

Anti-Gay Discrimination in Medicine:

*Results of a National Survey of
Lesbian, Gay and Bisexual Physicians*

by Benjamin Schatz, Esq., Executive Director
and
Katherine O'Hanlan, M.D., President

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"One gay physician has an office adjacent to the hospital where I practice. He has been identified as having a large HIV-positive patient population. As such, his consults are shunned by other physicians and his patients have been refused care or necessary procedures. When calling other physicians to notify them of a consult from this particular physician, there is frequently hesitation and sometimes open disdain. This physician is the subject of a great deal of rumor and gossip about his patient population, his medical care, his attire and personal appearance, his dating and personal life, and general demeanor. His patients are the subject of scorn, jokes, and disapproval by the physicians and medical staff. I can not help but wonder how the negative attitudes openly expressed by an educated group of people might affect their care for these patients . . . I must request that you not use my name. Because of the prejudice and discrimination which does exist, I, like so many other professionals, must maintain a great deal of discretion when addressing such issues."

— *A Florida physician*

* * *

"I am a medical student and very in the closet as a bisexual woman. As a perceived straight woman, I hear the nasty comments. One of my residents supervising me in my 4th year in medicine spoke of a gay man with HIV in the ICU. He told me that he believed HIV was God's punishment for homosexuality, that he deserved to die, and that, in fact, all gay or lesbian people should be dead. I find it depressing and very angering that people like this man take care of gay and lesbian people. He claims that he took care of the man with HIV as well as he would any other patient, but his hostility was so extreme that I can't believe it. It is men and women like this who make it necessary that discrimination on the basis of sexual orientation be prohibited.

— *A female medical student*

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Anti-Gay Discrimination in Medicine: A National Survey of Lesbian, Gay and Bisexual Physicians

I. Introduction

As the issue of health care reform has taken center stage in American political debate, members of the lesbian, gay and bisexual ("LGB") community have begun to ask whether the anti-discrimination provisions of various proposals will apply to discrimination on the basis of sexual orientation. In order to assess the level of anti-gay discrimination in the medical setting, the American Association of Physicians for Human Rights (AAPHR) conducted a 24-question survey of its U.S. membership. As the U.S. and Canadian organization of lesbian, gay and bisexual physicians and medical students, AAPHR is in a unique position to reach these physicians and to communicate their concerns.

Surveys were mailed to 1311 AAPHR members in late February of 1994; 711 members (54% of the total) returned their surveys by March 16. Responses came from a broad range of physicians and medical students: over 50 medical specialties and sub-specialties, and 46 states, the District of Columbia and Guam were represented. Respondents were highly representative of AAPHR's membership: 37% of survey respondents were female (as compared to 36% of AAPHR's membership) and 17% were medical students (as opposed to 18% of AAPHR's membership.) Similarly, 32% of survey responses came from the Northeast, 18% from the South, 21% from the Midwest and Mountain states, and 29% from the West — figures that differ from AAPHR membership demographics by no more than two percentage points. While it is not possible to assess the degree to which the survey respondents are typical of LGB medical professionals in the U.S. as a whole, it is reasonable to assume that they reflect a broad range of common experience.

Table 1

Results for All Respondents by Percent (T=711)

Professional Background

1. % Patients who are Lesbian / Gay / Bisexual ("LGB"):
2. % Patients who are HIV-Positive:
3. % Colleagues Aware you are LGB:

<10%	10-19%	20-49%	50-89%	≥90%
51	26	10	9	4
64	18	7	6	5
22	12	17	25	24

Demographics

Gender

Male	Female
63	37

Region

NorthE	South	Mid/Mtn	West
32	18	21	29

Specialty

Medical Student	Emergency Medicine	General / Family Practice	Internal Medicine	OB/Gyn	Pediatrics	Psychiatry	Surgery	Other	No Response Given
17	3	14	17	6	5	15	4	16	3

Type of Discrimination

- 4a. Job-related Discrimination:
- 4b. Medical School Rejection:
- 4c. Discouraged or Denied Residency:
- 4d. Denied Referrals:
- 4e. Denied Loan, Credit or Insurance:
- 4f. Verbal Harassment; Insults:
- 4g. Socially Ostracized:
- 4h. Other Professional Discrimination:
 - Any Economic Discrimination (4a-e):
 - Any Economic or Social Discrimination (4a-h):
5. Experienced Discrimination because Patients are LGB:
6. Experienced Discrimination because Patients are HIV-Positive:
7. Heard Colleagues Disparage LGB Patients:
8. Know of Substandard or Denied Care for LGB Patients:
9. Observed Substandard or Denied Care for LGB Patients:
10. Victim of Gay-bashing:

Yes	No
16	84
2	98
11	89
16	84
4	96
37	63
37	63
16	84
31	69
59	41
5	95
4	96
88	12
67	33
52	48
14	86

Perceptions of Homophobia

11. Many physicians jeopardize their practices if colleagues know they are LGB:
12. Many physicians jeopardize their practices if *patients* know they are LGB:
13. Medical concerns of LGB patients may be overlooked if they don't "come out":
14. LGB patients risk inferior care if they *do* "come out":
15. LGB physicians are accepted as equals:

Agree	Disagree	Not Sure
67	16	17
73	11	16
98	1	1
64	14	22
12	64	24

II. Findings

A. Statistical Overview

The results of this survey reveal a widespread and alarming degree of anti-gay discrimination in medicine. A majority (59%) of physicians and medical students surveyed indicated that they have suffered discrimination, harassment or ostracism from within the medical profession because of their sexual orientation. And a vast majority of respondents (91%) reported knowledge of anti-gay bias directed toward patients.

Although significant reporting of discrimination was expected, the extent of the problem was unanticipated. Reports of substandard treatment of lesbian, gay and bisexual patients, for example, were widespread:

- ▼ 67% of respondents reported knowing of lesbian, gay or bisexual patients who have received substandard care or been denied care because of their sexual orientation.
- ▼ 52% reported actually observing colleagues providing reduced care or denying care to patients because of their sexual orientation.
- ▼ 88% reported hearing colleagues make disparaging remarks about lesbian, gay and bisexual patients.

Given such widespread reports of bias against LGB patients, it might be argued that they should consider not revealing their sexual orientation to non-gay physicians. Almost without exception, however, respondents cited the necessity of patient honesty about sexual orientation with physicians. Respondents thus paint a portrait of a "Catch-22" situation: while 98% stated that LGB patients have medical concerns that might be overlooked if they do *not* disclose their sexual orientation to providers, 64% also stated that such patients risk receiving substandard care if they do in fact "come out" to heterosexual providers. (14% disagreed.)

Yet it is not only LGB patients, but physicians and medical students as well, who experience discriminatory treatment at the hands of non-gay physicians. For example:

- ▼ 17% of physicians reported being refused medical privileges, fired, or denied employment, educational opportunities or a promotion because of their sexual orientation.
- ▼ 17% reported being denied referrals from other physicians because of their sexual orientation.
- ▼ 5% reported being denied a loan, credit or insurance because of their sexual orientation.
- ▼ 11% of physicians and medical students reported being denied a slot in or discouraged from entering a residency or fellowship program because of their sexual orientation.
- ▼ 5% of medical students reported being denied acceptance into medical school because of their sexual orientation.

One in three physicians (33%) indicated that they have experienced at least one form of "economic" discrimination listed above. In addition, 5% of respondents reported being refused medical privileges, fired, or denied employment or a promotion because their *patients* are perceived to be gay. And 4% reported suffering such discrimination because their patients are perceived to be HIV-positive.

Anti-gay professional bias is experienced by LGB physicians in multiple ways. Even more widely-reported than economic discrimination was "social" discrimination:

- ▼ 34% of physicians and 51% of medical students reported being subjected to verbal harassment or insulted by their medical colleagues because of their sexual orientation.
- ▼ 34% of physicians and 54% of medical students reported being socially ostracized by their medical colleagues because of their sexual orientation.

