



## **Creating a Safe Clinical Environment for Men Who Have Sex With Men**

### **Background**

Homophobia in medical practice is a reality. A 1998 survey of nursing students showed that 8-12% “despised” lesbian, gay, and bisexual (LGB) people, 5-12% found them “disgusting,” and 40-43% thought LGB people should keep their sexuality private (2). Research conducted in 1999 in New Mexico showed that more than 8% percent of the male respondents of the 1949 physicians surveyed could be described as homophobic. That percentage rose to more than 20% for male physicians in cities with populations between 25,000 and 50,000 people (3).

Disclosing information about sexual behavior is anxiety provoking. Tailoring prevention messages to the individual patient requires that patients feel comfortable in discussing these topics and revealing sensitive information. In a 1992 study 44% of self-identified gay men had not told their primary care physician about their sexual orientation (2). Men who have sex with men (MSM) sometimes consciously avoid medical care out of fear of discrimination (1). During initial visits with a clinician MSM may still withhold sensitive, yet important information for the same reasons (4).

### **What Can Be Done?**

Clinicians must consider every aspect of their practice when creating a gay-friendly environment.

#### *The Environment*

Providers can take multiple steps to create practice environments welcoming for MSM and/or gay-identified patients. Participating in provider referral programs through gay organizations or advertising your practice in gay media can create a welcoming environment even before a patient enters the door. Displaying posters or pamphlets with gay-friendly or gay positive messages are ways to demonstrate a welcoming attitude as the patient enters the clinic. Acknowledge relevant days of observance in your practice, such as World AIDS Day or gay pride. Consider subscriptions to gay-oriented news or entertainment magazines in addition to those with a general appeal. There are also specific periodicals that focus on MSM of color. Consider posting non-discrimination statements inclusive of sexual orientation regarding your practice. Consult the resource list at the end of this document for further ideas.

#### *Patient Intake*

Patients often form expectations of the patient-clinician interaction based on information requested in initial visit forms. Knowing this, forms should be written using appropriate language. For example:

- 1) Use the term “relationship status” instead of “marital status,” including options like “partnered.”
- 2) When asking for information about a patient’s significant other use terms such as “partner,” in addition to “spouse” and/or “husband/wife.”
- 3) Offer the option of identifying with a particular sexual orientation or providing further explanation.

#### *The Patient Interview*

- 1) As with all patient contacts, approach the interview showing empathy, open-mindedness, and without rendering judgment.
- 2) Use gender-neutral language when inquiring about sexual partners or significant others.
- 3) When discussing sexual health during an initial visit, or if indicated in subsequent visits:
  - a. Begin with a statement that taking a sexual history is routine for your practice.

- b. Avoid inquiring about sexual orientation. Focus on sexual behavior.
  - c. Assess knowledge of the risk of sexually transmitted infections in relation to sexual behavior early on. Some well-informed MSM may resent a discussion of HIV risk; for example, assuming a clinician is equating homosexuality with HIV.
  - d. Ask the patient to clarify terms or behaviors with which you are unfamiliar.
  - e. Talking about issues related to patient sexuality is not easy. Becoming comfortable in raising and discussing such topics comes only with repeated experience.
- 4) Respect a patient's desire to withhold answers to sensitive questions. Offer to discuss the issue at a later time.

(Safe Clinical Environment continued)

#### *Staff Sensitivity and Training*

Administrative, nursing, and clinical staff education is critical to creating and maintaining practice environments deemed safe by MSM. Topics to include in a staff-training program should include:

- 1) Use of appropriate language when addressing or referring to patients and/or their significant others
- 2) Basic familiarity with important MSM health issues (e.g., substance abuse, partner violence, HIV, STDs, depression, discrimination in social accommodations and the workplace)
- 3) Indications and mechanisms for referral to gay-identified or gay-friendly providers.

Developing resource lists and guidelines for patient interactions can reduce possible staff anxiety in dealing with MSM and/or gay-identified patients.

#### *Confidentiality*

Developing and distributing a written confidentiality statement will encourage MSM and other patients to disclose information pertinent to sexual health knowing that it is protected. "Small Effort, Big Change: A General Practice Guide to Working With Gay and Bisexual Men" (1) identifies key elements of such a policy:

- 1) The information covered
- 2) Who has access to the medical record
- 3) How test results remain confidential
- 4) Policy on sharing information with insurance companies
- 5) Instances when maintaining confidentiality is not possible

Display the confidentiality statement prominently and provide it in writing to every patient. Consider having staff agree to the statement in writing.

#### *Key Resources and Relationships*

An individual clinician or practice cannot meet every need of gay-identified patients or MSM. Developing a list of resources available in the local community will facilitate comprehensive and quality care for all patients in your practice. These can include:

- 1) Local community centers
- 2) Counseling services including support groups, mental health services, and health education
- 3) Legal resources

Identification of subspecialists and other providers in your community who are gay-identified or gay-friendly may be helpful.

### **References and Additional Resources**

1. Gay Men's Health. Small Effort, Big Change. <http://www.gmhp.demon.co.uk/guides/gp/smalleffort.html>. Accessed February 20, 2002.
2. Kaiser Permanente National Diversity Council and the Kaiser Permanente National Diversity Department. *A Provider's Handbook on Culturally Competent Care: Lesbian, Gay, Bisexual and Transgendered Population*.
3. *Journal of the Gay and Lesbian Medical Association*, (Attitudes of Physicians in New Mexico Toward Gay Men and Lesbians, Cecilia Telex, MD, et al, Vol. 3, No. 3, 1999) The Journal is the only multi-disciplinary, peer-reviewed medical journal dedicated to LGBT health.
4. Massachusetts Department of Health. The Gay, Lesbian, Bisexual, and Transgender Health Access Project. <http://www.glbthealth.org>. Source for consensus documents on LGBT health, standards of practice, and other resources, including three posters used in a public campaign.

5. Gay and Lesbian Medical Association. <http://www.glma.org>. GLMA works to maximize the quality of health and health services for lesbian, gay, bisexual, and transgender people, among other goals.
6. Human Rights Campaign. <http://www.hrc.org>. Grassroots political organization working for lesbian, gay, bisexual, and transgender equal rights.
7. Gay Men's Health Crisis. <http://www.gmhc.org>. Located in Manhattan, GMHC provides AIDS care, education and advocacy locally and worldwide.

**Gay and Lesbian Medical Association**

**[www.glma.org](http://www.glma.org)**

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