

# Perceptions of general practice among homosexual men

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## SUMMARY

**Background.** Primary care has an important role to play in the prevention and management of the human immunodeficiency virus (HIV). It has been suggested that homosexual men experience a variety of problems in relation to primary care.

**Aim.** As part of a larger study, it was decided to examine the extent to which a sample of homosexually active men experienced difficulties in general practice and whether they consulted their general practitioner for problems related to HIV or the acquired immune deficiency syndrome (AIDS).

**Method.** Homosexual men were recruited for interview in 1991–92 from a variety of sources including genitourinary clinics and homosexual organizations.

**Results.** Of 623 men registered with a general practitioner 44% had not informed their general practitioner of their sexual orientation and 44% of the 77 men who were HIV antibody positive, as confirmed by the study, had not informed their general practitioner of this fact. Men who viewed their practice as unsympathetic towards homosexual men were less likely to have informed their general practitioner of their sexual orientation or HIV status. The majority of men (87%) nevertheless viewed primary care as an appropriate source of HIV/AIDS advice.

**Conclusion.** There is considerable scope for improvement in the acceptability of general practice to homosexual men.

**Keywords:** general practice; patient attitude; patient satisfaction; homosexuals; HIV; AIDS.

## Introduction

PRIMARY care has an important role to play in both preventive and therapeutic services in relation to the human immunodeficiency virus (HIV). Homosexual men have been the social group most affected by the virus in the United Kingdom. It has been suggested that for various reasons they may receive

unsatisfactory primary care.<sup>1,2</sup> There is evidence of negative, stereotypic or hostile attitudes towards homosexuality among some medical students and general practitioners.<sup>2-4</sup> Homosexual patients and patients who are HIV antibody positive may be concerned about confidentiality of personal information or judgemental responses, so that they are reluctant to reveal personal information about sexual orientation or HIV status.<sup>5-7</sup> They may also feel that specialist hospital clinics provide skills that are more appropriate to their health problems.<sup>5,7</sup> It is sometimes argued that for many homosexual men genitourinary medicine clinics therefore play an important role in the provision of primary health care.<sup>1,7</sup> Also, in order to obtain sensitive care, homosexual men may seek primary care physicians who are themselves homosexual.<sup>5</sup>

Studies of homosexual men's experiences of primary health care have, to date, been largely confined to patients who are HIV antibody positive or who have the acquired immune deficiency syndrome (AIDS).<sup>5-7</sup> There is evidence in the United Kingdom and North America that homosexual men generally, regardless of HIV status, have experienced increased discrimination because of AIDS.<sup>8</sup> However, there is no evidence of the extent to which homosexual men generally experience particular problems in the context of primary health care.

This paper is part of a larger study of HIV infection and sexual behaviour in homosexual and bisexual men and examines the perceptions and experiences of general practice of a wider range of homosexual men.

## Method

The criterion for inclusion in this study was that a man had had sexual contact with another man in the last five years. Men were recruited from a wide range of sources in four main areas: Manchester, the Midlands (Birmingham, Northampton and Oxford), Bristol and London. The data were gathered between March 1991 and April 1992. Four full-time, trained interviewers recruited the sample and conducted the interviews which lasted approximately one and a half hours. Men were interviewed alone in complete privacy in a location chosen by the respondent, such as the respondent's home, work place, a private room in a genitourinary medicine clinic, or at a homosexual community organization. Most of the interview involved closed questions with a small number of open-ended items for subsequent coding. Approximately one quarter of interviews were tape-recorded for the purposes of establishing consistency of interviewing style. Men were asked at the end of the interview to donate a saliva sample for HIV-1 anonymous antibody screening. They were informed that investigators could not connect names to test results and could not therefore inform participants of their antibody status. Those wishing to know their antibody status were referred to clinics where counselling and serology testing were available. The saliva samples were screened at a single testing site — the virus reference division of the Central Public Health Laboratory Service. Local hospital ethics committee approval was obtained from each of the centres of recruitment.

The data were analysed using a mainframe computer and the SPSSX statistical package. The measure of association used was either chi square or kappa.

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## Results

A total of 677 men were recruited for interview: 203 (30.0%) from clinics of departments of genitourinary medicine; 207 (30.6%) from homosexual clubs, pubs and organizations; 167 (24.7%) from an earlier cohort study;<sup>9,10</sup> and 100 (14.8%) by referrals from those already interviewed ('snowball sampling'). A total of 352 (52.0%) came from London, 143 from Manchester (21.1%), 122 from the Midlands (18.0%) and 41 from Bristol (6.1%). A further 19 men (2.8%) were recruited from outside these areas. Fifty two men (7.7%) refused to donate saliva and 45 specimens (6.6%) were insufficient for screening.