The frequency with which professional discrimination was reported by survey respondents paints a portrait of pervasive discrimination in the medical profession. Fully 56% of physicians and 67% of medical students report experiencing some form of economic or social discrimination. Not surprisingly, most LGB physicians and medical students perceive themselves to be unsafe in and unaccepted by the medical profession:

- ▼ 67% agreed that "many physicians would jeopardize their practices if their colleagues learned they are lesbian, gay or bisexual." Only 16% disagreed.
- ▼ Only 12% agreed that "gay, lesbian or bisexual physicians are accepted as equals in the medical profession." 64% disagreed.

The discrimination that survey respondents encounter in the medical profession is only one element of the anti-gay bias that they and other LGB individuals experience. This is demonstrated by the finding that one in seven survey respondents (14%) reported being subjected to violence because of their sexual orientation. Respondents told of being punched and kicked by groups of youths, spat upon, attacked with knives, bottles and rocks, and run off the road. This study confirms that even lesbians and gay men in a high-status profession are not insulated from the discrimination, bigotry and violence directed towards all lesbian and gay people in our society.

B. Examples of Discrimination Cited by Respondents

1. Introduction

In addition to being asked 24 yes-no and multiple choice questions, respondents were provided space for written comments. By far the most common written comment — submitted by at least two dozen respondents — is typified by that of a California psychiatrist: "If people knew of my sexual orientation, I have no doubt I would be discriminated against."

While professionally "closeted" respondents reported less discrimination than those who are professionally "out of the closet", it must be emphasized that one does not have to be "out" to be the victim of discrimination. Indeed, as discussed on page 21, a majority of even the most closeted respondents still reported suffering some form of professional discrimination as well as witnessing discrimination against LGB patients. These respondents reported suffering discrimination after others learned or suspected they are gay, e.g., after they were seen in a gay parade or leaving a gay bar, because they are unmarried and never discuss dating, because of their physical appearance or mannerisms, because they socialize with or care for "too many" LGB people, or as a result of being "outed" by former friends, lovers, employees or business associates. In other cases, respondents were discriminated against because they are open about their sexual orientation. Some included LGB activities on their resumes or discussed their sexual orientation at the office or in job interviews. Others brought their lovers to social functions or spoke publicly about LGB health or political issues.

Some of the discrimination reported by our respondents was indirect, subtle or otherwise difficult to substantiate. In several instances, for example, respondents reported being told shortly after coming out in job interviews that the jobs were no longer open — even though others continued to be interviewed and hired. Other respondents were told they "wouldn't fit in" at a particular practice or that another setting might be "more appropriate" for them. And in many cases, respondents indicated that they suspected but couldn't prove they were denied a promotion, a job, or referrals because they are gay. (Many of the respondents who were uncertain answered "no" to discrimination questions on the survey.)

In many cases, however, the discrimination recounted was more obvious. It is primarily such incidents that will be the focus of this report. (Note: all examples and quotes come from written survey responses, accompanying letters, or follow-up interviews with approximately 35 respondents who expressed a desire to discuss their experiences in greater detail.)

2. *Discrimination Against Physicians and Medical Students*

a. *Discrimination in Training: Medical Schools and Residency*

"When I applied for a psychiatric residency in Massachusetts, I received a rejection letter from the chairman of the selection committee. I later found out from others on the committee that I had been selected, but the committee chairman had rejected me because he wasn't comfortable having a gay resident."

— *a California psychiatrist*

"When I applied for residency as an out gay man, one of my interviewers asked me if I would have sex with my patients. I am sure no other candidate was asked this question."

— *a Maine psychiatrist*

"I am not open about my sexual orientation at work . . . I have observed other physicians attempt to deny medical students positions in the residency program because the students were perceived to be gay/lesbian. I was subjected to verbal abuse when I confronted the program's director about this."

— *a Michigan physician in academic medicine*

Several respondents reported being confronted with homophobic questions and remarks while interviewing for slots in medical school and residency programs. Some were called "fags" or "dykes" during their interviews. Several felt that their professional competency was being questioned because of their sexual orientation. One respondent described interviewing for a slot in a family practice residency program at a hospital in which he had worked for five years. A practitioner with whom he had worked, and who knew he was gay, asked him: "What do you know about taking care of families? How do you think you could provide adequate care?" Others reported being discouraged from entering programs in psychiatry or pediatrics because, they were told, patients would not feel comfortable with gay physicians.

In some instances, interviews seemingly went well, but respondents were nonetheless rejected. A New York respondent reported that a medical school faculty member who knew him well was shocked that he had not been accepted by the school despite his excellent grades and recommendations. The faculty member launched an investigation and, examining the applicant's file, found the words "too well-dressed" written inside — an institutional code, according to the faculty member, for "applicant is gay."

Other respondents reported encountering homophobia after they had been granted admission. The discrimination recounted by respondents took several forms, from being called "faggots" by their residency directors or being kicked out of programs, to refusals by supervisors to work with or discuss patients with respondents. In many instances, respondents felt powerless to fight discrimination by individuals with the power to hurt or destroy their careers. Noted a New York medical student: "An attending called me a faggot three times during a C-section because I wasn't being aggressive enough in assisting him. A resident who formerly praised me then began harassing me when he found out that I was gay, refused to discuss patients with me and filled my evaluation with obvious lies on my performance." Similarly, a Washington, DC student reported: "My resident in surgery went on about being a 'born again' Christian and kept asking people about my marital status and who I was dating. He gave me a low pass grade and lots of negative comments that were unfounded."

Medical students and residents who complained of discrimination and harassment often reported running up against a brick wall. A Florida physician reported that, during her residency, a faculty member went on a "tirade" against LGB physicians during a staff meeting. The faculty member, she recalled, said that LGB physicians "shouldn't be in my unit because they might do something to the kids." After consistently being treated with hostility by the faculty member, the resident complained to the residency director, who told her that she was overreacting and should seek therapy.

At least two other respondents reported that their presumed need for therapy was used as a weapon against them while they were in residency. An Arizona physician described efforts that were made to force him from his family practice residency just weeks after it began. Despite being taunted with comments such as "Why would you want to stay in a hospital where nobody wants you around because everybody knows you are gay," he refused to leave. "They then told me that they would let me finish my first year if I would undergo psychiatric treatment and transfer to another hospital." After he threatened to sue, the hospital backed down.

Not surprisingly, many of our respondents were unwilling to put up such a strenuous battle. Some reported switching to other residency programs or specialties to escape the pervasive anti-gay sentiment of programs in which they had originally enrolled. Others attempted to avoid the problem from the start by picking programs they knew to be more accepting, although, in some cases, less prestigious. Noted one Vermont physician: "I picked a less academic residency program that was friendly, non-discriminatory, and had other lesbian doctors."

b. Job-Related Discrimination

"A nurse expressed concern to her superior about whether I should be allowed to examine male patients without an escort. An administrator in my department became concerned that I would attract undesirable patients and also that I would infect patients — he assumed that I am HIV-positive because I'm gay."

— *A West Coast physician*

"I was the leading candidate for employment in an eight-person practice group in the Southwest until I disclosed my gay orientation. I was told my gay lifestyle was the reason I was not hired. The group feared loss of referrals, change in rapport with their colleagues and found my lifestyle to be incompatible with their philosophies."

— *A Maryland family practitioner*

"I applied for a staff position at a major hospital in San Diego. They expressed great interest in me until I told them I was gay. They told me explicitly that my gayness made me unacceptable."

— *A radiation oncologist*

"I was denied a position in a training program at the U.S. Centers for Disease Control in 1980. I heard from a CDC colleague later that I was not considered seriously because I am openly gay. During my interviews, I discussed this as an asset for the CDC. At the time, it was expanding the Sexually Transmitted Diseases Program and needed to incorporate gay concerns."

