concerned about a decrease in quality. Most preferred a female family doctor. While female physicians were more frequently ascribed such characteristics as openness, kindness, and an accepting manner, male physicians were more frequently ascribed such characteristics as intolerance and homophobia. When participants rated their perceptions of their doctors' reactions upon disclosure, however, there was no significant difference between male and female physicians.

CONCLUSIONS Most lesbians want to disclose their sexual orientation to their family physicians. Regardless of their own sex or sexual orientation, family physicians can provide valuable support to their lesbian patients.

OBJECTIF Identifier les facteurs que les lesbiennes considèrent importants dans leur choix d'un médecin de famille et décrire leurs attitudes face à la divulgation de leur orientation sexuelle aux médecins, leurs craintes entourant cette divulgation et les expériences vécues lors de cette divulgation.

CONCEPTION Sondage par questionnaire anonyme, auto-administré et effectué auprès des lesbiennes de la vallée du Fraser.

CONTEXTE Communauté lesbienne de la vallée du Fraser.

PARTICIPANTES Réponses volontares obtenues auprès de 53 femmes sur un groupe de 125 fréquentant les salles de danse pour gais et lesbiennes, inscrites sur les listes d'envoi de groupes d'action de gais et de lesbiennes et que je connaissais comme étant lesbiennes.

PRINCIPALES MESURES DES RÉSULTATS Variables démographiques, attitudes envers les médecins de famille et expériences vécues suite à la divulgation de leur orientation sexuelle aux médecins.

RÉSULTATS La plupart des participantes jugent important de divulguer leur orientation sexuelle à leurs médecins de famille et la plupart l'ont fait. Malgré la crainte ressentie par certaines que cette divulgation puisse engendrer une baisse de la qualité des soins, l'ensemble du groupe n'était toutefois pas très préoccupé d'une baisse de la qualité. La plupart préfèrent un médecin de famille de sexe féminin. Alors qu'on attribue aux médecins de sexe féminin des caractéristiques telles ouverture d'esprit, la gentillesse et une disposition à l'acceptation, les médecins de sexe masculin se voient souvent attribuer des caractéristiques d'intolérance et d'homophobie. Lorsqu'on a demandé aux participantes de coter leurs perceptions au sujet de la réaction de leurs médecins concernant cette divulgation, il n'y eut aucune différence significative entre les médecins des deux sexes.

CONCLUSIONS La plupart des lesbiennes désirent divulguer leur orientation sexuelle à leurs médecins de famille. Quel que soit leur sexe ou leur orientation sexuelle, les médecins de famille peuvent apporter un soutien valable à leurs patientes lesbiennes.

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A RECENT REVIEW OF HEALTH sciences literature summarizes the available data about the experiences of lesbian women in the Western health care system.[1] Lesbians who have disclosed their sexual orientation ("come out") frequently interpret the subsequent behaviours of health care personnel as hostile and rejecting.

Several studies indicate that the false assumption of heterosexuality by health care personnel hinders effective care. Lesbians believe that misdiagnosis, inadequate treatment, irrelevant health teaching, lectures regarding birth control, and biased questions frequently arise from this assumption. Most lesbian women believe that disclosure of their sexual orientation would improve the quality of their relationships with health care personnel. Fear of the outcome of such disclosure, however, prevents them from coming out to their doctors and from seeking timely health care.[2-7]

Family physicians identify the doctor-patient relationship as pivotal in the practice of family medicine.[8] The willingness of lesbian or gay male patients to disclose their sexual orientation can be an illuminating measure of their trust in their family physicians.[9] Yet we know little about how lesbian expectations of their reception by family doctors correlate with the actual care they receive.

Health care professionals hold a range of beliefs about homosexuality, reflecting the variety of beliefs in society at large. Many studies have addressed these attitudes,[1] using various homophobia rating scales[10] and several definitions of homophobia.[11] A study in 1989[12] suggested that general practitioners in Britain had more conservative attitudes toward homosexuality than did psychiatrists. This was consistent with the work of Mathews and associates,[13] who found that family physicians were more uncomfortable with homosexual patients than were other specialists. In addition, Mathews and colleagues[13] found that nearly one quarter of doctors studied expressed strongly negative attitudes toward homosexuality.

A recent study of psychiatry residents, family practice residents, and psychiatric faculty in Ontario[14] suggests that 36% of family practice residents scored in the homophobic range of the Index of Homophobia Scale.[15] All groups studied tended to underestimate their own homophobia when asked whether they were prejudiced against homosexuals. Alarmingly, 4.2% of respondents believed that homosexuals who contracted AIDS "got what they deserved." Medical students, shown patient vignettes with and without identification of the patient as homosexual, held negative and prejudicial attitudes toward homosexuality.[16] Stevens[1] has identified a deficit in information about how health care providers' attitudes correlate with their actual behaviour toward lesbian patients.

