

health promotion package for primary care cannot be justified in its present form. We do not believe that these results leave practice nurses without a role—and the government's press statement that our programme was the responsibility of the nurses alone rather than the practice team was incorrect. Rather, we believe that it may be more appropriate to focus limited nursing and medical resources on high risk patients, including those with established coronary heart disease.

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Doctors and homosexuality

Doctors want to know more . . .

EDITOR,—Much as I welcome the debate about the difficulties for homosexual doctors,^{1,2} I am concerned on two accounts. Firstly, Lynn Rose bases her assertion that heterosexual doctors are prejudiced against their gay colleagues on data from open ended interviews with eight heterosexual doctors, none of whom were asked a question that directly addressed this issue.² It is easy to dismiss such weak evidence.

Secondly, I fear that these views are unduly negative. Although many gay doctors keep their sexuality hidden from their peers and thereby may experience stress, it is not all gloom. Gay doctors have established informal networks in the larger cities for some years. Formally constituted associations have also existed recently, such as the Gay Medical Association, which flourished with a membership of hundreds in the 1980s despite the initial hesitation of the *BMJ* to carry advertisements for it. Networks of this kind can provide support for gay doctors and information for their colleagues in addition to that provided by the Terrence Higgins Trust and Stonewall, which have more general roles.

We need much better studies about the experiences of gay doctors, but we also need more candour. The history of prejudice shows repeatedly that the only way in which minorities achieve equal status is through open struggle. In a controlled study of the attitudes of doctors to homosexuality it was clear that doctors wanted to know more about the subject.³ They believed that their education on sexuality had been woefully inadequate. It is no use castigating our heterosexual colleagues for behaving in a politically incorrect fashion. Rather, by personal example and by strong opposition to discrimination, particularly where it bears on such issues as opportunities for promotion, we should be showing that homosexuality is simply another variation on human experience.

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1 McColl P. Homosexuality and mental health services. *BMJ* 1994;308:550-1. (26 February.)

2 Rose L. Homophobia among doctors. *BMJ* 1994;308:586-7. (26 February.)

3 Bhugra D, King MB. Controlled comparison of attitudes of psychiatrists, general practitioners, homosexual doctors and homosexual men to male homosexuality. *J R Soc Med* 1989;62: 603-5.

. . . and should be taught as medical students

EDITOR,—We share Peter McColl's belief that doctors and, indeed, all health professionals need educating about lesbians' and gays' health needs (mental health included) and his views on how best to meet these needs.¹ In researching and

making our pilot teaching video, "Lesbian Health Matters," we have come across disturbing accounts of women who were seriously physically ill being treated as neurotic time wasters simply because they were known to be lesbians. Furthermore, if lesbians have a psychiatric illness this is far too often attributed to their sexuality rather than to experiences of homophobia or separate causes such as bereavement.

Often we may comfort ourselves that such ignorant behaviour is due to health workers' lack of education on the subject. But an unpublished survey (conducted by a researcher who wishes to remain anonymous) of 170 preclinical and clinical medical students in London shows that over a third of medical students believed that lesbians do not have "real sex"; a third thought that lesbians are a "high risk group" for HIV infection and AIDS; and most failed to understand lesbian patients' fears about disclosing their sexuality to doctors, thinking that it was not relevant. Yet 94% agreed that they wanted to give high quality care to "all their patients." Importantly, two thirds believed that they needed more education about lesbians in their training. Alarmingly, a quarter did not agree that lesbians should be allowed to become doctors. This calls into question how some areas of the health service would cope, for, although Lynn Rose contacted only three lesbian doctors,² there are plenty of us, of varying degrees of "outness." In Hackney one in six female general practitioner principals are lesbians. We were therefore heartened that when our pilot video was shown to both general practitioners and trainees in general practice in Hackney we received a positive and interested response.

Our final teaching video will be available for sale later this year. We are convinced that there is an appreciable need for teaching and teaching materials to enable more successful consultations with lesbians by doctors and all health workers.