The mean age of the sample was 32.6 years (standard deviation 10.1 years, range 16 to 71 years). Seventy men (10.4%) were married, the rest single (data missing for one man). Six hundred and twelve men (90.4%) described themselves as gay or homosexual, 32 (4.7%) as bisexual, the remaining 33 (4.9%) either not using any term to describe sexual orientation or using an idiosyncratic term, such as 'transsexual'.

### Registration with a general practitioner

Six hundred and twenty three men (92.0%) were registered with a general practitioner. Forty six (6.8%) had recently moved so had not yet registered. Six men (0.9%) said that they were not registered with a general practitioner because they obtained their health care from a genitourinary medicine clinic instead. The other two men said they had never had a health problem that they felt required medical advice so had not registered. The majority of men registered with a general practitioner had consulted their general practitioner in the year before interview (81.7%). Thirty one (5.0%) had a general practitioner whom they knew to be homosexual; 26 said that the fact that their doctor was homosexual had been an important factor in selecting him. Eighteen respondents had found their homosexual general practitioner through a specific recommendation from a homosexual friend or organization. Three hundred and fourteen (53.0% of those who did not already have a homosexual general practitioner) would have preferred a general practitioner who was homosexual. Of the 614 who could report the sex of their general practitioner, 23.8% had a woman general practitioner.

Of those registered with a general practitioner 349 (56.0%) said that their general practitioner knew that they were homosexual; 235 men (67.3%) had volunteered the information to their doctor. Sixty three (18.1%) said that their doctor had asked, 31 (8.9%) that their doctor had been informed by another doctor or clinic and 20 (5.7%) that someone else, such as a family member, had informed the doctor. Three hundred and forty three men (55.1% of those registered) felt that it was important for the general practitioner to know that they were homosexual whereas the rest of the sample disagreed with this proposition. Those who felt it important for the doctor to know about their sexual orientation were more likely to say that their general practitioner knew than those who did not think it was important (220/342 respondents versus 121/277,  $\chi^2 = 25.5$ , 1 df,  $P < 0.001$ ). Men were no more likely to report that women doctors compared with men doctors knew of their sexual orientation and there were no differences in volunteering of information according to the sex of the general practitioner.

### HIV status

The majority of men (426, 62.9%) had had at least one HIV test prior to the study. Of those who had had a test 102 (23.9%) described themselves as HIV positive and 298 (70.0%) as HIV negative. A further 24 men (5.6%) were still awaiting the result of a test at the time of interview. The other two men had had a

test but had never returned to obtain the result. The saliva HIV antibody test indicated that 94 of the 580 specimens (16.2%) were HIV antibody positive. Agreement between self-reported HIV status and saliva test result was very high (kappa 0.93). Only 141 of the 400 men who knew their HIV status had informed their general practitioner of the result of a previous test. They were more likely to inform their doctor of a positive rather than a negative result (58/102 versus 77/298,  $\chi^2 = 31.34$ , 1 df,  $P < 0.001$ ). Nevertheless, of the 77 men who were aware of their HIV antibody positive status and who were also confirmed as HIV antibody positive according to the study saliva test, 34 (44.2%) had not informed their general practitioner. Twelve of this group who had not informed their doctor had consulted the doctor for a health problem in the year before interview.

Men described where they had had their serological test when they had had only one ( $n = 188$ ) or, in the case of those who had sought more than one HIV test, the location of their most recent HIV test ( $n = 238$ ). Only 24 (5.6%) had had an HIV test directly through their general practitioner. Most commonly (336 cases) the test had been carried out in a genitourinary medicine or equivalent clinic.

### HIV advice from the general practitioner

Two hundred and twenty one men (35.5% of those registered) had discussed some aspect of HIV infection or AIDS on at least one occasion with their general practitioner, and 77 (12.4%) could recall a specific discussion about safer sex. Those who reported consultations about HIV were more likely to describe them as patient-initiated (147) than general practitioner-initiated (58) (16 men were unable to say).

Men were asked to say whether they viewed the general practitioner as an appropriate source of various kinds of advice in relation to HIV (Table 1). Whereas a considerable majority viewed the general practitioner as an appropriate source of advice about HIV and AIDS, in relation to safe sex for homosexual men, opinions were more divided with regard to the appropriateness of the general practitioner's role in HIV pre-test counselling and advice on matters related to sexual orientation. There were no differences in views about the role of general practitioners according to whether or not men were registered with a general practitioner.