Family physicians' stigmatization of homosexuals decreases the quality of health care offered, decreases patients' comfort, and decreases physicians' comfort.[16] Conversely, evidence suggests that disclosure leads to better care of the lesbian patient.[11,17] The advent of AIDS has affected societal attitudes,[18] increasing the stigma associated with homosexuality. As a response to such stigma, Kelly[11] suggests, "It is essential that doctors make their nonjudgemental and nonhomophobic attitudes more visible during the patient visit."

Choice of physician

Lesbian women in the United States identify sex as an important variable in their choice of a health care provider. They express a strong preference for female physicians,[4,5,7,19-22] although such preferences could be specific to certain problems or procedures.[23] In addition, factors other than sex are important in choosing a physician.[24] Among the characteristics that lesbian women identify as more pronounced in female than in male doctors were

openness and kindness. In addition, lesbian women believe that they are less vulnerable to harm with a female health care provider.[1]

Few studies have addressed how well these perceptions correlate with sex differences in physicians' attitudes or behaviours. Comstock et al[25] found no significant difference between male and female internal medicine residents in mean rating by patients of satisfaction and caring behaviour. However, Linn et al[26] found that satisfaction ratings by patients of female residents were significantly higher than those of male residents.

Table 1. **Demographic data**

RESPONDENT CHARACTERISTIC	
AGE (YEARS)	
Mean	37
Range	21-57
ANNUAL INCOME	
Mean	$47 000
Range	$1800-$80 000
HIGHEST LEVEL OF EDUCATION	
Elementary	0%
High school	28%
College	42%
University	30%
DURATION AS LESBIAN (YEARS)	
<5	25%
5-10	19%
>10	57%
LIVING ARRANGEMENTS	
Female partner	60%
Male partner	2%
Alone	20%
Friends or family	18%

In terms of their expressed attitudes, female doctors in the study by Chaimowitz[14] were less homophobic than their male counterparts, a finding agreeing with that of Larsen and associates.[10] Prichard et al[27] noted that female residents were significantly more comfortable with homosexuals than were male residents. However, Douglas et al[18] found that the attitudes of female health care professionals, most of them nurses, were more homophobic than those of male providers, most of them doctors. Thus, lesbian expectations regarding sex-based differences in attitudes about homosexuality might be inaccurate.

Delivery of health care in Canada differs substantially from delivery in the United States. As yet no published studies describe the lesbian experience of health care in Canada. In addition, many previous studies of lesbian and gay male interactions with health care professionals were carried out in urban environments, often in cities with prominent homosexual communities. How the experience of urban American lesbians differs from that of lesbians in rural Canada thus remains unclear.

The present study differs in several ways from previous reports: it targets family doctors in their relationships with lesbian patients; it is drawn principally from a rural population in Canada; and it focuses on the effect of family physicians' sex on interactions with lesbian patients.

The purpose of this survey was to identify the factors lesbian women find important in selecting a family doctor, their health care attitudes in general, and the characteristics of their current family doctors. In addition, their attitudes toward disclosure, its importance, and their specific fears upon disclosing were explored. The actual experiences of lesbians upon disclosure to family doctors were compared with the characteristics they ascribed to doctors on the basis of sex.

MATERIALS AND METHODS

An anonymous, self-administered, written questionnaire was distributed

to self-described lesbian and bisexual women currently living in the Fraser Valley. The study design was approved by the Behavioural Sciences Screening Committee for Research Involving Human Subjects at the University of British Columbia. Recruitment was achieved in three ways. Copies of the survey were distributed at several gay and lesbian dances in Abbotsford, BC; were mailed to women on the mailing lists of several gay and lesbian advocacy groups in the Fraser Valley; and were delivered to my personal contacts for private distribution ("snowball" sampling).

The questionnaire consisted of three double-sided pages. Respondents were asked to select from multiple-choice or yes or no answers, to fill in the blanks, or to complete tables. They were also asked to select values from an analogue line for the perceived responses of their family doctors to their self-disclosure. Space for comments was also provided. The questionnaires were accompanied by a stamped, self-addressed envelope. Some were returned to a box located at the dances and in the home of a volunteer, and others were received by mail.

There is no widely accepted definition of lesbianism that includes all experiences.[2] Thus, for the purposes of this study, lesbian and bisexual orientations were defined by the participant herself. The Fraser Valley refers to an area of British Columbia between Hope and the Pacific Ocean. It includes rural, suburban, and urban areas. The upper Fraser Valley (including Hope, Agassiz, Chilliwack, Sardis, Abbotsford, and Clearbrook) is popularly considered a religious, conservative area.