— *A California physician*

"In the late 1980's a psychiatric hospital was recruiting for doctors in Manchester, New Hampshire. During my two-day interview everything went well and they told me I was going to be a good fit for the hospital. After I came out, the hospital C.E.O said he didn't have a problem with my sexuality, he'd love to hire me, but was afraid that the owner of the *Manchester Guardian* would ruin the hospital if she knew he had hired an openly gay physician."

— *A psychiatrist*

"When I was in my final year of residency, I was being wooed by a well-established multi-specialty clinic here in Houston. I met with several of the senior partners and they were chomping at the bit for me to 'sign on the dotted line,' until one of the 'good old boys' there called up his buddy who happened to be the director of my residency program. After that conversation, in which the residency director was asked why I wasn't married, I never heard a word from that group again."

— *A Texas family practitioner*

"Our clinic was desperately in need of moonlighters to work in the urgent care center. We were hiring second and third year residents. The manager in charge was trying to get me to work extra hours and I asked what the problem was in getting new doctors. She said the medical director refused to interview a woman who is a board certified family practitioner, because at the bottom of her resume under community activities there was a gay and lesbian organization. I called the National Center for Lesbian Rights and found out that this discrimination is essentially legal."

— *A California family practitioner*

Many respondents, including most of those quoted above, told of experiencing discrimination when looking for work. One general practitioner recounted working out a deal to get staff privileges at an Atlanta hospital. The deal turned sour however, after a prominent surgeon reportedly said: "If you put that faggot on the staff, I'm walking." A Texas physician had a similar story. Having received a written job offering, he told his potential employer that he is gay. After that, he reported, the employer refused to return his calls or correspond any further. And a San Francisco physician wrote: "I was recruited to work part-time in a hospital emergency room because of my extensive experience. The credentials committee received a tip that I was both gay and an activist. Three hearings were held on the issue with efforts to force me to waive due process should any complaints about my sexuality be received."

In some cases, the discrimination encountered by job-seeking respondents had profound and limiting effects on their careers. One psychiatrist in Washington state, for example, said: "I was told that out gay or lesbian physicians would not make it very far in a fellowship or faculty position in our Psychiatry Department at the University of Washington-Seattle. This impacted my decision to stay away from an academic career."

For many respondents, however, problems began only after they had started their jobs. A Washington, DC internist indicated that his work situation changed only after he had been on the job for five years. As AIDS hysteria increased at his hospital, patients began asking if he was going into AIDS research. The internist soon learned that staff surgeons, concerned that he would attract HIV patients (although he had very few) were spreading a rumor that he would be conducting AIDS research because they believe the rumor would force him to quit. During the next two years, no one would provide coverage for him, and he eventually resigned. A Southern psychiatrist in a two-person practice for six years reported that, after he came out, his partner left and took the office staff with him. The respondent felt particularly betrayed because he had covered for his partner when he had suffered a heart attack.

In other cases, respondents were fired. A California surgeon told of being dismissed from an HMO, ostensibly for being late with his charts. He was soon told by several nurses, however, that "the chief doesn't want any homos in the O.R." A radiologist reported that, when the workload fell at his three-person practice, his two conservative heterosexual colleagues "started rumors that I was gay and then fired me." And an addiction medicine specialist wrote: "After six years as the medical director of the rehab department of a hospital, my position was eliminated. This occurred just after my picture appeared in a newspaper article about the gay parade in our community."

Other respondents told of discriminatory working conditions. An emergency physician who is a medical school faculty member wrote that he had been attacked in faculty evaluations as a "poor role model" because he is gay. And a pathologist in the South described leaving his job as chief of pathology and moving to a small group practice with the understanding that he would soon have a promotion. When his colleagues learned that he is gay, several told him they didn't want him to stay. Although he has not been fired, he has not been promoted either, and his colleagues have subsequently refused to provide coverage for him, although they cover for each other.

c. *Ostracism and Harassment*

"I was ostracized by my first year medical school class to the point that I took a year off."

— *A North Carolina family practice resident*

"I was told that I deserved to die of AIDS by a fellow resident."

— *An Ohio family practitioner*

"One surgery resident was so rejected by his fellow cohorts that he killed himself before he finished training."

— *A Florida physician*

Survey respondents frequently reported that anti-gay harassment and ostracism have significantly and negatively impacted their careers. Several respondents reported leaving their employment or training because of a pervasive anti-gay climate. Others recalled having their credibility damaged in front of patients. A Minnesota internist, for example, wrote of being called "another dyke with short hair" by a colleague in front of patients and staff. Patients of a Massachusetts physician were told by a nurse to "be careful of that doctor. He is a faggot."

In some cases, harassment can even compromise patient care. A Massachusetts physician, for example, reported the following incident: While she was performing a procedure on a gay, HIV-positive patient, her attending physician, who knew she was a lesbian, told her that "all the gays and lesbians should be routed out to San Francisco and the city burned." A California physician wrote that a chief of staff pretended to perform anal intercourse on him at an office holiday party, and stuck his tongue into a lesbian colleague's ear while she was trying to revive a patient whose heart had stopped.

Even where harassment does not directly impede patient care, it raises concerns about the offender's ability to provide adequate care to LGB patients. The medical students who suddenly shunned three different respondents who started gay student groups; the surgeon who refused to work with a gay resident; the cardio-vascular physician who, after hearing a respondent answer another physician's question about AIDS, stormed out of a doctors' lounge saying: "I can't eat and take this kind of shit from a faggot"; the physicians who taunted numerous other respondents with epithets such as *faggot*, *queer*, and *maladjusted homosexual* — all are responsible for providing medical care to LGB patients. As this report amply demonstrates, the results of such bias can be harmful to LGB physicians and patients alike.

d. Other Professional Discrimination

"When I started my practice I took a four-year loan and paid it off in two years. When I needed a loan to move to a new building, the four largest banks in town all rejected me. My C.P.A. said there was no financial reason to deny the loan, so I went to a smaller bank where a patient of mine was an officer. He told me he put his job on the line fighting for the loan. He found out that the other banks had rejected me because they thought that if I treat AIDS, my rank-and-file family practice business would dry up and I would be left treating patients who couldn't pay."

— *A physician in the Mountain states*

"One insurance panel wouldn't accept me. A hospital administrator found out it was because I am gay and they thought people wouldn't see a gay physician."

— *A California OB/Gyn*

Respondents reported a broad range of ways in which their sexual orientation has been used against them professionally: from rejection of grant applications or being passed over for awards and honors, to being denied licenses or being subjected to stricter standards by medical boards. One doctor found the word "faggot" written across his office door three times. Another saw his orientation raised as a "character issue" in a malpractice suit. Two others reported being targets of blackmail or extortion (in one case by a fellow physician who forced her to leave her practice, in another by the medical assistant of the respondent's personal physician who demanded \$10,000 after threatening: "How would you like it if I told the news that there was a faggot for a doctor? It's your fault we have AIDS.")

Although there were no questions about the subject, several respondents reported that they had been falsely accused of sexual harassment. In one case a woman who had been fired by a gay male respondent accused him of sexual harassment for "promoting a gay lifestyle and encouraging her to be a homosexual." Several respondents complained that authorities to whom harassment charges were made had automatically assumed that they were guilty because they were known to be gay. One Texas internist was almost terminated from a residency program on the basis of a single unsubstantiated accusation. Only after the respondent threatened to sue for slander and wrongful discharge was he able to keep his position. A dermatologist reported spending \$40,000 to defend himself in court against a state medical board's attempts to revoke his license on the basis of one sexual harassment charge. The board never spoke to the physician before filing suit, and the patient, who had a long psychiatric history, eventually admitted under oath that the charge was false. Noted the dermatologist: "I have a sterling record. Other (heterosexual) MD's filed against for sexual complaints *all* had 5 to 10 or more complaints before the board took action against them."

