



Do Doctors and Dentists have a duty to be 'out'?

This report summarises a GLADD meeting held in London on October 2004.

The event was stimulated by an editorial in the *British Medical Journal* (<http://bmj.bmjournals.com/cgi/content/full/328/7450/1211>) which suggested that lesbian, gay and bisexual doctors and dentists have a duty to disclose their sexual orientation to patients. There was a good turnout to the meeting by members of GLADD. We started with a presentation by Dr Danny Riordan who discussed some of his research into how lesbian, gay and bisexual doctors deal with the challenges of revealing (or not) their sexual orientation to patients. (see <http://bmj.bmjournals.com/cgi/content/full/328/7450/1227>) This was followed by two presentations, one in favour of the argument and one against. We then broke into small groups to discuss the matter in more detail.

Arguments in favour of 'coming out'

Colleagues

- You are able to provide role models for other lesbian, gay and bisexual colleagues.
- You are able to challenge stereotypes by being 'out'.
- A study from Ohio revealed that people who have gay and lesbian friends/colleagues were more likely to behave appropriately towards lesbian and gay people.
- 'Coming out' earlier in your career and being open and honest about your sexual orientation is likely to prevent problems later.

Patients

- Perceived by most as being a 'bigger issue' than coming out to colleagues.
- GMC's *Good Medical Practice* states that you should always be open and honest with patients.
- When you 'come out' more lesbian/gay (and ?heterosexual) patients will want to see you.
- Doctors and leaders of social change and should set a positive example to society at large.

Arguments against 'coming out'

- Comparison with heterosexual doctors – would they be expected to confirm their sexuality?
- Or talk about their sexuality, if they were single.
- We need to realise that there are more differences in personality, communication style, attitudes within the gay and straight doctors than between.
- Our relationships are one part of our lives but not one that impinges on the relationship with patients in the vast majority of situations.

Colleagues

- Everyone has the right to privacy (in fact in the European Bill of Human Rights).
- Not everyone straight gay or asexual wishes to talk about partners or indeed other areas of their lives which they feel uncomfortable about (e.g. a colleague of mine kept a relationship private for years because he had been married and was older and felt people might disapprove).
- Interviews and relationships with colleagues should not depend on partners. (e.g. a friend going for an interview for a GP job, they wishes to meet her male partner she refused as not relevant – still got job). Not on. Should be judged on ability.
- As employees and partners we are now protected by law against discrimination, so coming out first to check out everything's ok, shouldn't be necessary if you don't want to. If you do fine, all well and good.
- If chaperoning standardised no need to alert colleagues to special circumstances whereby you might need chaperone.

Patients

Choice:

- Most patients (e.g. in GP) if they didn't feel comfortable or felt they could relate to doctor, change to someone else. Happens for many reasons, sex, age, communication styles – and possibly a sense that a doctor may or may not be gay or lesbian might be a factor to influence this selection for or against.
- Patients make choices about whether or not they disclose information which would lead to an examination – or developing a closer relationship. They also can stall or refuse examinations if they feel uncomfortable – and do.

Duties to a patient:

- The doctor has a duty not to behave in a way which would encourage being sexualised in the eyes of the patient.
- A person's sexuality does NOT influence the way one deals with patients – professionalism dictates.
- We put our own views of patients on hold, follow *Good Medical Practice*.
- If we fail in our duty we lose our privilege of being a doctor – GMC.
- Not a gay vs. straight issue.

Protection for doctor:

- Right to privacy – whatever sexuality (European Bill of Human Rights).
- However we now have the right not to work in a homophobic environment, and if practices tolerate homophobic patients and keep them on list, we have a case under new legislation.

Chances of being outed:

- Not by choice.
- Living in the local community (GPs, psychiatrists v hospital doctors with limited contact).
- If this is the case and patients find out they are making an informed choice to come and see you again or not, it is rare there are no other options. Affects doctors differently depending on whether GP – continuity brings different issues, being seen in local community.

Coming out to patients:

- Can't think of an appropriate situation.
- If they're gay – not appropriate to share as it assumes that you understand them – every case different, not professional, can empathise – not to start to tell own story too.
- We empathise with all kinds of patients successfully without revealing our sexual orientation.