Literature describing attitudes of lesbians toward health care and the attitudes of their caregivers was reviewed. MEDLINE was searched using the terms "lesbian," "homosexuality" with a limit given to "female only," and "professional-patient relations." In addition, the search was extended to FAMLI (the *Family Medicine Literature Index in Canada*) up to 1991 and the most recent publication of the *Cumulative Index to Nursing and Allied Health Literature.*

Microsoft EXCEL statistical and spreadsheet functions were used for data analysis. Freeform comments were tabulated and sorted for content using key words.

RESULTS

The study population (*Table 1*) was predominantly white, well educated (72% had some college or university training), and middle class. Two participants (4%) were of Native Indian background, and one participant declined to identify her background. Of the 125 surveys distributed, 53 were returned, giving a response rate of 42%. In keeping with the distribution techniques of this study, all respondents had come out to people other than their doctors. Most identified their orientation as lesbian (98%), and one woman identified herself as bisexual (2%).

Forty-three (81%) participants were from rural areas and 10 (19%) were from urban areas. Student's t test indicated that the urban group did not differ significantly from the rural group in terms of age, and χ^2 analysis showed no significant difference in sexual orientation, ethnic background, or level of education. However, urban participants had a significantly higher mean annual household income (rural \$45 000, urban \$54 000; $P = 0.02$). Data from the two groups were pooled for subsequent analysis.

When faced with a significant health concern, most participants (76%) said they were most likely to seek advice from a family doctor. The remaining women would seek advice from other lesbians (18%) or from friends and family members or others (6%). Most participants preferred to attend a private doctor's office (92%) rather than a joint practice (8%), a walk-in clinic, or a hospital emergency department. Thirty-nine percent of participants were aware of a lesbian physician in their area; this was more likely if they lived in an urban area (50%). If they traveled out of their communities to see a family doctor, the

reasons given included that they had recently moved, that they wanted to continue a good relationship with a doctor elsewhere, or that they had to travel to secure a female physician.

Figure 1 illustrates responses to the question, "What do you believe is the general attitude of family doctors toward lesbian or bisexual women?" Three quarters of participants (75%) believed that doctors were accepting to some degree ("somewhat" or "very" accepting), while 25% believed them to be condemning to some degree.

Figure 1. **Attitudes toward lesbians ascribed to family physicians**

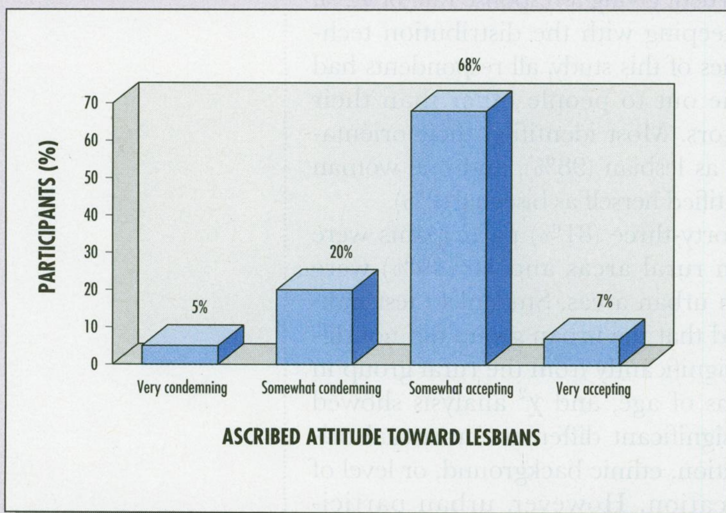
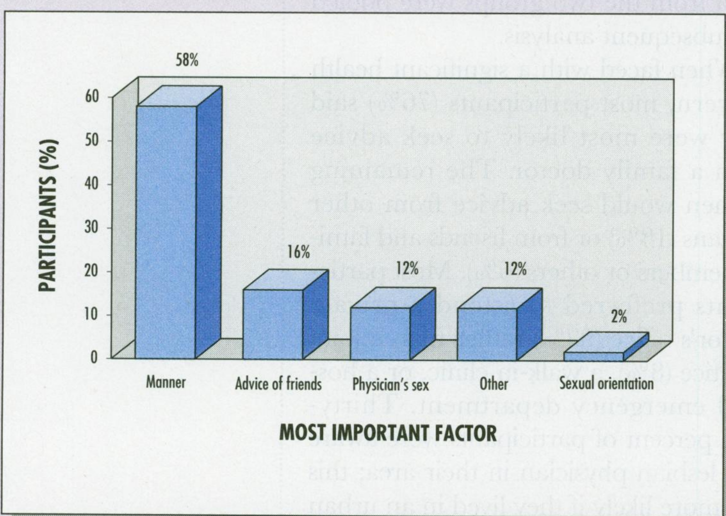


Figure 2. **Factors influencing choice of family physician**



Factors in choosing a physician

Participants were asked to rank factors important to them when choosing a family doctor (*Figure 2*). Most (58%) considered a doctor's open, receptive manner the most important factor. Other important factors were willingness to refer to specialists, a holistic approach, relative youth of the doctor, qualifications, competence, physical attractiveness, and good communication skills.