Many respondents reported being denied referrals or discriminated against by insurance companies or managed care plans. In some cases, respondents first learned from patients that other physicians were discouraging referrals. A California psychiatrist, for example, learned that another physician had told his patients: "You probably don't want to see him because he is gay." Similarly, a pediatrician who recently came out to his rural Oregon colleagues reported that some of his patients "have specifically been told by various primary care providers not to see me for consultations but have done so anyway." And a physician in Arizona reports that his managed care plan has discouraged patients from seeing him, telling them that "he sees only gay patients: you don't want him."

Respondents learned of lost referrals through other means as well. In one case, an OB/Gyn reported being told by a nurse practitioner that the chief of staff at his hospital had publicly referred to him and another physician as "fucking faggots" and discouraged doctors from referring patients to them. A psychiatrist trained in family counseling was told directly by his Texas supervisors that they preferred not to give him marriage counseling referrals because he is gay.

Of course, physicians cannot be denied referrals by managed care plans that refuse to hire or contract with them in the first place. At least five respondents reported that they have been rejected by HMOs or managed care plans because they have "too many HIV patients." This phenomenon, and other instances of HIV-related discrimination, will be discussed further on page 17.

Finally, it must be noted that some survey respondents also reported experiencing discrimination on the basis of race or gender. In some cases, respondents said that it was difficult to know exactly what type of discrimination they were experiencing. As one respondent stated, it is sometimes difficult for her to tell if she is being discriminated against because she is a woman or because she is a lesbian.

3. *Discrimination Against Patients*

a. *Insults, Disparaging Remarks and Verbal Attacks*

"I don't want to have gay patients because they'd come in all the time for rectal exams."

— *Chief resident to a lesbian medical student*

"We're going to operate on the dyke now."

— *A physician in front of a patient under local anesthesia*

"I've gotten used to Blacks and Jews, but I can't get used to homos."

— *A Vermont medical faculty member to a medical student.*

"Serves them right."

— *A California physician, about gay men with HIV*

Many respondents told of physicians and medical students referring to LGB patients as *faggots, dykes, sissies, fudgepackers, homos, queers*, and other epithets. In several cases, respondents recalled physicians actually calling patients these terms directly to their faces. In others, it was literally behind their backs: A Massachusetts resident reported that, when she treats gay male patients, her attending physician routinely stands behind them and mouths the word "sissy".

Two kinds of gay male patients seem to evoke particular scorn: those with HIV, and those who have rectal problems or need rectal exams. Several respondents reported hearing other providers say that gay men "deserve HIV." A few physicians recounted incidents in which physicians joked that gay men would "probably enjoy" painful rectal procedures. A Florida physician described how her fellow residents invited each other to "go see Dr. X's queer." They considered it entertaining, she reported, to get together and watch rough rectal exams being performed on gay men.

b. Substandard or Denied Care

"The most dramatic instance of many occurred when I was a medical student on a public health service hospital team. A gay man, accompanied by his partner, came into the E.R. because of bleeding peri-anal condylomata. The third year surgery resident was verbally abusive to the patient, completely cold and uncaring toward his partner (who was clearly deeply concerned about his partner) and carried out a rigid sigmoidoscopy that can only be described as an abusive physical assault on the patient."

— *An Oregon pediatrician*

"In the post-operative recovery room after my lover's operation for breast cancer, a nursing assistant saw me holding my lover's hand and heard me call her "lover" and "honey". She walked by, shoved me a bit, and said "queer." What is unsettling to me is that I work for [this hospital]."

— *An Illinois physician*

"Another physician walked out of the room after learning that a patient was gay."

— *A Massachusetts pediatrician*

"Other OB/Gyns here don't do pap smears on a lot of their openly lesbian patients. They don't seem to take complaints of pelvic pain seriously."

— *A rural OB/Gyn*

"A patient with a peri-rectal abscess went to visit another physician. He was in pain, with fever and chills. The doctor proceeded to lecture him about being gay and said he would not treat him. He then came to see me, and I had to hospitalize him because he was so sick."

— *A Southern California physician*

Reports of substandard or denied care for LGB patients were numerous and varied. A medical student described seeing an emergency physician refuse to care for a patient with colitis once the patient identified himself as a sexually active gay man. A urologist wrote of a young man denied appropriate surgical therapy for his testicular cancer because he was gay and therefore perceived to be at risk for HIV. A Michigan family practitioner "personally witnessed an anesthesiologist let a man he knew to be gay labor with airway obstruction after surgery." A Massachusetts physician worked with a colleague who singled out a gay patient with an anal abscess and refused to give him routine pain medication when draining the site. And a Wisconsin psychiatrist reports that, while he was a resident, he heard another resident boast that he had sent away a "crying fag who came in all upset because his lover had broken up with him."

A reluctance to carefully examine gay men was also observed or personally experienced by some respondents. One physician reported that, when seeking treatment for anal warts, his doctor wouldn't examine him, but simply prescribed some creams. A California physician wrote of being lectured to by a doctor who would not conduct a rectal exam. And another physician told of an ex-lover who endured 18 months of testing for an oral lesion that turned out to be cancerous. Because the patient was gay, the respondent reported, his physician had repeatedly tested and treated him only for sexually transmitted diseases. By the time the cancer diagnosis was made, the possibility of a cure had been lost.

Several other physicians cited instances in which stereotyped and false assumptions have compromised the care of LGB patients. Two respondents noted that their lesbian patients have been harangued by other physicians for not using birth control, even though they do not have sex with men. A New York physician complained that gay male patients are routinely assumed to have HIV and that other potential medical concerns are therefore overlooked. A Georgia general practitioner with a largely gay practice recounted an incident that supports this contention: An internist whom he described as "terrified of AIDS" diagnosed a patient with AIDS-related pneumocystis and promptly referred him to our respondent. The patient, it turned out, was a gay man with asthma. The same respondent recounted another instance in which a hospital admitting surgeon refused to admit a (gay) married patient with pneumocystis because, he said, a married man couldn't have AIDS.

Two further observations were made repeatedly. First, numerous physicians reported that patients have come to them after being turned away by other physicians because they are lesbian or gay.

Second, several respondents used terms such as "rough," "brutal" and "violent" to describe the treatment and examination of gay patients. With remarkable similarity, several respondents echoed the words of a Florida physician who said he had seen staff and surgeons "being particularly scornful and physically brutal to gay male patients, particularly those with anal lesions." Others noted that gay male patients are frequently humiliated, ridiculed or brushed aside by heterosexual providers. Respondents noted that physicians are sometimes under subtle pressure from other providers to be inattentive or brusque towards LGB patients. As one physician describing her residency noted: "The quality and quantity of time spent with gay patients was always lower. If a surgeon was seen chatting with a gay patient, it would be seen as suspicious."

c. HIV-Related Discrimination

"The staff at my hospital wanted to force HIV tests on gay men and withhold services until the hospital knew their HIV status."

— *A California physician in administration*

"I volunteered in an HIV clinic in Texas. Many clients were dumped at the clinic inappropriately just because they have HIV. One patient needed a lumbar puncture but the radiologist I referred him to wouldn't perform it. He said it wasn't indicated and he didn't want his residents exposed to HIV. I called a nationally-known radiologist who said that the puncture was definitely indicated.

— *A psychiatrist*

"I have been removed from two managed care plans because I have many HIV/AIDS patients. These plans have systematically removed other 'AIDS practices'. This is within the bounds of their contracts."

— *A San Francisco physician*

"Why should I care for HIV-positive patients? They're going to die anyway."

