

MEDICAL care shouldn't be hazardous to your health. Yet the hostile treatment gay men and lesbians all too often receive from the medical community is enough to make anyone sick.

Even gay physicians, who belong to the most revered profession in our culture, are not immune to mistreatment.

A series of reports that have drawn scant news-media attention portray a health-care system rife with anti-gay prejudice that affects basic medical services and life-saving research. Their overall conclusion that the medical community is failing gay people echoed by a new federal report, "Lesbian



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Health," issued by the prestigious Institute of Medicine.

Disturbing revelations in these reports include eyewitness accounts of doctors abusing gay patients, medical schools that teach virtually nothing about homosexuality and a medical community that has yet to research even the most basic questions about lesbian health.

Taken together, the reports demand sweeping changes.

Probably the most alarming report, "Anti-Gay Discrimination in Medicine," was released by the Gay and Lesbian Medical Association. In what is still the only study of its kind, the San Francisco-based group surveyed 711 gay doctors and medical students in 1994 and found:

■ 67 percent knew patients who received substandard care or were denied treatment because they were gay. Several witnessed gay men being subjected to sadistic rectal exams.

■ 88 percent said they'd heard colleagues make chilling remarks, such as "I've gotten used to blacks and Jews, but I can't get used to homos." Or, "We're going to operate on the dyke now." And, "Why should I care for HIV-positive patients? They're going to die anyway."

■ 59 percent reported career discrimination, including being harassed and denied referrals.

In part, the poisonous prejudice can be blamed on medical schools

that churn out insensitive and uninformed doctors.

In the most recent *Journal of the Gay and Lesbian Medical Association*, Stanford University psychiatry professor James Lock points out that the average medical school education includes a mere three hours of instruction about homosexuality, much of it "dated and inaccurate."

Even conscientious physicians are hampered by huge gaps in definitive information.

Nothing underscores this problem more than the first-ever federal report on lesbian health. A committee reviewed the state of research into lesbian health. Its conclusion: "Little is known."

It even questions the reliability of a contention that has been elevated to folklore — that lesbians are at higher risk for breast cancer. The large-scale research needed to know for certain simply hasn't been done.

"This report underscores how much we don't know, how much we still need to know and the importance of researchers being funded to do those types of projects," says Sue Rochman of the gay physicians' group. "Because of this report, we will see increased funding for lesbian research."

That would be a good start.

Group health-care providers also need to offer lists of physicians who are gay-friendly. (The gay physicians' group, which can be contacted at www.glma.org or 415-255-4547, operates a small referral service.)

Further, medical students need to be sensitized to the needs of gay patients. And the medical culture needs to change so researchers feel valued for conducting gay projects.

Physicians need to take it upon themselves to make patients feel comfortable talking about their sexual orientation. Otherwise, patients may withhold information with serious health consequences. A gay woman, for example, might not mention a drinking problem that's linked to her fear of coming out. Or a gay man might recover more slowly after surgery because he doesn't feel free to ask to have his partner stay at his side.

In the medical world, second-class treatment can have life-or-death consequences.

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