Homophobia among doctors

Lynn Rose

Homophobia creates stress for gay men and women. An interview study of 28 doctors, 20 gay and eight non-gay, was performed to assess whether homophobia is strong among the medical profession, the stress it causes, and whether the advent of AIDS and HIV infection has increased the stress. The doctors, recruited by word of mouth and by a letter in the medical and gay press, were asked about their own attitudes to homosexuality and AIDS. Only one (non-gay) doctor thought that there was no prejudice against gay doctors in the medical profession. The gay doctors certainly perceived prejudice, which they claimed caused them extra stress; the advent of AIDS had increased this stress to an extent. Doctors who had not openly declared themselves to be gay feared doing so because of the effect on their job prospects, but those who had declared themselves openly reported less stress than previously. Homophobia clearly exists within the medical profession. Non-gay doctors should use the power of the profession to challenge homophobia in the profession and in society. HIV infection could then be treated as a purely medical condition; sufferers would receive wider understanding and the pressures of extra workload could be more equally shared.

Medical treatment often has more to do with doctors' values and attitudes than with objective realities.[1] Definitions of disease and values change over time, and doctors are as susceptible to changes in moral values as the rest of the population.[2] Homosexuality was included in the *Diagnostic and Statistical Manual of Mental Disorders* until as recently as 1973.

Doctors' attitudes to homosexuality may be expected to mirror those of society at large. If, as seems likely, many doctors are homophobic and if many do not wish to treat patients for AIDS because they perceive it as a socially acquired or "lifestyle" disease [3] how do they feel about their colleagues who are homosexual and follow a gay lifestyle?

The aim of my study was to investigate how doctors see themselves, each other, and the AIDS syndrome.

Method

I aimed to interview 15 doctors: five non-gay and 10 gay, five who did not mind who knew about their sexual preferences (who had come "out") and five who had decided to keep the information secret from patients and colleagues whenever possible (who remained "in").

Eventually 28 doctors agreed to be interviewed. Some I asked directly, some contacted me through colleagues, and others responded to a letter in the medical and gay press inviting doctors to participate.

There were five women, two non-gay and three gay (two in and one out) and 23 men, six non-gay and 17 gay (nine in and eight out). All the interviews were personal using a semistructured approach. Each lasted about one hour and was taped with the permission of the respondent. To ensure confidentiality I did the transcribing myself and then destroyed the tapes. Any identifying remarks were removed from the transcripts.

The questions were mainly open ended, with the number of questions being different for each of the three groups. The first 12 were the same for all respondents to ascertain their general attitudes to HIV infection, AIDS, and sexuality. The questions for the non-gay doctors explored their feelings about gay doctors, while those for the gay doctors asked about their attitudes towards other gay doctors who were "out" or "in" and about how they thought the medical profession perceived gay people, particularly in the light of AIDS.

The transcripts were copied and divided into individual question groups with the sexual definition of the interviewee coded on to the back of each response. The replies were then studied separately and collectively to ascertain similarities or differences between each group.

Results and comment

While there was no direct question relating to homophobia the evidence showed that it exists within the medical profession, negatively affecting gay doctors. Only one (non-gay) doctor out of the 28 stated categorically that he did not believe it existed in the profession.

Although all the non-gay doctors claimed at first not to be homophobic, comments made during the interviews seemed to me to show an underlying, perhaps unconscious, prejudice. One doctor, for example, was amazed that I had managed to recruit so many gay doctors for my study: he thought they would "be too ashamed to reply." Another who had professed not to be prejudiced admitted, "Curiously while I am saying this I don't think homosexuality is exactly normal." Some of the sample became aware of and admitted—though with surprise—their subconscious prejudices as they elaborated on their responses. One said, "What has happened is that having a gay doctor has actually dispelled prejudice that I would previously have had."

The non-gay group were aware of prejudice in the profession against gays but mainly considered that the advent of AIDS had made it worse, whereas the gay doctors believed that attitudes had always been so negative that AIDS had made only a minimal difference.

ANTI-GAY COMMENTS

Many of the interviewees reported anti-gay remarks being made by colleagues in front of gay medical students and doctors. Most non-gay doctors seem to assume that their colleagues are heterosexual and consequently are unaware of the effect their remarks may have on gay doctors. Yet 10% of the male population is said to be homosexual or bisexual,[5] though the latest British survey of sexual behaviour has thrown this figure into dispute, suggesting that the proportion is much lower.[6]

Out of the 11 gay doctors who had not openly declared their homosexuality most had not done so because they thought their career prospects would be in jeopardy, especially in the context of references for future positions. One spoke of being turned down for a partnership in general practice because of his sexuality, and two others spoke of doctor friends who had actually lost their jobs for the same reason. It was evident that the gay doctors felt the need for what

