



## How and Why to be Out to your Doctor

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If you live in a large, gay-friendly city like San Francisco or New York, you're likely to run into -- and be out to -- "family" wherever you go, including doctors, dentists and health care providers.

But in the rest of the world -- from suburbs to small towns, from people working in unfriendly jobs to people living in oppressive countries -- gay men and women around the world **don't reveal their sexual orientation to their doctors**. A 2006 AOL poll puts the number at **a whopping 47 percent**.

Many gay people, especially those in smaller, less accepting cities, worry that coming out will subject them to discrimination or inadequate care by doctors who are either homophobic or inexperienced in treating the unique health concerns of the gay community.

Other reasons gay men and women avoid doctors like the plague are:

- The fear of talking about sex prevents many from being candid.
- Lack of health insurance -- many gay people are self-employed and can't find affordable health care.
- Real or perceived homophobia among doctors.
- Worry that doctor-patient confidentiality will be breached.
- Fear of hearing the truth about their medical conditions.

Past negative medical experiences keep many LGBT people from seeing a doctor until something is obviously wrong. By then, cancer or other illnesses that could have been detected and treated earlier instead get diagnosed in their later stages greatly reducing the chances of survival.

**So by staying in the medical closet, many gay men and women put themselves at even greater health risk** -- including missed opportunities for early disease detection or misdiagnosis by doctors who don't have the lowdown on a patient's orientation. If doctors are to fully treat your health needs, they'll need to know your lifestyle, warts and all.

Being gay can open doors to a host of health concerns beyond AIDS, HIV, STDs and the depression and suicide that often go along with those conditions. According to the American Cancer Society, **gay men are at higher risk of contracting prostate, skin and colon cancer. A chief killer in the LGBT community is lung cancer. A recent study shows that 36 percent of gay men and women smoke, as opposed to 25 percent of all adults**. 30,000 gay men and women die from lung cancer each year, according to the ACS.

With the landscape littered with all of these potential health landmines, it's easy to see the importance of getting yourself to the doctor's office regularly, and of full disclosure once you're there. But **there are ways to keep the doctor experience from being so fearful**.

The easiest solution is to **find a gay or gay-friendly doctor**. This is easier in bigger cities, where the majority of doctors practicing in or near large gay neighborhoods (such as West Hollywood or the Castro in San Francisco) will not only be gay-friendly, but also well-versed in treating the myriad of gay health issues.

In smaller, more rural settings, gay medical practitioners are often harder to find. Your best resource here will be a referral -- from friends, your local LGBT center or local gay publications. You can also turn to a number of online databases as well, notably the Gay and Lesbian Medical Association Web site ([www.glma.org](http://www.glma.org)).

There may still be times where you have to fly blind without knowing a doctor's take on gay patients. Your first step is to call a doctor's office and simply ask if the practice has any LGBT patients. Since you don't have to give your name, there's little risk involved.

Upon visiting a practice for the first time, **look for visual clues** that may reveal where a doctor stands on LGBT patients. Do the magazines skew in a more heterosexual direction? Are there any other gay men or women in the waiting room?

**The new-patient form you fill out can also offer clues.** Many forms assume that a new patient is heterosexual, and often exclude any gay-related information -- questions about birth control can be offensive to lesbians, for example. A positive sign will be questions asking specifically about domestic partnership information or gay health matters. Avoid writing in your orientation on the form, as that information is best disclosed in a one-on-one interview with the physician.

The new doctor/patient relationship can be uncomfortable to begin with, particularly when the subject turns to sex talk. Again, you may have to **rely on clues from the physician** before deciding if you feel comfortable coming out. Bring it up when you are still fully clothed, thereby avoiding the subtle "you're naked and I'm not" power imbalance that can happen between doctor and patient. **If a doctor seems uncomfortable after you disclose your orientation, find another doctor.**

The goal is to find a health care provider who you can communicate with and feel comfortable around. Gay men and lesbians who can talk openly about their sexuality are more likely to receive accurate and timely diagnosis. Fortunately, increased sensitivity training in medical schools and the public's changing attitudes are making it easier for gay people to slowly step out of the health care closet.