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1 McColl P. Homosexuality and mental health services. *BMJ* 1994;308:550-1. (26 February.)

2 Rose L. Homophobia among doctors. *BMJ* 1994;308:586-7. (26 February.)

Medical concern prompts lifestyle judgments

EDITOR,—The implication that disapproval of a lifestyle has an appreciable influence on the quality of care offered to a patient is distressing. Situations in which the doctor may not approve of a patient's lifestyle occur daily in doctor-patient relationships. In fact, disapproval of some aspects of lifestyle is present in most clinical situations: smoking, dependence on alcohol, motorcycling, drug misuse, and overeating are instances. These aspects are considered only in so far as they may constitute risk or remediable factors in the patient's or the family's health.

In the study by Lynn Rose gay and non-gay doctors were recruited by word of mouth or from a letter in the medical or gay press.¹ They were then asked a series of open ended questions, which were not the same for each group, in interviews that were only semistructured, and the presumed degree of homophobia and prejudice was assessed. Rose and Peter McColl² ask readers to believe the scientific conclusion of a study that would have been more remarkable if it had reached any other conclusion.

Why should the heterosexual population, medical or otherwise, be pilloried for its attitude towards a practice that demands tolerance and sympathy but that by no social, religious, or biological criteria can be regarded as an acceptable lifestyle? The Department of Health should review its agenda and devote more attention to the risk factors that lead to homosexuality. Perhaps when

heterosexuality is a minority lifestyle the falling birth rate will show that homosexuality is also biologically destructive.

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1 Rose L. Homophobia among doctors. *BMJ* 1994;308:586-7. (26 February.)

2 McColl P. Homosexuality and mental health services. *BMJ* 1994;308:550-1. (26 February.)

Homophobia is the wrong word

EDITOR,—Lynn Rose finds that doctors' attitudes depend on their core values, which in turn are determined by their cultural and social background.¹ While she correctly criticises the inclusion of homosexuality in psychiatric classifications in the past, she uses a term that I find puzzling in both its application and its meaning—namely, homophobia.

Phobias are conditions that give rise to anxiety and fear out of proportion to the situation concerned and lead to avoidance and anticipation of that situation. The sufferer is usually aware of the problem and wishes for relief because the phobia restricts daily life. There is clear, unequivocal psychopathology. Thus homophobia is presumably associated with psychopathology in which the fear is of homosexuality or homosexuals. In Rose's article, however, the label of homophobia seems to be applicable to anyone who is not positively in favour of homosexuality. The statement "I don't think homosexuality is entirely normal" is not akin to phobic avoidance but an expression of the sexuality of the person who makes it.

To expect people, including doctors, to do anything but adhere to and defend their attitudes on questioning is folly. Presumably homosexuals would exhibit "heterophobic" attitudes in similar circumstances.

I would not condone any discrimination on grounds of sexual preference. What I find disturbing is the assumption that it is always the heterosexual view that should compromise. Challenging this assumption is not made any easier by the fact that it is often right wing religious zealots who challenge it in the media. The fundamental differences between the two groups are so great, however, that compromise will not be possible. Maintaining a heterosexual lifestyle, and indeed being proud of it, is not synonymous with bigotry or pathology as the term homophobia implies.

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1 Rose L. Homophobia among doctors. *BMJ* 1994;308:586-7. (26 February.)

Muddled thinking is unhelpful

EDITOR,—While agreeing with the general sentiments expressed by Lynn Rose, I take issue with the study on which they are said to be based.¹ The small self selecting sample cannot be said to be representative of the population under study, but perhaps more worrying is the way in which the author so blatantly draws conclusions that are not justified by the data presented. One particular case is her assertion that the study shows doctors to be "blatantly homophobic" and that they "deny help to or find it difficult to treat some patients with AIDS." However self evident this may seem, it cannot be concluded from the study; indeed, Rose earlier stated that "all the doctors professed their belief in the need to treat all patients regardless of their illness."

Rose's criticism that doctors, while supposedly guided by an ethical code, are influenced by