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PSYCHE

Dr. Jocelyn White on Lesbians' Access to Health Care

BY ESTHER ROTHBLUM

Lesbians, like other women, face challenges finding affordable and quality health care. But are there particular difficulties being a lesbian patient in the health care system?

According to Dr. Jocelyn White, there are.

White, editor of the *Journal of the Gay and Lesbian Medical Association*, has conducted research on lesbians' access to health care. "Lesbians face all the typical issues such as having health insurance, travelling some distance for health care, finding child care while they visit a health care provider, or being able to take time off from work," she said. "In addition, there is a specific domestic partner issue: unlike heterosexual women who are legally married, few lesbians can be insured under their partner's policy. But the real issue is providers' inability to communicate sensitively and effectively with their patients."

Health care providers often lack knowledge about lesbian health issues. White has found

that many would like to have lesbian patients but don't have the knowledge or experience to be good providers. She and her colleagues have traveled the country educating providers in effective communication with lesbian patients and increasing their knowledge base of lesbian health care issues.

"I give a talk on the primary care of lesbian patients," White said. "We talk about parenting, coming out, HIV, sexually transmitted diseases, cancer risk and screening, depression, substance abuse, domestic violence, hate crime violence, and social issues. Many doctors who come to these workshops go on to teach these issues to their students and medical residents, so it's important for me to teach communication skills."

In one role-play, a workshop leader plays a Mexican-American data entry technologist who comes in to discuss parenting options. "The task of a workshop participant is to determine her sexual orientation and discuss options such as insemination, consider appropriate referrals, and deal with these issues sensitively," White said. "The person playing the patient is scripted to present some challenges." In another exercise, the workshop leader plays a patient with breast cancer who tells the doctor that her partner no longer wants to have sex. Other workshop participants observe and comment on

what they see and feel during the play.

"It's very interesting for heterosexual doctors and nurses to

patient that any response is possible."

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have to play the role of a lesbian," said White, "because they have to start trying to identify with what it feels like to be a lesbian patient who has a doctor say something insensitive. There is a perception that role plays are somewhat fake, but in fact they can be very powerful."

White suggests good opening questions for doctors who want to be sensitive to lesbian patients. "You can start by asking 'are you partnered, married, single, or divorced?' rather than launching right in with 'what kind of birth control do you use?' You can ask 'do you have a significant other?' or 'who is in your family?' in order to demonstrate that you are open to hearing about broader definitions of relationships and families." She added, "You want to learn about the social history of the patient and be comfortable taking a sexual history, if necessary. Sexual questions by doctors need to make it clear to the

doctors. "Almost to a person, they said 'don't assume I'm heterosexual.'"

Lesbian respondents also told of negative incidents with their doctors. "One woman had severe vaginal hemorrhaging and went to the emergency room. The doctor, assuming she was heterosexual, asked about birth control and pregnancy. When she explained she was a lesbian, he flushed, got embarrassed, terminated the interview, left the cubicle, and never came back. A different woman came back and completed the pelvic exam. The lesbian patient was horrified and humiliated. She immediately sought out a lesbian doctor."

Another story comes from a lesbian who was in a motorcycle accident with a bus. During treatment, she told the doctor she was a lesbian. "He put in 100 sutures in her leg without novocaine. He didn't x-ray her skull, even though she had lost conscious-

ness during the accident, and missed a skull fracture. This doctor committed assault and battery as well as malpractice, and now he is being investigated."

In sum, White's mission is to help doctors provide better care for lesbian patients and help lesbians feel good about themselves so that they know their rights in the doctor's office. She encourages lesbians to look for a good doctor and keep moving on until they find one they can be happy with. She tells lesbians to talk with friends about doctors trusted in their community, or to go to talks by doctors and ask questions about affirmative practitioners. "We deserve a good doctor. It's our right and we should not tolerate poor health care. We should just walk out if the doctor is homophobic, and we should report these doctors to the insurance company or HMO."

White has found that lesbians happy with their health care tend to have high self-esteem and a sense that quality health care is their right. She hopes to teach other lesbians that this is their right as well. ▼

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