Participants were asked directly whether they had a sex preference of family physician (*Figure 3*). Those who preferred female doctors were more likely to have listed sex as the most important characteristic in choosing a family doctor (19%) than those who did not prefer female physicians (0%). Reasons given for preferring female doctors included greater receptiveness to and understanding of personal concerns and emotional issues, greater sensitivity to female physiology, greater comfort with female family doctors, and sensitivity to feminist issues. The two participants who preferred male doctors reported that they would feel more self-conscious about their bodies with female doctors than with male doctors.

Participants were asked about their interactions with their current family physicians. Most women (87%) had a doctor that they identified as their primary physician. Most (90%) had seen their family doctors within the past year; the remainder last attended within 5 years; none had been out of touch with their physicians for more than 10 years. The duration of the relationship varied widely, from several months to 25 years. Several had seen their current family doctors on only one occasion (6%).

Most (71%) participants in this study had come out to a family doctor at some time. This was more likely for those in rural areas (80%) than for those in urban ones (67%), but this difference was not statistically significant. Most participants (65%) had come out to their current family doctor (rural 61%, urban 80%; not statistically significant). The percentage of participants who had

come out to their doctor did not change significantly with duration of the relationship. Of those who had known their doctor for 1 year or less, 73% had disclosed their orientation; for 5 years or less, 66% had disclosed; and for more than 5 years, 71% had disclosed.

Most lesbians (82%) reported feeling comfortable with their family doctors in general. Many (62%) believed that their family doctors had provided a comfortable opportunity for disclosure. Actions on the part of the doctor reported as important in establishing this comfort included listening; seeming accessible, attentive, and open; treating the patient with respect; using sex-neutral language (ie, "partner" or "mate"); and asking directly about sexual orientation. In addition, comfort was increased if the doctor was known to be homosexual, had many homosexual patients, or had prior knowledge of the woman's partner and their relationship to each other.

The questionnaire included a table listing possible characteristics of family physicians. The characteristics were chosen for their relevance to creating a favourable environment for disclosure. Several were qualities lesbians are known to value in health care providers, such as taking adequate time,[3,28] being accepting,[9,22] and being sensitive to lesbian issues.[7] Several were directly relevant to disclosure (nonhomophobia, openness, tolerance, kindness, and physical gentleness). "Listening well" was included because it correlates highly with patient satisfaction in general.[25] Two qualities were stated negatively ("intolerance" and "homophobia") in order to provide contrast between adjoining table entries.

Participants were asked whether, in general, they associated these characteristics more with male or with female doctors, with both sexes, or with neither sex of family doctor. Statistically significant differences in ascribed characteristics ($z > 2$ for all characteristics) were seen between sexes. In *Figure 4*, values for each characteristic are expressed as a percentage of responses in which one or the other sex was singled out. Female physicians were more likely to be singled out as being open (100% of those singling out men or women chose women), gentle (100%), kind (95%), accepting (100%), listening well (100%), likely to spend adequate time with their patients (91%), and knowledgeable about the lesbian lifestyle (100%). Male physicians were more likely to be singled out as being intolerant (83%) or homophobic (75%).