— *A physician to a New York internist*

In addition to reporting discrimination against LGB patients, many respondents reported examples of HIV-related discrimination (often intertwined with anti-gay sentiments). Many of the issues have been raised elsewhere in this report: of physicians disparaging or spending inadequate time with HIV patients, of providers saying that gay patients "deserve" HIV, of doctors being forced from their practices, excluded from HMO / managed care plan membership or denied hospital privileges because they care for HIV-positive patients — or because they are gay and might attract them. Respondents report being discouraged from providing HIV care in other ways. One respondent — now a nationally known AIDS care provider and researcher — reported being rejected from an infectious diseases fellowship at one of the nation's most prominent teaching hospitals in 1983 because he said he wanted to study AIDS. He later learned from a colleague at the hospital that he had been rejected because the department chair assumed from his interest in AIDS that he is gay.

Most striking, however, was the volume of reports of patients being denied care because they have HIV. Respondents wrote about physicians refusing to perform surgery, bronchoscopies or even basic medical exams on HIV-positive patients. A Colorado pathologist wrote of physicians who refused to treat or evaluate a patient's toxoplasmosis — a dangerous brain infection — because the patient "would die anyway." Another pathologist in the South recounted the resentment experienced by his colleagues about having to analyze data on AIDS patients — again: "because they are all going to die anyway." And a medical student reported an incident in which a faculty member was told by a patient that the patient had HIV; the physician, she reported, immediately washed his hands and told the patient to leave.

Table 2 Results by Gender and Region

<i>Item</i>	<i>Percent Who Said "Yes"</i>						<i>Survey Total</i>
	<i>Gender</i>		<i>Region</i>				
	Male	Female	NorthE	South	Mid/Mtn	West	
<i>n =</i>	441	255	219	123	144	201	711
Has LGB Practice (≥50% of Patients):	17	3	12	9	7	17	12
Has HIV Practice (≥50% of Patients):	16	2	13	8	7	12	11
Professionally "Out" (≥90% of Colleagues Know):	25	20	22	14	21	33	24
Professionally "Closeted" (<10% Colleagues Know):	19	28	21	27	29	15	22
4a. Job-related Discrimination:	18	14	12	15	12	19	16
4b. Medical School Rejection:	2	2	1	2	1	2	2
4c. Discouraged or Denied Residency:	12	9	8	13	8	11	11
4d. Denied Referrals:	20	7	13	17	13	21	16
4e. Denied Loan, Credit or Insurance:	4	3	5	4	5	4	4
4f. Verbal Harassment; Insults:	37	35	36	34	36	39	37
4g. Socially Ostracized:	39	34	36	35	36	40	37
4h. Other Professional Discrimination:	15	17	16	17	13	17	16
Any Economic Discrimination (4a-e):	35	23	30	30	22	38	31
Any Economic or Social Discrimination (4a-h):	61	54	57	58	58	61	59
5. Discrimination because Patients are LGB:	7	2	7	4	7	5	5
6. Discrimination because Patients are HIV+:	5	2	8	1	8	3	4
7. Heard Colleagues Disparage LGB Patients:	88	89	92	90	92	83	88
8. Know of Substandard or Denied Care for LGBs:	70	62	72	67	72	67	67
9. Observed Substandard or Denied Care for LGBs:	55	47	54	54	54	53	52
10. Victim of Gay-bashing:	19	5	14	12	14	16	14
11. Agree that Physicians Jeopardize Practice if Colleagues Know they are LGB:	70	62	63	68	63	71	67
12. Agree that Physicians Jeopardize Practice if Patients Know they are LGB:	74	69	78	74	78	73	73
13. Agree that LGB Medical Concerns Overlooked if Patients Don't "Come Out":	98	98	99	98	99	99	98
14. Agree that LGB Patients Risk Inferior Care if They <u>Do</u> "Come Out":	64	64	68	67	68	61	64
15. Agree that LGB Physicians are Accepted as Equals:	13	10	11	13	11	14	12

C. Other Key Findings

1. A Majority of Respondents Reported Suffering Discrimination, Regardless of Region, Gender, Specialty and Other Factors

As noteworthy as the high numbers in this report is their unexpected consistency. The frequency of reported discrimination varies only slightly by gender, region, specialty and other factors. A majority of men and women, physicians and medical students, residents of all regions, physicians in virtually all specialties, and physicians who are professionally "closeted" as well as those who are "out" reported experiencing professional discrimination because of their sexual orientation. The overwhelming majority of respondents in all categories reported knowledge of bias and mistreatment directed towards lesbian, gay and bisexual patients. And in every subgroup only a small minority of respondents reported a belief that LGB physicians are accepted as equals in the medical profession.

Despite the breadth of discrimination reported across demographic and professional categories, four factors appear to be associated with increased reporting of discrimination: being professionally "out of the closet," having a large percentage of *patients* who are lesbian or gay, being a medical student, and practicing in certain specialties. Each of these factors is examined individually on the following pages.

Table 3
Results: "Out" vs. "Closeted" Respondents

<i>Item</i>	<i>Percent Who Said "Yes"</i>		
	Respondents who are "Out" ¹	Respondents who are "Closeted" ²	<i>Survey Total</i>
n =	159	147	711
4a. Job-related Discrimination:	29	12	16
4b. Medical School Rejection:	3	1	2
4c. Discouraged or Denied Residency:	18	6	11
4d. Denied Referrals:	25	11	16
4e. Denied Loan, Credit or Insurance:	6	3	4
4f. Verbal Harassment; Insults:	47	30	37
4g. Socially Ostracized:	45	32	37
4h. Other Professional Discrimination:	21	11	16
Any Economic Discrimination (4a-e):	45	22	31
Any Economic or Social Discrimination (4a-h):	66	51	59
5. Discrimination because Patients are LGB:	9	4	5
6. Discrimination because Patients are HIV+:	6	2	4
7. Heard Colleagues Disparage LGB Patients:	86	87	88
8. Know of Substandard or Denied Care for LGBs:	73	54	67
9. Observed Substandard or Denied Care for LGBs:	58	49	52
10. Victim of Gay-bashing:	19	10	14
11. Agree that Physicians Jeopardize Practice if Colleagues Know they are LGB:	63	78	67
12. Agree that Physicians Jeopardize Practice if Patients Know they are LGB:	68	83	73
13. Agree that LGB Medical Concerns Overlooked if Patients Don't "Come Out":	99	96	98
14. Agree that LGB Patients Risk Inferior Care if They Do "Come Out":	67	65	64
15. Agree that LGB Physicians are Accepted as Equals:	15	8	12

¹ ≥90% of colleagues know that respondent is LGB.

² <10% of colleagues know that respondent is LGB.

2. Physicians who are "Out" to their Colleagues Reported More Discrimination than those who are "Closeted"

Respondents vary widely in the degree to which their orientation is known to their colleagues. Roughly one quarter (22%) can be described as "closeted" (less than 10% of their colleagues know they are LGB); another quarter (24%) can be described as "out" (90% or more of their colleagues know) with the remaining half in one of three categories in between (See Table 1.) The responses of individuals in these groups differ significantly.

Out respondents reported suffering far more discrimination than closeted ones in responses to every question asked. They were more likely to report being denied acceptance into medical school (3% vs. 1%) or refused loans or credit (6% vs. 3%). They were far more likely to report being barred / discouraged from entering residency or fellowship programs (18% vs. 6%), being denied referrals from other physicians (25% vs. 11%), or experiencing job-related discrimination (29% vs. 12%.) And they were much more likely to report being verbally harassed (47% vs. 30%) or socially ostracized (45% vs. 32%).

When it came to witnessing discrimination against gay and lesbian *patients*, out and closeted respondents reported a more similar experience, although differences between the two groups did not disappear entirely. Out and closeted respondents were equally likely to report hearing colleagues make disparaging remarks against LGB patients (86% vs. 87%). Out respondents were only slightly more likely to have personally witnessed physicians denying or providing substandard care to LGB patients because of the patients' sexual orientation (58% vs. 49%). They were somewhat more likely to report *knowing* of such discriminatory patient treatment (73% vs. 54%). This may be attributed to the fact that they are also more likely to have many gay patients: 36% of out respondents said that 20% or more of their patients are LGB; only 2% of closeted respondents reported the same concentration of LGB patients.