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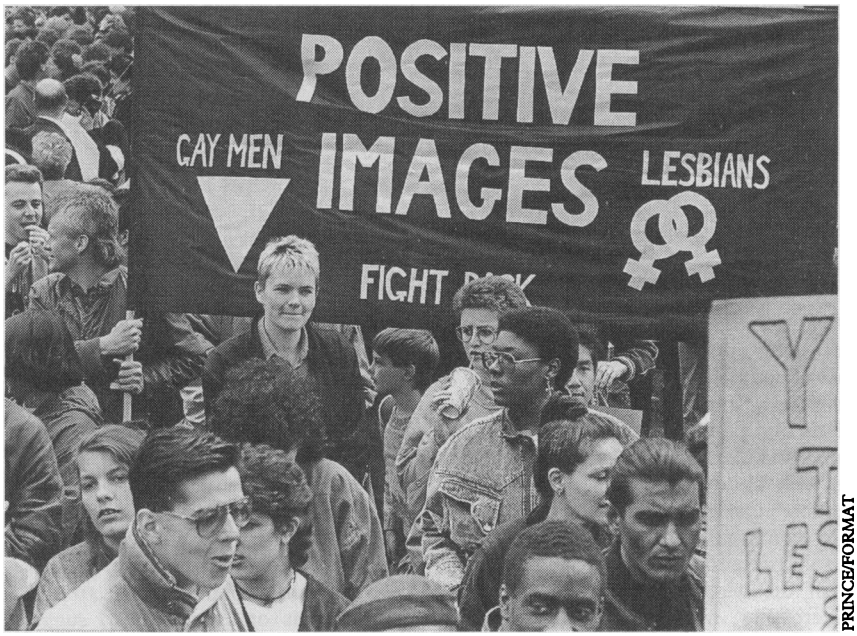

PRINCE/FORMAT

Doctors who had declared themselves to be gay appeared to suffer less stress

Goffman calls "impression management."[7,8] People have an impression of themselves that they want to give out to others, but this needs to be seen in certain ways, and to be able to control that, is a greater problem for people who are stigmatised. As Goffman says, "To display or not to display; to tell or not to tell . . . to lie or not to lie."[8]

A report by the British Medical Association has shown the generally high level of stress among doctors, with high incidences of suicide, alcoholism, and drug addiction.[9] An extra stress was apparent in the gay doctors' responses, caused by homophobia and the difficulty in coping with the additional pressure. One gay doctor knew of a colleague who had had drugs ready to commit suicide because he did not have the courage to declare himself and was finding it difficult to live a lie. Only the intervention of gay peers who were already "out" had prevented it. Others spoke of their own suicidal thoughts and depression, made somewhat worse with the advent of AIDS and the risks to friends and themselves.

Doctors who had decided not to reveal their homosexuality seemed to have done so because they believed being an openly declared gay doctor would add to their stress. Professional issues seemed more important than personal ones—because of the negative remarks, images, and stigma conveyed by colleagues and others towards gays in general.

My comparisons of the two gay groups as regards stress and mental well being suggested, however, that the doctors who had declared themselves to be gay appeared to suffer less stress and said they had had greater difficulties previously. It is apparently psychologically beneficial for gay doctors to be able to be open about their sexuality. Some openly gay doctors have also found a niche with the advent of AIDS where they feel needed and respected.

ATTITUDES TO AIDS

Attitudes to patients with AIDS varied. While all the doctors professed their belief in the need to treat all patients regardless of their illness (while knowing of non-gay doctors who did not have such beliefs), it became evident that this did not always occur in practice, and when it did it was often unwillingly. As HIV infection and AIDS had made matters more difficult for gay patients, with sympathetic general practitioners being more difficult to find, an increased and heavy workload was falling on a limited few.

Some gay doctors were worried about this pressure. The helplines that have been set up to help people living with AIDS to find understanding doctors, while being necessary for the well being of the patients, may be causing extra stress problems.

Some gay general practitioners (mostly outside the large cities) do not wish to treat patients with HIV infection or AIDS because they consider it would be detrimental to their practice to be seen dealing with a large number of gay patients. It might make patients wonder about their doctor's sexuality, result in stigma, and cause a diminution of patient numbers and consequent loss of income.

On some topics, however, such as large scale testing for HIV in health care workers and patients, the three groups of doctors had the same opinions. Testing was seen to be unnecessary, unreliable in the long term, and logistically and economically impossible. All groups considered it a moral and ethical duty for individual doctors who were HIV positive to protect both themselves and their patients by withdrawing from invasive and other risky procedures.

Discussion

The purpose of my study was to discover whether there was homophobia in the medical profession and whether this caused extra stress to gay doctors in the era of AIDS. What it showed was that doctors, who are supposed to be guided by an ethical code, are influenced by ideology and the values of their culture. In many instances they are blatantly homophobic: some even deny help to or find it difficult to treat some patients with AIDS.

Doctors who are themselves homosexual suffer from homophobia both outside and within the profession. While AIDS has caused an increase in the pressures, both in workload and in anxiety about their friends and themselves, the main problem is the hostility towards gay people within the medical profession. Receiving negative images of oneself from one's peers is psychologically damaging.

In addition, non-gay doctors are seen to be causing extra stress, both wittingly and unwittingly, to their gay peers, who are having to take on board both the personal as well as the medical aspects of HIV infection and AIDS. With the advent of HIV infection and AIDS it might be argued that the medical profession has a special responsibility to confront any prejudices and assumptions about homosexuality. By so doing it could help society at large to accept the homosexual population and ensure better and more understanding treatment for people living with AIDS.

I believe this study has shown the need for further investigation of homophobia in medicine: the medical profession has the largest part to play in the fight against HIV infection and AIDS.

The views expressed in this article are mine and do not necessarily reflect the views of the Foundation for AIDS Counselling, Treatment, and Support.

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