Overall ratings from each participant were calculated for these general

Figure 3. **Preferences for family physician's sex**

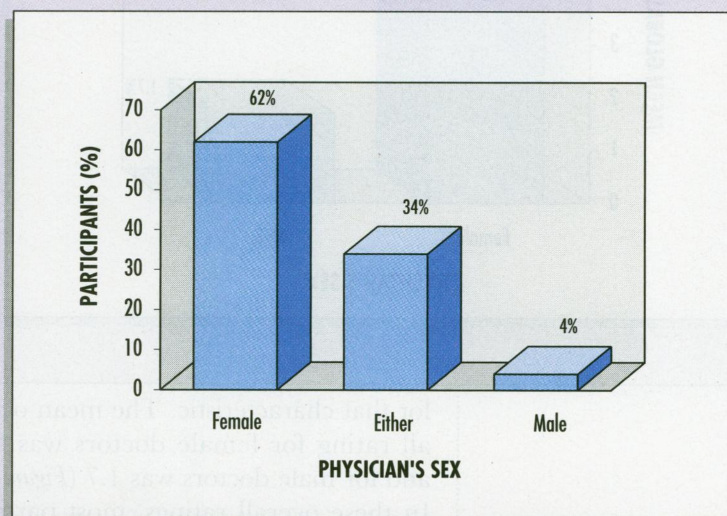
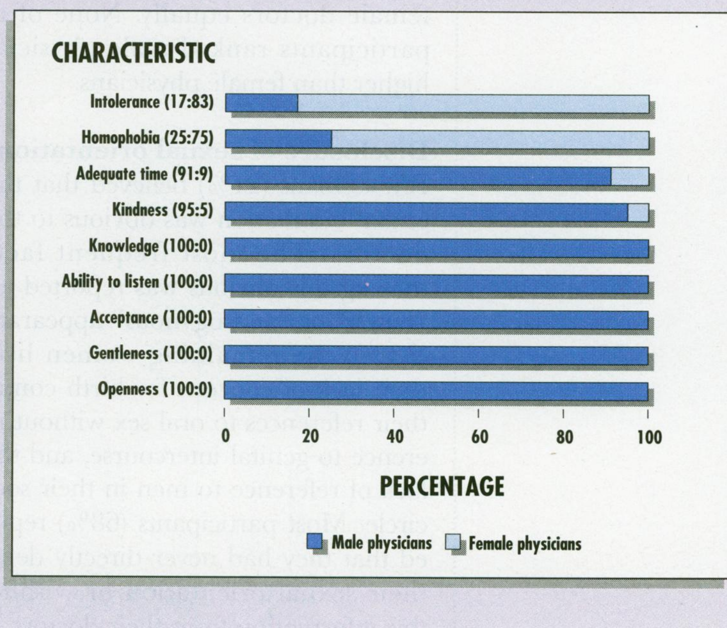
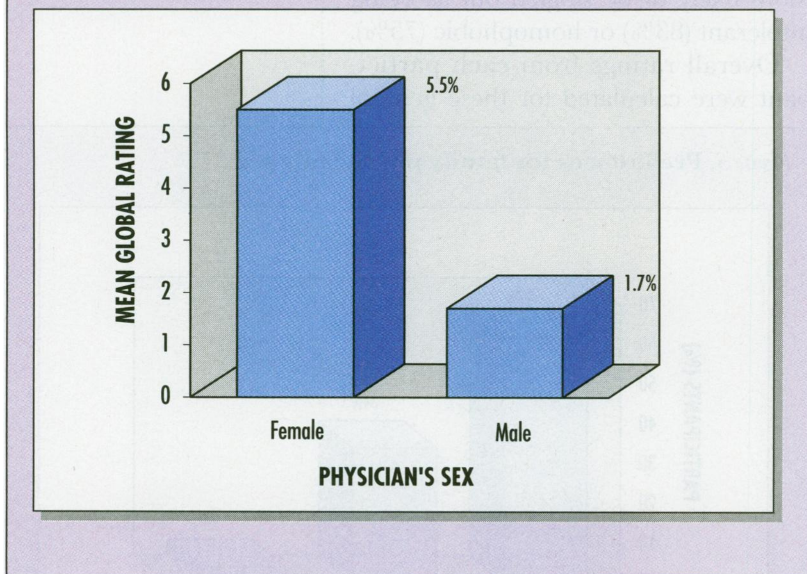


Figure 4. **Characteristics ascribed to family physicians by sex**



attitudes toward male and female family physicians. This "global" rating incorporated all characteristics. Negative qualities (intolerance and homophobia) were scored as (-1), positive qualities (all others) were scored as (+1), and points were given if the sex was singled out or included in "both" for that characteristic. The mean overall rating for female doctors was 5.5 and for male doctors was 1.7 (*Figure 5*). In these overall ratings, most participants (83%) rated female doctors more highly than male doctors. The remaining participants (17%) rated male and female doctors equally. None of the participants ranked male physicians higher than female physicians.

Figure 5. **Mean global ratings of physicians' attitudes by sex**



Disclosure of sexual orientation

Few lesbians (21%) believed that their sexual orientation was obvious to their doctors. The most frequent factor making this obvious was reported as a "butch" or "androgynous" appearance (33%); the remaining women listed their lack of concern for birth control, their references to oral sex without reference to genital intercourse, and their lack of reference to men in their social circle. Most participants (68%) reported that they had never directly denied their sexual orientation or withheld this information from their doctors. Of those who reported such denial, 33% did so out of fear of discrimination, 20% because they felt it was not relevant at the time, 20% because they had not come to terms with their sexual orientation at the time, 7% for fear of losing their jobs, and the rest because of "shyness" or fear of affecting their medical care.

Of those lesbians who believed that their doctors assumed they were heterosexual (29%), only 25% reported being bothered by this assumption. The reasons given by those who were bothered included that they believed they could not be open or honest with their doctors or could not be fully understood. In one case, a woman felt compelled to come out and reported that this was extremely stressful for her under the circumstances.

As a group, participants had more experience with male than with female doctors. Although all participants had seen a male doctor at some time (100%), only 83% had ever seen a female doctor. Participants were also more likely to have a current family doctor who was male (58%) rather than female (42%). While 48% of participants reported having ever come out to a female doctor, a higher percentage (62%) had come out to a male doctor.