Despite the fact that respondents who are out reported experiencing and witnessing more discrimination, it is *closeted* respondents who more negatively assessed their position in the medical profession. They were less likely to agree that LGB physicians are accepted as equals in the medical profession (8% vs. 15%). And they were more likely to believe that the medical practices of many physicians would be jeopardized if their colleagues (78% vs. 63%) or patients (83% vs. 68%) were to learn they are gay. These statistics suggest that fear of discrimination causes many physicians to avoid coming out — a fear which, as our findings show, appears to be justified. However, the results ironically suggest that the closet does not work very well as a protective device: 51% of the most closeted respondents still reported experiencing some form of professional discrimination. And as the increased pessimism voiced by closeted respondents demonstrates, staying in the closet may exact a psychic cost that is every bit as painful as discrimination itself.

Table 4

Results: Gay vs. Straight and HIV vs. Non-HIV Practices

<i>Item</i>	<i>Percent Who Said "Yes"</i>				
	R's* with Gay Practice 1	R's with Straight Practice 2	R's with HIV Practice 3	R's with non-HIV Practice 4	<i>Survey Total</i>
n =	74	311	65	394	711
4a. Job-related Discrimination:	28	13	23	14	16
4b. Medical School Rejection:	1	1	2	1	2
4c. Discouraged or Denied Residency:	13	7	16	9	11
4d. Denied Referrals:	28	11	23	13	16
4e. Denied Loan, Credit or Insurance:	8	3	9	3	4
4f. Verbal Harassment; Insults:	40	30	35	34	37
4g. Socially Ostracized:	38	29	39	31	37
4h. Other Professional Discrimination:	16	14	11	17	16
Any Economic Discrimination (4a-e):	45	25	43	29	31
Any Economic or Social Discrimination (4a-h):	67	48	62	54	59
5. Discrimination because Patients are LGB:	19	2	15	3	5
6. Discrimination because Patients are HIV+:	16	1	15	2	4
7. Heard Colleagues Disparage LGB Patients:	90	85	91	86	88
8. Know of Substandard or Denied Care for LGBs:	76	56	79	62	67
9. Observed Substandard or Denied Care:	65	41	69	47	52
10. Victim of Gay-bashing:	20	11	15	11	14
11. Agree that Physicians Jeopardize Practice if Colleagues Know they are LGB:	73	67	77	67	67
12. Agree that Physicians Jeopardize Practice if Patients Know they are LGB:	66	79	68	77	73
13. Agree that LGB Medical Concerns Overlooked if Patients Don't "Come Out":	100	97	100	98	98
14. Agree that LGB Patients Risk Inferior Care if They <u>Do</u> "Come Out":	65	56	77	60	64
15. Agree that LGB Physicians are Accepted as Equals:	17	12	14	12	12

* R's = Respondents
1 ≥50% of patients are lesbian, gay or bisexual.
2 >90% of patients are heterosexual.
3 ≥50% of patients are HIV-positive.
4 >90% of patients are HIV-negative.

3. *Physicians who Care Primarily for LGB Patients or Patients with HIV are Significantly More Likely to Report Experiencing Discrimination*

Although survey results indicate that LGB physicians as a group provide care to a disproportionately high proportion of LGB patients, the overwhelming majority of respondents provide care primarily to heterosexual patients. While one in eight respondents (13%) indicated that a majority of their patients are lesbian, gay or bisexual, a majority (51%) reported that more than 90% of their patients are heterosexual. This is true even for those who are professionally most "out"; 36% of these respondents have "straight practices" (>90% of patients are heterosexual) while 20% have "gay practices" ($\geq 50\%$ LGB patients.)

Respondents with gay practices reported much higher levels of discrimination than their colleagues with straight practices. Indeed, the difference between these two groups is one of the most dramatic uncovered in this report.

Not only did those with gay practices report experiencing more discrimination themselves, they also reported more discrimination against LGB patients. While those with gay practices were slightly more likely to report hearing colleagues disparage LGB patients (90% vs. 85%), they were much more likely to know of actual medical mistreatment. Three fourths (76%) of respondents with gay practices reported knowing of patients who have been denied care or given substandard care because they are LGB (versus 56% of those with straight practices); two thirds (65%) reported actually observing such mistreatment (vs. 41%). Given the relative similarity in the level of patient disparagement reported by the two groups, a likely explanation for the significantly increased reporting of patient mistreatment by respondents with gay practices may be simply that they have more opportunity to encounter it. The fact that two in three survey respondents who provide the most care to LGB patients have personally observed mistreatment of or denial of care to these patients raises serious concerns.

The difference in experience between physicians with gay and straight practices was most dramatic in matters of economic discrimination. Those with gay practices were much more likely to report being denied patient referrals (28% vs. 11%) or denied credit (8% vs. 3%) than their counterparts with straight practices. They were also more likely to report job-related discrimination (28% vs. 13%) or discrimination related to admission into a residency or fellowship program (13% vs. 7%). Thus, nearly half (45%) of respondents with gay practices reported being victims of economic discrimination, while only a quarter (25%) of those with straight practices reported the same. In addition, they were much more likely to report being fired or denied medical privileges because their *patients* are perceived to be LGB and/or HIV-positive. (22% vs. 3%).

It is important to note that the increased discrimination reported by physicians with gay practices can not be explained simply by arguing that physicians with gay practices are more likely to be "out" and thus to suffer discrimination. Even among physicians who are "largely out" of the closet ($\geq 50\%$ if their colleagues know their sexual orientation), those with gay practices (n=54) were still far more likely than those with straight practices (n=106) to report suffering economic discrimination: "largely out" doctors with gay practices reported more job-related discrimination (35% vs. 18%), denial of referrals (28% vs. 15%), and denial of credit or insurance (11% vs. 2%) than their counterparts with straight practices.

The contrasting results between "largely out" respondents with gay versus straight practices cannot be explained by the supposition that out physicians with gay practices are for some reason simply more inclined to report discrimination than are those with heterosexual patients. The two groups were essentially equal, for example, in reporting discrimination encountered during training — before their patient profiles were established. (2% of both groups reported being denied admission to medical school; 15% with gay practices vs. 12% of those in straight practices reported discrimination in the residency or fellowship admission process). Thus, the decision to care for gay and lesbian patients appears to bring with it a significant and measurable cost.

Physicians who care primarily for patients with HIV also reported higher than normal levels of discrimination. Indeed, respondents with AIDS practices reported levels of discrimination only slightly lower than those with gay practices: 23% of AIDS practitioners reported suffering job-related discrimination, 23% reported being denied referrals, 39% reported being socially ostracized, and 9% reported being denied credit or insurance. And AIDS providers were even more likely than providers with gay practices to report knowing of or observing patient mistreatment. (For more information on respondents with HIV practices, see Table IV.)

An additional hypothesis therefore bears consideration: Perhaps the negative experiences and perceptions of physicians with gay practices are primarily linked to the fact that most of these physicians also primarily treat patients with HIV (Of 73 physicians with gay practices, 53 reported that a majority of their patient visits are from patients with HIV.)

Surprisingly, the data reveals very little difference between physicians with gay HIV practices and those with gay non-HIV practices in the degree to which they have suffered professional discrimination. Physicians with gay practices reported increased levels of professional discrimination whether or not they care for patients with HIV. Physicians with gay HIV practices and their non-HIV counterparts both reported experiencing high levels of economic discrimination (46% vs. 40%), and economic and social discrimination combined (66% vs. 70%). Physicians with gay / HIV practices did, however, report notably higher knowledge of or experience with homophobic patient mistreatment. Respondents with gay / HIV practices were more likely than those with gay / non-HIV practices to report knowing of (81% vs. 60%) or observing (70% vs. 50%) medical mistreatment of patients because they are gay, lesbian, or bisexual. These data support the contention that gay patients with HIV are regarded with a special level of disdain by many physicians.