### General practitioners' attitudes to homosexual men

One hundred men (16.1% of those registered with a general practitioner) described their current general practice as unsympathetic to homosexual men; 21.9% reported that they had at some point experienced an inappropriate or insensitive comment from a general practitioner in relation to their sexual preference. Nineteen men described a specific negative statement about their

**Table 1.** Views of 671 men on the appropriateness of GPs as a source of various aspects of HIV/AIDS advice.<sup>a</sup>

	% of respondents		
	Agree	Uncertain	Disagree
<i>GPs are an appropriate source for:</i>			
Advice about HIV/AIDS	87.2	1.2	11.6
Advice on safe sex for homosexual men	83.8	2.1	14.2
HIV pre-test counselling	66.2	3.0	30.8
Advice about sexuality/orientation	54.2	4.3	41.4

<sup>a</sup>Six non-respondents.

sexual preference, such as receiving a 'moralizing lecture' from the doctor. Nine men had changed their general practitioner specifically because of his or her expressed views regarding homosexuality. Among men who felt it was important for general practitioners to know the sexual preference of their patients, those who viewed their general practitioner's practice as sympathetic to homosexual men were more likely than those who viewed the practice as neutral or unsympathetic to have told their general practitioner that they were homosexual (92/99 versus 127/239;  $\chi^2 = 46.86$ , 1 df,  $P < 0.001$ ) and more likely to have told their general practitioner of their HIV status (36/63 versus 52/158;  $\chi^2 = 10.04$ , 1 df,  $P < 0.01$ ).

## Discussion

A high proportion of homosexual men in this study (92%) were registered with a general practitioner. This is in contrast with some studies which have shown between 74% and 87% of homosexual men to be registered.<sup>6,7,11</sup> There seems to be little evidence that homosexual men preferred to obtain their basic primary care from hospital genitourinary medicine clinics, as has sometimes been suggested.<sup>5,7,11</sup>

As has been found elsewhere, a substantial proportion of men (44%) had not told their general practitioner of their sexual orientation.<sup>5</sup> It has been argued that it is important for patients to be open with their general practitioner in order to be able to discuss matters relating to sexual orientation.<sup>5</sup> However, in this study the men were divided on this issue, 51% of all respondents feeling that it was important for the general practitioner to know that they were homosexual and 54% feeling that it would be appropriate for a general practitioner to give advice about matters related to sexual orientation. Those who did not feel it important were more likely to say their general practitioner did not know of their homosexuality. A much smaller proportion of this study sample claimed that their general practitioner was homosexual (5%) than in King's study of homosexual men with HIV (14%).<sup>5</sup>

Thirty five per cent of men could recall at least one specific discussion with their general practitioner about an HIV-related matter. In a London-based study over half of a sample of general practitioners could recall giving HIV related advice to homosexual patients.<sup>12</sup> In another study 22% of the HIV-related consultations recorded by a group of general practitioners who completed diaries of one week's surgeries were with homosexual or bisexual patients.<sup>13</sup> These two studies suggested that the commonest activity carried out by general practitioners with their homosexual patients was health education. It would seem that general practitioners play a substantial role in discussing HIV-related matters with this group of patients.

As with other studies, a large proportion of homosexual men had had at least one HIV antibody test (63%).<sup>14</sup> Few men obtained an HIV test through their general practitioner. Thus the main way in which the general practitioner is likely to be informed of an HIV test is from the patient. However, 44% of the 77 men who were HIV positive as confirmed by the study screening had not informed the general practitioner of the result. This proportion is similar to those obtained in several other studies.<sup>5-7</sup> Many of these men continue to consult their general practitioner for other health problems and it is of considerable concern whether health care can be appropriately provided when the doctor is unaware of the patient's HIV status. Moreover, a prerequisite for the success of shared hospital and primary care for the growing numbers with HIV infection is that the patient with HIV infection is confident that all members of the team know the diagnosis.<sup>15</sup>

One factor that may improve communication with this group of patients is the perceived attitude of the practice towards homosexual lifestyles. The extent to which homosexual men look to

the general practitioner to be sympathetic towards and accepting of homosexual lifestyles is indicated by the high proportion who said that they would prefer a homosexual general practitioner. Some general practitioners have particularly conservative views regarding homosexuality and such attitudes may well be conveyed to patients.<sup>16</sup> In general the evidence from this study is that the majority of homosexual men viewed their general practitioner as the main source of primary care generally, and for a substantial number the general practitioner was also a source of many aspects of HIV advice and education. There is scope, however, for improvement in the acceptability of primary care to homosexual men. This may partly be achieved by improved education of general practitioners regarding sexual orientations and lifestyles so that more non-judgemental and appropriate care is provided. The incidence of HIV infection among homosexual men is still of considerable concern.<sup>17</sup> Primary care has an important contribution to make in relation to the epidemic of HIV infection in homosexual men.

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