Of those participants who had not come out to their family doctors, 89% stated that they would like to, given the right opportunity, while 11% had no wish to disclose. When asked whether they believed their family doctors had provided a comfortable opportunity for them to disclose if they so wished, 62% stated that such an opportunity existed. Few of the doctors (8%) had ever asked them directly about their sexual orientation, but some physicians (40%) had used sex-neutral terms (ie, "partner" rather then "boyfriend" or "husband"). Such nuances of language often are important for homosexual women and men.[29]

Most participants (92%) believed that it is important for them to come out to their family doctors. Of those who considered it important, 89% provided written reasons. Two women

noted the following motivations for disclosure: "My doctor is an important part of my life. I need him to be who he is and to help me through. I must be who I am." "...because I want to have a real relationship with her, be able to talk about every aspect of my life if necessary. Because it is important... for my self-esteem and self-acceptance. No more lies."

The reasons can be grouped into three areas of concern. Most (60%) believed that disclosure led to more accurate diagnoses and medical understanding, fewer examinations and tests, or fewer awkward questions about birth control. The second most common response was that the women wanted increased honesty with their physicians or wanted to feel fully understood (24%). Several participants (16%) wanted their female partners to be treated as next of kin in emergencies and in decision making; disclosure allowed them to clarify the structure of their families.[5,30,31]

Participants were asked, "Are you concerned about any of the following responses when you disclose your sexual orientation to family doctors?" The set of responses selected for the table were based on a previous study of lesbian health care concerns.[4,5,20,32,33] They included compromised treatment, withdrawal of care and attention, infliction of pain, rough physical treatment, humiliation, referral to a mental health professional, and loss of confidentiality. For each response, they were asked to rate the level of their concern as very concerned, quite concerned, mildly concerned, or unconcerned.

Participants varied in their level of concern about these possible responses. Several women (6%) rated themselves as very concerned about all potential responses, while many others (34%) rated themselves as unconcerned about any of the responses. As a group, participants had no statistically significant level of concern for any of the potential responses; the z value was less than 2 for all responses.

Reactions to disclosure

A segment of the questionnaire asked participants to list family doctors to whom they have disclosed their sexual orientation. They were not asked to identify the doctor by name, but only in terms of sex. They rated their perception of the reaction of the doctor on a scale from "very negative," which corresponded to 1 on the scale, through "neutral" 3 on the scale, to "very positive" (5). In addition, space was provided for participants to comment on their experience.

Perceived responses (*Table 2*) were assigned as negative (1 to 2 on the scale), neutral (3), or positive (4 to 5). While 19% of the responses were negative, 81% were neutral or positive. There was no statistical significance on χ^2 analysis between the distributions of perceived responses from male and female doctors. This was true both when negative reactions were compared to neutral and to positive reactions ($P = 0.32$), and when neutral and positive reactions were considered together against negative reactions ($P = 0.19$).

Table 2. **Perceived responses of physicians to lesbian self-disclosure**

SEX OF PHYSICIAN	NEGATIVE	NEUTRAL	POSITIVE	TOTAL
Female	3	8	16	27
Male	8	10	14	32
TOTAL	11	18	30	59

Although participants were not asked to identify the sexual orientation of the physician because they might not be privy to this information, some respondents mentioned this factor in their comments. Of the five gay or lesbian doctors so identified (one gay man and four lesbians), all were perceived as giving highly positive responses (mean rating score 4.9). As might be anticipated, this was significantly higher than the mean score for all other physicians (3.7).

Some of the comments associated with positive perceived responses

included: "She told me that she appreciates my openness and that it is very fine with her. She has never shown anything negative or uncomfortable about my sexual orientation. I find it wonderful, coming from a straight doctor."

This woman responded as I would hope all doctors would. It was taken as information, very professionally. Body responses are a give away when people are homophobic. She didn't flinch or stop looking me in the eye. She thanked me for sharing the information.

When I was a student in a very stressful time, I had recurrent yeast infections,... and I was going through a rough patch. I went to a doctor in a clinic who was very supportive. When I came out to him, I was somewhat weepy and upset, and he hugged me, recognized my own homophobia and worked to try to dispel it. This was many years ago now, but I still remember my relief and my sense that someone was finally listening to me within the context of my life.

Some of the comments associated with negative perceived responses included: "[He] interpreted the stress and related depression I was feeling from a new, demanding job to my sexual orientation [and] referred me to a psychiatrist. He seemed to see nothing but that particular aspect of me." "[He asked,] 'Have you thought about discussing this with a psychiatrist?' [His] condescending attitude with some patronization prevails to this day." "Nothing positive. I find her standoffish, uninformed, homophobic, and overall unprofessional." "He asked me if I was married. When I said, 'No, I live with my lesbian lover,' he was quite embarrassed. Then he told *me* not to be embarrassed. I told him *I wasn't.*" "This woman was uncomfortable with my lesbianism. She changed the subject and essentially disregarded or ignored my question [about the necessity for Pap tests].... A rather cold response to all conversation after [I said] I was a lesbian." "She questioned my orientation because I had children! Then [she] asked if my kids knew. [The physician] said, 'It must be very hard *on them.*'" "During a [second] visit, she again asked me questions about birth control so I had to come out a second time, which was awkward and stressful. This made me feel even more reluctant to go see a doctor than I already am."

