

# Does the medical profession discriminate against gay GPs?

It is a year since legislation outlawed discrimination on the basis of sexual orientation. But do old attitudes die hard in the medical profession?  
Rachel Solotti reports

UNLIKE MANY lesbian and gay doctors, Dr Rachel Hogg, a GP in Hackney, says her sexual orientation is not an issue at her current surgery. But she admits that if she did not live in a city she might be reluctant to divulge her sexuality.

'I work in an enlightened inner-city practice, however, if I ever chose to move to a more rural area then my anxieties would surface. Would being a lesbian GP be acceptable to more conservative colleagues and patients?'

As co-chairman of the Gay and Lesbian Association of Doctors and Dentists (GLADD), Dr Hogg knows members who have been discriminated against in the workplace because of their sexual orientation.

Until December last year, there was no legislation in the

UK which outlawed discrimination on the basis of sexual orientation and the Department of Health is still to issue guidance to NHS employers.

The BMA has made some ground in addressing the issue of discrimination. In June, it produced a document *Career Barriers In Medicine: Doctors' Experiences*, which included lesbian, gay and bisexual (LGB) doctors' experiences. It is now working on guidance for doctors based on the Employment Equality (Sexual Orientation) Regulations introduced last year and due out this spring.

GLADD co-chair Dr Jolyon Oxley says there is an urgent need for the DoH to provide guidance. 'There is a failure of leadership by the DoH. I've said this publicly and I've said it to [NHS chief executive] Nigel Crisp. They have done virtually



nothing to support gay and lesbian employees and gay and lesbian doctors.'

He says one of doctors' biggest worries is that gay and lesbian patients are also being left out in the cold because of the lack of guidance. 'If the NHS does not get it right for its staff they haven't a hope in hell of getting it right for patients.'

The BMA's first document paints a bleak picture for LGB doctors, concluding that many have experienced homophobia and that fear of discrimination is 'prevalent'.

## Snide comments

One GP quoted in the paper describes the experience of homophobia. 'My senior partner in the practice was very homophobic, made jokes about homosexuals in front of me, and made disparaging comments about gay patients. I contacted a gay organisation to offer my services, and details were sent to him as senior partner. He told the other partners that it would adversely affect the reputation of the practice, but did not confront me.'

Earlier this year, GLADD surveyed 193 members about homophobia experienced at work. Few members had actually had homophobic comments directed specifically towards them but had been party to snide comments or jokes about other staff or patients, often because others did not realise they were gay.

Dr Hogg says the difficulties often begin for gay and lesbian GPs at the job hunting stage. 'Generally larger towns and cities have more LGB people and therefore doctors are more likely to have become 'desensitised', and feel less awkward or

shocked about the idea of a LGB colleague. It can be most welcome and reassuring if a job advert contains an equal opportunity statement including sexual orientation,' she says.

She says LGB GPs also encounter problems with the assumption of heterosexuality. For example, they may be asked during a job interview about their husbands or wives, creating a difficult situation.

One of the biggest challenges gay and lesbian doctors face is whether to 'come out' to colleagues. According to the GLADD survey, only 18 per cent said they were not 'out' at work. But of those who were, only one per cent were out to their superiors and 39 per cent were only out to close work colleagues. Despite this, 76 per cent believed it was important to be out at work.

Dr Hogg says that if a GP doesn't come out to colleagues at work it makes it harder to talk about outside interests and time spent with their partner.

## High stakes

She says it is important that GPs have colleagues' support in case there is ever a problem with a homophobic patient. 'In general practice the continuity with both colleagues and patients means that the stakes are even higher with regards to coming out. GPs often live in the area they work and patients are often curious about their private lives.'

However, Dr Hogg believes it would be inappropriate to deliberately come out to a patient, even to one that was gay or lesbian. 'The doctor can empathise adequately with their LGB patients without coming out. Coming out might

**Creating tolerance:** BMA wants medical schools' curricula to integrate issue of homosexuality, not set it apart

oning guidelines should be followed irrespective of the sex or sexual orientation of the doctor or patient, as one cannot 'second guess' a patient's reaction, level of embarrassment or discomfort. However, implementation would require a significant increase in resources.

Newcastle GP Dr George Rae, former chairman of the BMA's equal opportunities committee, says part of the problem lies in the fact that medicine has been a conservative profession. But he believes doctors are open to change.

As co-author of the BMA paper on career barriers, Dr Rae says there has been little research into gay and lesbian doctors' experiences in the NHS.

He says the key to changing people's attitudes is to address the issue more explicitly at medical school. 'You've got to involve the people who are the long-term future. Medical schools are where the long-term future of the profession is coming from.'

## Improved insight

The BMA paper suggests medical schools should review their curricula to integrate homosexuality, rather than defining it in contrast to heterosexuality. Sexuality should also not be exclusively taught in the context of HIV, genitourinary medicine or psychiatry.

Dr Hogg says medical education should provide opportunities for students to explore their views or apprehension about dealing with gay and lesbian colleagues or patients. Then with improved insight and understanding they may be able practise their communication skills in a safe environment.

'Medical education is an area where inclusion of teaching on sexual orientation could result in the desired culture shift. This hopefully will mean an intolerance of homophobic attitudes and behaviour in future doctors,' she says.

■ [www.acas.org.uk/rights/equality.html#8](http://www.acas.org.uk/rights/equality.html#8)  
■ [www.gladd.org.uk](http://www.gladd.org.uk)  
■ [www.circa-club.com](http://www.circa-club.com)

## Avoid discriminatory practices

GPs are well placed to contribute to the desired culture shift towards an intolerance of homophobic attitudes and behaviour, according to Dr Rachel Hogg, co-chairman of GLADD. She suggests that as employers, some GPs might need to make changes in accordance with the Employment Equality (Sexual Orientation) Regulations. These protect employees from having to work in a 'homophobic environment', as well as from suffering 'direct' or 'indirect' discrimination. (See ACAS website, listed bottom right, for examples).

## Areas for review

### EMPLOYMENT

**Equal opportunity policy** needs to include sexual orientation and be incorporated into contracts (also preferably partnership agreements)

#### Amend contracts to ensure:

Compassionate leave covers same-sex partners  
Maternity leave also covers fostering and adoption

Choice of annual leave is not restricted for those without children

Zero tolerance of homophobic language and attitudes

### PATIENTS (not covered in legislation)

**Patient equal opportunity policy** needs to include sexual orientation – ideally visible in the waiting room and the practice leaflet. This increases lesbian and gay patients' confidence to 'come out' to their GP



**Dr Rachel Hogg:** Might be reluctant to reveal her sexual orientation if she worked in a more conservative, rural practice

distract from the patient's agenda and infer the misconception that the LGB doctor would necessarily have had similar experiences of being gay or lesbian to the patient,' she says.

Another issue is the use of chaperones and whether gay and lesbian doctors should offer them to patients who are the same sex as them during intimate examinations. This is particularly topical, as the recent Ayling Inquiry report suggested chaperones should be specially trained and used more frequently, but failed to specify the implications for lesbian and gay doctors.

Dr Hogg says to protect all doctors and patients during intimate examinations, chaper-