Examination of patients:

- Patients need to be given option of chaperone for examinations.
- Intimate examinations – necessary for all regardless of sex of patient or doctor.
- If not then it would put pressure on doctors to 'come out' to explain the unconventional use of chaperones. This would stigmatise the LGB doctor, into one that might be seen as likely to sexually harass patients.
- Not the sexuality of doctor that counts – what goes on in patient's heads and we can't account and predict this, whatever combination of sexuality or gender.
- Difference in hospital outpatient settings vs. GP - resources for chaperoning

Issues with chaperoning:

- Not just what you're doing but how you're doing it. Generic behaviours make people feel uncomfortable.
- Definitions of areas where potential discomfort embarrassment: subjective and will depend on the patient.
- There will be a spectrum of discomfort: almost never relaxed and completely easily to examine patients in any other than a very superficial/readily exposed areas – e.g. lower arms, face. Anything involving removing clothing, could be sexualised
- To protect ourselves – need chaperones all the time:
- Chaperones working both ways if Doctors or patients feel uncomfortable.

- Is offering only enough: Some patients will refuse if sees will slow things down, the way the doctor communicates this to patient

Outcomes of Discussion/Small Group work

Members worked in small groups. All members produced statements on *Post/It* notes which were then randomly divided between the groups. The groups were then asked to discuss whether they felt the statements were 'True', 'False' or needed more research ('Not Sure'). A summary of this work is appended at the end of this report.

The discussions focused almost exclusively on whether or not it is correct for lesbian, gay and bisexual doctors to reveal their sexual orientation to patients and there was little discussion about 'coming out' to colleagues. This is almost certainly because members felt that the former was a more challenging area. The general consensus from the meeting was that lesbian, gay and bisexual doctors should not be under a duty to disclose their sexual orientation in most circumstances. It was recognised that there may be the occasional situation when revealing one's sexual orientation to a patient may be appropriate but this should not be expected to be 'the norm'.

It was felt that routinely revealing one's sexual orientation may imply a sexual connotation to a clinical situation which would otherwise have been regarded as 'routine' by the patient and may cause them more unnecessary concern and distress as well as potentially damaging the doctor-patient relationship.

It was also felt that the whole area of doctors being perceived by patients as sexual beings, or asexual beings, is a very difficult 'grey area' and one which requires much more research, certainly before any more definitive guidance is produced on the matter. Any resultant guidance should apply equally to heterosexual doctors and to lesbian, gay and bisexual doctors.

Category	PostIts	Other comment on sheet
True	Sexuality is an issue for straight doctors examining patients	
True	Doctors should not feel under pressure to 'come out'. Doctors who empathise and show sensitivity will probably find that gay patients are comfortable with them	Empathy vs. sympathy
True	Why should we be obliged to be out when we don't demands that our patients come out to us? This means that sometimes, we could be chaperoning entirely inappropriately, with the best intentions	
True	I don't agree with the concept of duty, which implies obligation (to whom or what?). It may be preferable, but should always be a choice. How can we encourage and support each other to have the desire and courage needed to come out? As opposed to one person telling another what they should do or should not do.	
True	Each case should be judged on their own merit.	
True	Patients should be able to choose not to see a gay doctor	
True	Out to colleagues Not to patients Homophobic patients Chaperone + risks Refusal Rights of patient Embarrassment	
True	It is difficult to find enough time to come out in a short (10 min) consultation	True but may become appropriate over time with certain problems
True	Inappropriateness of 'coming out' to patients at all in most situations	
False	What about <u>informed</u> consent? Withholding information that may alter patient choice	
False	Moral guardians leaders of social change!	
False	As a gay male patient – I always given the choice prefer to see a female doctor	Different doctors may be appropriate in different situations
Not Sure – further research	Notion of 'duty' – to ourselves + our job Chaperones for all Maintaining professionalism	

	Sexuality + Gender -> difficult to generalise/define	
Not Sure – further research	I treat children and patients with special needs. Disclosure of sexuality in a clinical situation to patients seems inappropriate	Pt -> 'You can't understand how sexuality affects me.. (the understanding of being a minority group) Responsibilities of a patient - ??? Moral guardians
Not Sure – further research	Doctors as asexual beings?	
Not Sure – further research	Only short time with patient – When do you introduce the fact?	
Not Sure – further research	Coming out to the team you work with improves you sense of wellbeing.	
Not Sure – further research	'Pretending to be straight if a patient asks is OK'	Dr is under no obligation to disclose – right to privacy
Not Sure – further research	Post structuralism Essentialism Chaperone Duty to colleagues etc?	Dictionary required
Not Sure – further research	"Put thoughts in head" - but people assumed to be straight	Needs further discussion