Participants were asked whether they believed they had ever experienced inappropriate care because their family doctor was unaware of their sexual orientation. About one quarter (27%) believed that they had received such inappropriate care. When asked what aspects they considered inappropriate, 42% cited irrelevant health care teaching, 92% cited discussion of contraception, and one participant cited regular Pap smears. When asked what their response to the inappropriate care had been, six of 11 (55%) said they felt compelled to come out, three reported feeling uncomfortable, and one participant tried to ignore it. One participant reported that she stopped seeing doctors for many years because of such inappropriate care.

Because some studies indicate that lesbians find it important for their partners to be involved in their health care,[5,30,31] participants were asked whether they had ever requested that their partners accompany them when they sought medical care. Most (74%) had asked their partners to attend on at least one occasion. Most (70%) of these visits were to the emergency department, 62% to the hospital, and 52% to their doctors' offices. Reasons given for wishing their partners to be present included to provide comfort or support (70%), to provide transportation (16%), to assist in decision making (5%), to alleviate fear (5%), and to ensure that their partners would be identified by staff as their next of kin (3%).

When asked for any further comments about their experiences with family doctors, 53% responded, providing a variety of comments. Several mentioned the desire to find a gay doctor in their area. Others noted that doctors tend to be "in a big hurry" and have "too large a workload," leading them to "lose touch with their patients." Several expressed appreciation that such a survey was being done.

Two women lamented assumptions about sexual orientation: "My biggest complaint with the medical profession is the immediate assumption made by many that everyone coming to visit them is heterosexual. I do expect certain professions to be a bit more informed about the realities of humans."

I think physicians need to consider that lesbians and bisexual women constitute at least 10% of their practices and should not assume heterosexuality. Simply asking you if your partner is male or female makes the process of coming out easier for the patient.

Other participants expressed dissatisfaction or appreciation for their doctors: "Part of the reason why I feel negative about family doctors is due to my last doctor of 22 years. He delivered me and saw me every year for 22 years, yet didn't know me. This was in [a town in the Fraser Valley], not a huge town. Thank you for caring." "I have always found... family doctors to be my most comfortable means of getting medical attention. My current doctor is great, and I appreciate him immensely." "I like my family doctor, and although I don't believe she 'approves' of my bisexual, mostly lesbian, lifestyle, I don't believe it affects her treatment of [me] or my family."

DISCUSSION

The lengthy, detailed, and self-administered format of the questionnaire in this survey might be expected to result in a low response rate. Misplacement of the questionnaires at the site of the dances and in the mail because of inaccurate mailing lists would further reduce the number of responses. Researchers have noted the difficulty of sampling from a partially hidden population, such as lesbian and bisexual women.[19,20,34] Indeed, response rates in studies using similar recruitment methods varied between 23% and 67%.[17,19] The 42% response rate in this study was, therefore, not unexpected.

Further limitations include the small study size and the relatively homogeneous study population. There is also bias inherent in the "snowball" sampling technique that must be used to sample a partially hidden population. Those most likely to be exposed to the survey belonged to a gay and lesbian advocacy group, attended social functions of these groups, or were known contacts. Thus, lesbians participating in the study could be more assertive than other lesbians in disclosing sexual orientation to family physicians.

Previous studies[7,17,19,34] have shown that lesbians believe the assumption of heterosexuality on the part of health care providers hinders effective therapeutic communication. This problem was often mentioned in written comments solicited for the present study. However, undisclosed women who were bothered by their doctor's assumption of heterosexuality made up only 8% of study participants.

Family physicians can expect their lesbian patients to attach as much significance to their female partners as heterosexuals do to their marital partners. The present study supports previous findings that many lesbians (74%) want their partners to be present when they seek health care in some situations. The lesbians in this study, as in previous studies, consider their female partners to be their family and want their family doctors to treat them accordingly.[30]

Coming out

As found in previous studies,[1] most (92%) lesbian women believed that disclosure of their sexual orientation to their family doctors is important. However, in US studies[1,34] varying in location, type of health care provider, and sampling techniques, actual disclosure rates ranged from 18% to 91%. This gap, between wishing to disclose and feeling free to do so, is again apparent in this survey.

Little evidence suggests that the rural environment decreases the likelihood of disclosure. The disclosure rate

in the present study is comparable to that in an urban study in San Francisco (73%).[9] In addition, there was no statistically significant difference in disclosure rates between urban and rural participants in this study.