Results of this survey indicate that physicians who care primarily for gay, lesbian, bisexual or HIV-positive patients are forced to pay a very real price for doing so by their colleagues. This underscores the impression created elsewhere in this study: that LGB patients are often viewed in the medical profession as lacking in value. Given the significant professional price paid by those who *provide care for* LGB patients, it is not surprising that a medical price is often paid by LGB patients themselves.

* One interesting and potentially significant difference does emerge, however: 11% of those with gay/AIDS practices reported that they have experienced discrimination in credit or insurance; none of those with gay non-AIDS practices indicated the same. This may be due to the perception of some banks that AIDS patients will be unable to pay their bills and that physicians who provide care for them will be unable to pay off their loans. (See example on page 12.)

Table 5 Results: Medical Students vs. Physicians

<i>Item</i>	<i>Percent Who Said "Yes"</i>		
	Medical Students	Physicians	Survey Total
n =	118	593	711
4a. Job-related Discrimination:	13	17	16
4b. Medical School Rejection:	5	1	2
4c. Discouraged or Denied Residency:	13	11	11
4d. Denied Referrals:	7	17	16
4e. Denied Loan, Credit or Insurance:	2	5	4
4f. Verbal Harassment; Insults:	51	34	37
4g. Socially Ostracized:	54	34	37
4h. Other Professional Discrimination:	9	17	16
Any Economic Discrimination (4a-e):	21	33	31
Any Economic or Social Discrimination (4a-h):	67	56	59
5. Discrimination because Patients are LGB:	5	5	5
6. Discrimination because Patients are HIV+:	11	3	4
7. Heard Colleagues Disparage LGB Patients:	90	87	88
8. Know of Substandard or Denied Care for LGBs:	70	67	67
9. Observed Substandard or Denied Care:	55	52	52
10. Victim of Gay-bashing:	12	14	14
11. Agree that Physicians Jeopardize Practice if Colleagues Know they are LGB:	60	69	67
12. Agree that Physicians Jeopardize Practice if Patients Know they are LGB:	64	74	73
13. Agree that LGB Medical Concerns Overlooked if Patients Don't "Come Out":	98	98	98
14. Agree that LGB Patients Risk Inferior Care if They Do "Come Out":	70	63	64
15. Agree that LGB Physicians are Accepted as Equals:	5	13	12

4. Discrimination is not a Problem of the Past: Medical Students Report More Discrimination than Physicians

The expectation that medical students, as part of a younger generation more familiar with lesbians and gay men, would report less discrimination than physicians, is not supported by our data. Indeed the opposite appears to be true: on every survey question asked about discrimination relevant to both physicians and medical students (i.e., excluding questions about job discrimination, referrals and credit), medical students reported discrimination at equal or higher rates than physicians. For example, while 34% of physicians reported that they had either been harassed by colleagues or socially ostracized by them, a majority of medical students responded affirmatively to each question (51% and 54%, respectively.) The increased reporting of discrimination by medical students cannot be attributed to the theory that they are more out of the closet than physicians and thus more likely to experience discrimination: only 46% of medical students, as opposed to 50% of physicians, reported that they are out to a majority of their colleagues.

Medical students also reported witnessing anti-patient discrimination at equal or slightly higher rates than physicians. 90% of medical students (as opposed to 87% of physicians) reported hearing colleagues make disparaging remarks about LGB patients; 70% (versus 67% of physicians) said they know of LGB patients who have been denied care or given substandard care because of their sexual orientation; and 55% (versus 52%) reported personally witnessing such patient mistreatment. Perhaps as a result, medical students appear slightly more likely than physicians to believe that LGB patients risk receiving substandard care if they come out to non-gay providers (medical students: 70% agreed, 9% disagreed; physicians: 63% agreed, 15% disagreed.)

Not surprisingly, LGB medical students appeared even less likely than their physician counterparts to believe that LGB physicians are accepted as equals in the medical profession. While 13% of physicians agreed with this contention, only 5% of medical students concurred. The overwhelming pessimism expressed by medical student respondents furthers the impression that American medicine may be tarnished by discrimination well into the future.

5. *Physicians in Some Specialties Report Far More Discrimination than Others*

Survey respondents reported practicing in over 50 medical specialties and subspecialties; only seven, however, had sufficient numbers (n>20) to be analyzed. It is these specialties, plus an eighth category of "other" that are analyzed in this report.

Although discrimination was widely reported by respondents in all specialties, considerable variation is reflected in the data. These differing experiences may reflect demographic and other differences between respondents in varying specialties. For example, 70% of psychiatrists and 55% of pediatricians reported being out to a majority of their colleagues, in contrast to 30% of emergency physicians, 36% of surgeons, and 37% of "others."

The patterns of discrimination reported by members of varying specialties do not, however, necessarily reflect those that might be anticipated from their demographic data. Emergency physicians — who were the least likely to see primarily LGB patients — reported the second highest level of discrimination (68% reported experiencing at least one form of social or economic discrimination, as opposed to 56% of physicians as a whole.) Indeed, certain forms of discrimination appeared to be associated with particular specialties. For example OB/Gyns and surgeons were much more likely than other physicians to state that they have been denied referrals because they are LGB (OB/Gyns, 29%; Surgeons, 27%; physician total, 17%); Emergency physicians reported an unusually high level of social discrimination (harassment, 52%; ostracism, 50%; physician total, 34% each.)

Some statistics challenged expectations. It might be expected that pediatricians, because of the politically charged nature of gay adults working with children, would report especially high levels of discrimination, and that psychiatrists, as mental health practitioners in a specialty whose organizations have publicly supported lesbian and gay rights, would report greater acceptance. In fact, the opposite proved to be true. While people in most specialties reported similar levels of experience with discrimination, psychiatrists reported the most discrimination (73% reported some social or economic discrimination), whereas pediatricians reported substantially less discrimination (36%) than respondents in other specialties (56% total.) In comparison, 45%-58% of respondents in all remaining specialties (with the exception of emergency physicians, as discussed above) reported discrimination.

Increased reporting of discrimination by psychiatrists and decreased reporting by pediatricians extends even to experience with discrimination against patients: pediatricians are the only specialty group in which fewer than half (47%) of respondents reported knowing of patients who have suffered anti-gay discrimination in medical treatment. Psychiatrists (74%), as well as internists (75%) and family practitioners (73%), gave the highest affirmative responses to this issue. Not surprisingly, therefore, psychiatrists gave the most negative assessment when asked whether LGB physicians are accepted as professional equals: only 5% answered yes. Pediatricians were the least negative of the specialties: 21% said yes. That the specialty group reporting the least discrimination is still so overwhelmingly negative in assessing the status of LGB physicians speaks to the severity of the problem of anti-gay discrimination throughout medicine.

