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Lesbians Challenging Barriers

• The Search for Adequate Health Care for Older Women - Part I

BY CHRISTINE DESROSIERS AND JOY D. GRIFFITH

The twentieth century's twilight is witnessing a dramatic shift of focus in many aspects of health care and medicine. While the medical establishment's values gravitate towards high technology, the public's interests surround issues of choice and respect. The quality of American health care is coming under increasingly close scrutiny as patients are demanding more information and more freedom to decide which treatment options fit in with their personal explanatory models and beliefs.

Another apparent priority of many health care consumers is to be treated with respect by their physicians. Many people are fed up with the tradition of the physician's absolute authority over diagnosis and treatment, as well as the overwhelming paternalism encountered in the doctor's office. This tradition comes into particular conflict with minorities, ethnic, gender, or otherwise.

One such minority is the ever-growing "older" segment of the population, those individuals at and past retirement age. These people routinely face great difficulties in finding health care appropriate to both their physical and emotional needs. Women, in particular, find the attitudes of physicians towards older people troublesome and often a magnification of the sexism inherent in Western medicine. When these older women are also lesbians, the triple threat of ageism, sexism, and homophobia can be enough of a barrier as to preclude some women from seeing a doctor altogether.

We seek to explore some of the issues surrounding older women's, especially older lesbians', search for adequate and appropriate health care, using three personal interviews and research. In addition to highlighting possible causes of the difficulty of this search, we will discuss ways the interviewees have found to circumvent these problems, as well as suggesting ideas to improve an older person's situation in society generally.

The first part of the problem of poor health care for older individuals is the huge body of stereotypes American society holds regarding that segment of the population. Stereotyped images range from the grumpy, argumentative old widower to the kindly, obsequious old granny to the senile, fragile nursing home resident, among a host of other negative images. Of course, these people do exist, but the danger comes when their images are used to generalize across the vast range of individuals found in the vast category of "senior citizen." These views are seen every day in the media. Television, in particular, portrays older Americans in commercials for insomnia, indigestion and hemorrhoids.

The negativity of Western culture towards aging can find its roots in what values are held in high esteem. Americans value youth, money, and power which includes productivity, independence and vigor. Western stereotypes of aging embody the opposite of each of these valued attributes, making aging one of the most undesirable conditions possible to many people's imaginations.

Of course, these negative stereotypes and opinions become deeply internalized, leading to a dissatisfaction with, or sometimes absolute hatred of, oneself as one goes through the aging process (sometimes beginning at age thirty, as is often discussed in television sitcoms). One interviewee, A.P. who is 73 years old, confessed to disliking the wrinkled face she sees in the mirror. She feels "turned off" by old people, asserting that she does "not want to be like that." Additionally, even she (who is quite vigorous) has been "conditioned" and sometimes finds herself passing judgment on people, making remarks about someone being too old to do something. S. T. (71 years old), also expressed a dislike for the images of aging, rejecting the term "elderly" because of its connotations of feebleness and incompetence.

Considering these stereotypes are pervasive and influential enough to negatively affect an individual's personal experience of aging, there should be no surprise that they also are deeply ingrained in the minds of physicians and other health care workers.

Add to this ageism the sexism that is still found in every corner of American society, and you have a nearly impossible situation for aging women. Homophobia is the final hurdle. When this is present in the health care setting, many problems in obtaining proper respect and treatment arise, including assumptions of heterosexuality, lack of trust in the staff, difficulty in talking with the provider, and giving the patient wrong information. As sexism does not disappear in a woman's life, homophobia and heterosexism also do not disappear over the lifespan.

Medical school graduates are deeply indoctrinated in the superiority of American medicine and their own authority. Couple this with considerations of religion, race, ethnicity, gender and age and an interrelated disturbance has been formed. There seems to be a widening gap between the way doctors are practicing medicine versus what people are finding satisfactory in interactions with doctors. Patients are now being empowered in their dealings with doctors; they are encouraged to ask questions, discuss treatment options, and perhaps most importantly, voice disagreement and not "automatically assume that (they) are...wrong" states Tomb from "Growing Old".

Yet geriatrics has many problems inherent in the field. There are only 900 gerontologists across America and they are primarily middle-aged white males! Geriatrics is considered a low status speciality leading to low recruitment in this field. The final stage of human life is not attractive to the young graduate and this speciality of "low status" combined with poor facilities has created negative attitudes. On the other side of the ocean, however, England has as many geriatric psychiatrists as there are cardiologists due to their attitude that the quality of life in old age takes precedence over preventing heart attacks. The quality of life is an accepted focus above the attitude of aggressive curing (or attempts to cure).

[Part II for March: Suggested models leading towards attitudes of change...]

Voices From the Mountains

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critical. There is little doubt that Vermont is more supportive of questioning and queer youth than many other areas of the country; but this will not continue without the support of each individual. As gays, lesbians, bisexuals and transgendered persons, we have coined the term "family," so let us start to act like one. We can no longer allow members of our "family" to commit suicide or be forced into "unhealthy" relationships simply because they have nowhere else to turn. After all, what if Peter or I had been your son?