Disclosure rates in this study did not increase with duration of the doctor-patient relationship. This finding suggests that, if lesbian patients are going to come out to their family doctors, disclosure will occur early in the relationship. This knowledge could encourage family doctors to enquire about sexual orientation of new patients. It can be reassuring that, even if a lesbian woman believes that her sexual orientation is readily apparent (21%), she is likely to clarify this verbally with her family doctor (73%).

Previous qualitative surveys[1-7] suggest that many lesbians are very concerned about the negative consequences of their disclosure. This group of lesbian women had no statistically significant level of concern about any of the potential responses chosen for investigation. However, there was significant variation between individuals regarding these fears. Some individual participants remain very concerned about these potential negative outcomes, and family doctors might be well advised to address these issues after disclosure.

Lesbians in the current study cited a variety of perceived responses after their disclosures to family doctors. It is heartening to note that most participants (81%) rated the responses of their doctors from neutral to positive. Only 19% considered their family doctors' responses to be negative. Participants were asked for a single overall rating for each family doctor's response, while previous studies have enquired about specific outcomes. Therefore, no direct comparison can be made with results from previous studies.[5,9,17]

Physicians' manner is important

Previous studies[4,5,7,19-22] note that a family physician's sex is important to lesbian and bisexual women. In addressing the factors lesbians find important in choosing a family doctor, this study replicates findings[24] indicating that sex is not the most important factor for most respondents. However, most participants (62%) stated they prefer female doctors. Although some authors note that lesbians often prefer gay or lesbian doctors, it was also not the most important factor for this group. Rather, the greatest percentage of participants believed that an open, receptive manner was the most important factor. This confirms that family physicians' manner with lesbian patients, rather than their sex or sexual orientation, is most important to lesbians seeking health care.

Sex of physician has little effect

Family physicians' sex was shown to be important in lesbians' anticipation of doctors' attitudes. Female doctors were ascribed significantly more of the positive attributes and fewer of the negative attributes than male doctors. Because the magnitude of this effect could vary with the characteristic, no generalizations should be drawn regarding other physician qualities or behaviours. In this study, attention was limited to characteristics directly relating to disclosure or known to be valued by lesbians in their doctors. In addition, because lesbians could be more likely than heterosexual women to have negative perceptions of men in general and positive perceptions of women in general, these data should not be used to generalize about the entire female population.

A major purpose of this study was to compare such sex-based differences in expectations of doctors with perceived behaviour of doctors upon disclosure. When actual experiences of disclosure to family doctors are considered, no statistically significant difference was seen between reactions from male and female doctors. It is interesting that a higher percentage of participants had come out to male doctors than to female doctors in this study. While this seems likely to be due to their greater

opportunity for interaction with male family doctors, it could further reflect the observed discrepancy between expectations and actual interactions with doctors.

Assumptions about attitudes and abilities based on sex can influence any doctor's practice. Male family doctors labour under lesbian perceptions that they are more homophobic than their female counterparts, more intolerant, and less informed about the lesbian lifestyle. As noted by Herbert,[35] female family doctors encounter heightened expectations that they will provide more time, more kindness, less homophobia, and more accepting attitudes. It would be interesting to poll family doctors currently in the Fraser Valley regarding their professed attitudes toward homosexuality and their actual experiences with lesbian clients, in order to compare and contrast the experiences of lesbians and those of their physicians.

The overall impression of lesbians about their interactions with family doctors in this study was favourable. Most participants felt comfortable in general with their family doctors (82%), ascribed accepting attitudes toward lesbianism to their family doctors (75%), and had disclosed to family doctors at some point in their lives (71%). This is consistent with the perceived responses they experienced when coming out to family doctors, where in 81% of reported disclosures, family doctors gave neutral to positive responses. Some family doctors (40%) were noted to use sex-neutral language when they enquired about social and sexual matters. However, only a few physicians (8%) directly enquired about sexual orientation.[20]

CONCLUSION

Any family doctor who provides care for women is likely to be providing care for lesbian women. Family doctors should be aware that most of their lesbian patients want to disclose their sexual orientation to their doctors. There is a gap between the number of lesbians who wish to disclose and those who have felt free to do so. Behaviours that enable such disclosure include using sex-neutral language, directly asking about sexual orientation, and avoiding the assumption of heterosexuality. The single most important attribute that lesbian women look for in choosing a family doctor is an open, receptive manner.

Although female physicians in general were thought by lesbians to be more accepting, there was no significant difference between male and female doctors in their perceived reactions to disclosure. Thus, the attitudes ascribed to family doctors on the basis of sex are not necessarily correlated with the outcome of actual disclosure experiences. This study also suggests that family doctors, regardless of sex or sexual orientation, can and do provide valuable support to their lesbian patients. ■

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