Table 6 Results by Specialty

<i>Item</i>	<i>Percent Who Said "Yes"</i>									
	*	ER	GP	Int	OB	Ped	Psy	Sur	Oth	Total
	n =	23	106	127	42	43	105	30	114	593
Has LGB Practice (≥50% of Patients)		0	13	26	2	8	15	4	7	13
Has HIV Practice (≥50% of Patients)		0	13	26	0	2	7	3	9	11
Professionally "Out" (≥90% of Collgs. Know)		22	25	20	23	19	38	18	18	24
Professionally "Closeted" (<10% Collgs. Know)		22	24	15	33	17	6	36	34	22
Gender: Female		39	48	32	64	22	25	33	27	35
4a. Job-related Discrimination:		14	15	16	22	10	25	10	15	17
4b. Medical School Rejection:		0	2	2	2	0	0	3	0	1
4c. Discouraged or Denied Residency:		5	15	7	7	2	25	17	5	11
4d. Denied Referrals:		5	12	16	29	5	32	27	9	17
4e. Denied Loan, Credit or Insurance:		5	6	5	2	2	7	0	3	5
4f. Verbal Harassment; Insults:		52	36	40	37	14	42	27	26	34
4g. Socially Ostracized:		50	31	35	39	15	42	30	32	34
4h. Other Professional Discrimination:		13	20	16	17	18	23	32	9	17
Any Economic Discrimination (4a-e):		18	31	28	46	17	51	40	22	33
Any Economic or Social Discrimination (4a-h):		68	56	58	56	36	73	53	45	56
5. Discrimination because Patients are LGB:		0	8	11	0	2	2	0	5	5
6. Discrimination because Patients are HIV+:		0	4	8	2	0	1	3	2	3
7. Heard Colleagues Disparage LGB Patients:		100	88	90	81	84	89	80	88	87
8. Know of Substandard or Denied Care for LGBs:		70	73	75	59	47	74	57	60	67
9. Observed Substandard or Denied Care:		62	58	60	45	26	52	43	49	52
10. Victim of Gay-bashing:		22	11	19	2	9	18	3	15	14
11. Agree that Physicians Jeopardize Practice if Colleagues Know they are LGB:		74	59	69	76	71	78	67	68	69
12. Agree that Physicians Jeopardize Practice if Patients Know they are LGB:		78	74	69	86	77	75	73	75	74
13. Agree that LGB Medical Concerns Overlooked if Patients Don't "Come Out":		100	100	98	98	93	100	90	98	98
14. Agree that LGB Patients Risk Inferior Care if They Do "Come Out":		74	68	61	67	48	69	63	59	63
15. Agree that LGB Physicians are Accepted as Equals:		9	12	17	10	21	5	17	15	13

* ER = Emergency Medicine; GP = General / Family Practice; Int = Internal Medicine; OB = Obstetrics / Gynecology; Ped = Pediatrics; Psy = Psychology; Sur = Surgery; Oth = Other; Total = All Physicians

III. Conclusion

The results of this survey paint a clear and disturbing picture of a medical system rife with discrimination against lesbian, gay and bisexual physicians and patients. Such discrimination is not only cruel and unjust; it can be career-destroying and life-threatening. As such, it undermines the very foundation of medicine.

The data reveal two ironies. Despite the reluctance of many heterosexual physicians to care for LGB patients, it is those LGB doctors who fill in the void that are the most severely punished. Moreover, LGB physicians who are honest about their orientation are also especially penalized. The medical profession has thus created a major disincentive for LGB physicians to act as role models of healthy behavior for the LGB patient population.

Clearly, action is needed.

First, government health agencies, hospitals, medical associations, and specialty societies must launch meaningful and continuing efforts to combat discrimination in their ranks. Member/employee education, public policy advocacy, patient outreach, revision of patient educational materials, implementation of disciplinary policies, and promotion of visible, openly gay physicians should all be undertaken. Medical schools and teaching hospitals have a special responsibility to ensure that the next generation of physicians is educated about the health needs and human dignity of LGB people, as colleagues and as patients.

Second, HMOs, PPOs and other managed care programs must make it possible for lesbian, gay and bisexual health consumers to identify and select providers who are knowledgeable about LGB health issues and supportive of LGB patients. At present there are few, if any, formally-instituted mechanisms to help LGB patients in such plans avoid playing medical Russian roulette. As one psychiatrist noted: "several patients have told me that when they ask their HMO for a gay doctor, they get blank stares."

Third, discrimination against healthcare workers and patients based on their sexual orientation must be prohibited by law. As the U.S. prepares to launch historic, comprehensive reform of its health care system, it would be tragic to sidestep the enormous problem of discrimination. The failure of health reform legislation to prohibit anti-gay discrimination would leave a significant segment of the population vulnerable to persistent medical mistreatment and abuse; indeed, given the reluctance of some managed care plans to accept gay or HIV-positive patients and their providers, any move to a managed care system that does not explicitly prohibit anti-gay discrimination may place many lesbian, gay and bisexual patients in a worse position than they are in now. Given the extent and seriousness of anti-gay patient abuse reported in this survey, this is a disturbing prospect indeed.

Survey of Lesbian, Gay and Bisexual Physicians

Please note: This survey is to be filled out only by physicians and medical students. Please skip questions that are not applicable to you. Mail or fax completed survey by March 7th to: AAPHR, 273 Church Street, San Francisco, CA 94114, phone 415-255-4547, fax 415-255-4784.

1. What percentage of your patients are gay / lesbian / bisexual?
a) less than 10% b) 10-19% c) 20-49% d) 50%-89% e) 90% or more
 2. What percentage of your patient visits are from people who are HIV-positive?
a) less than 10% b) 10-19% c) 20-49% d) 50%-89% e) 90% or more
 3. What percentage of your colleagues know that you are gay / lesbian / bisexual?
a) less than 10% b) 10-19% c) 20-49% d) 50%-89% e) 90% or more
-

4. Have you ever, because of your sexual orientation, been:
 - a. refused medical privileges, fired, or denied employment, educational opportunities or a promotion? a) Yes b) No
 - b. denied acceptance into medical school? a) Yes b) No
 - c. denied a slot in or discouraged from entering a residency or fellowship program? a) Yes b) No
 - d. denied referrals from other physicians? a) Yes b) No
 - e. denied a loan, credit or insurance? a) Yes b) No
 - f. subjected to verbal harassment or insulted by colleagues? a) Yes b) No
 - g. socially ostracized by other physicians / medical students? a) Yes b) No
 - h. professionally discriminated against in other ways?
(Please specify.) _____ a) Yes b) No
5. Have you ever been refused medical privileges, fired or denied employment or a promotion because your *patients* are, or are perceived to be, lesbian, gay or bisexual? a) Yes b) No
6. Have you ever been refused medical privileges, fired or denied employment or a promotion because your *patients* are, or are perceived to be, HIV-positive? a) Yes b) No
7. Have you heard colleagues make disparaging remarks about gay, lesbian or bisexual patients? a) Yes b) No
8. Do you know of gay, lesbian or bisexual patients who have received substandard care or been denied care because of their sexual orientation? a) Yes b) No

(over)

9. Have you observed colleagues providing reduced care or denying care to patients because of their sexual orientation? a) Yes b) No
10. Have you ever been punched, kicked, beaten or assaulted with a weapon because of your sexual orientation? a) Yes b) No
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Do you agree or disagree with the following?

11. Many physicians would jeopardize their practices if their colleagues learned they are lesbian, gay, or bisexual. a) Agree b) Disagree c) Not Sure
12. Many physicians would jeopardize their practices if their patients learned they are lesbian, gay, or bisexual. a) Agree b) Disagree c) Not Sure
13. Gay, lesbian and bisexual patients have medical concerns that might be overlooked if providers do not know their sexual orientation. a) Agree b) Disagree c) Not Sure
14. Gay, lesbian and bisexual patients risk receiving substandard care if they come out to straight providers. a) Agree b) Disagree c) Not Sure
15. Gay, lesbian and bisexual physicians are accepted as equals in the medical profession. a) Agree b) Disagree c) Not Sure
-

16. What is your specialty?
- | | | |
|---------------------------------------|------------------------------|----------------------------|
| a) medical student | e) psychiatry | i) pathology |
| b) general practice / family practice | f) radiology | j) pediatrics |
| c) internal medicine | g) surgery (not orthopedics) | k) obstetrics / gynecology |
| d) anesthesia | h) orthopedics | l) other _____ |
17. What is your gender? a) male b) female
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Please feel free to provide details of incidents referred to in questions 4-10 for which you answered "yes". If you would be willing to consider speaking publicly about such incidents, please tell us how to contact you. Attach additional sheets as necessary.