

Sector Summary Report: Doctoring gay men

For gay men, as for anyone else, primary care should be their first point of contact with the NHS. But do they receive the best service possible? Are GPs aware of the health issues facing gay men today? Do men miss out on the best service by not disclosing their sexuality to health professionals? This sector summary report, based on a study by Sigma Research, examines why some men disclose their sexuality to GPs while others do not, and suggests interventions to promote better services.

Disclosure and why it matters

If doctors are unaware of a patient's sexual behaviour, it will be impossible for the doctor to do anything about sexual risks and sexually transmitted infection (STI) prevention needs. This will make it difficult for the Department of Health to meet its target of increasing the number of sexual health services provided by GPs.

In addition, if gay and bisexual men feel that their sexuality is an 'outlawed' aspect of their personality within primary care settings, opportunities to discuss relationship concerns, drug and alcohol use and other health matters related to sexual identity will be lost. Moreover, it will be difficult for men to develop meaningful, honest and trusting relationships with their doctors.

Sexual health services in primary care

Within the *National Strategy for Sexual Health and HIV*⁽¹⁾ there are some 'Level 1' sexual health services that should be available at all GP surgeries. These include:

- Sexual history taking
- Sexual risk assessment
- HIV testing and counselling
- Assessment and referral of men with STI symptoms
- Hepatitis B vaccinations

Realistically, GPs cannot offer a totally comprehensive list of services to all gay men. For example, it may be unrealistic to expect a GP to have specialised knowledge around very specific issues which may disproportionately affect gay men (such as LGV). Therefore it should be noted that whilst there are obvious areas where gay men are not receiving the services they need, there are some areas where GPs are not the most appropriate people to help gay men.

Gay men's use of primary care

Sigma Research's study *Doctoring gay men*⁽²⁾ used two separate research methods:

- Quantitative: questions were included in the 2003 Gay Men's Sex Survey of over 14,000 men.
- Qualitative: in-depth interviews were conducted with 41 men.

Their findings show that while gay men's use of GUM services is high (27% of gay men attended a GUM clinic in the previous year), visiting a GP is the most common way gay men access health care, with 79% of gay men making at least one visit to their GP in the last year.

Therefore it is essential that GP surgeries are places where gay men feel comfortable talking about all kinds of health problems. But do gay men feel able to talk about their sexuality with their doctor?

Over half of all men who were registered at a GP surgery stated that the staff did not know that they had sex with men. Moreover, 39% of men registered with a GP were not, or would not be, 'happy' for the staff at their surgery to know they had sex with men.

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Given the prevailing climate of heterosexism and homophobia in British society generally, it is understandable that gay men may not wish for people to know that they are gay, including their doctor. Fear of a negative, homophobic or judgemental reaction, coupled with uncertainties about how sexuality would be recorded in medical notes serve as obstacles to open discussion about sexuality, relationships and sexual behaviour.

Perception and reality

However a look at the figures from *Doctoring gay men* suggests that the perception of homophobic reactions may be very different from the reality when disclosure does take place.

When staff did know that the patient had sex with men, only 4% of the men were unhappy that staff knew. Unhappiness about staff knowing was much higher among men who were certain that staff did not know, or were not sure whether staff knew, as shown in the table.

This data suggests that while many gay men may be afraid of homophobic reactions from GP staff, it isn't in fact a likely outcome. Only a small number of those who had disclosed were not happy about having done so.

The barriers to disclosing sexuality

In the survey, men who weren't happy about staff knowing were asked why. Many men cited potential stigma and discrimination, as well as fears about how sexuality would be recorded in medical records. However the main reason why men were unhappy to disclose was because of feelings of shyness, embarrassment and discomfort. This view was especially common among men who were not out to friends and family, or lived in rural areas – men whose concerns about confidentiality are particularly marked.

It is important to note that many men interviewed for the study argued that their sexuality was not any of the staffs' business and that it didn't have anything to do with their health care. This poses serious question marks over campaigns and interventions geared towards encouraging men to disclose, and work aimed at raising awareness among GP staff about gay men's needs.

The registration process and waiting rooms

When gay men register with a GP, they are usually asked basic lifestyle questions on drinking and smoking, but there is usually no mention of sexual history, and often no chance to indicate that they are in a relationship because the categories do not include same-sex relationships. While these oversights may seem trivial, they may serve to set the tone in terms of what is a 'proper' or relevant health issue, and what is not – namely sexuality. A simple re-formatting of the registration questionnaire could allow gay men to feel included and recognised from the outset, and may lead more men to feel more relaxed about discussing their sexuality with their doctor.

If gay men are to feel more included and recognised, then other environmental factors may help to engender trust. In the qualitative part of *Doctoring gay men* there was recognition that most people, gay and heterosexual, male and female, were probably dissatisfied with reception and waiting room facilities. However, there may be a distinct difference in terms of the literature available in waiting rooms. While women's lifestyle magazines are readily available, and posters aimed at families are the mainstay of waiting rooms, there is a dearth of literature aimed at gay men, not just in terms of magazines, but also in terms of health promotion posters and leaflets. Surgery waiting times can often be long. If literature was available on health issues for gay men, this would make valuable use of the often annoyingly long waiting times and highlight that gay patients are welcome.

Happiness about disclosure⁽³⁾

Happiness with disclosure of homosexual activity by actual disclosure among all men registered with a GP (13 244)

	Staff KNOW	NOT SURE if staff know	Staff DO NOT know
NOT happy for the staff to know	4.2	25.4	60.7
HAPPY for the staff to know	95.8	74.6	39.3

Rushed consultations

It can be difficult to disclose information about your private life in an seemingly hurried consultation slot of 5–10 minutes. In this respect, non-disclosure can be seen as a result of the limited relationship many gay men have with their doctor. This is compounded by these men not seeing how their sexuality is relevant to their general health.

However, there is a stark contrast between gay men's disclosure when visiting an occupational health doctor or a private health care doctor, and visiting their NHS GP. It seems that it may be a question of taking time to learn more about the patient, rather than focussing on making a quick diagnosis.

Frequency of visits

In terms of building a strong relationship with a GP, including feeling comfortable enough to disclose your sexuality, there is a real difference between:

- men with no medical conditions,
- men living with long-term illnesses other than HIV, and
- men living with HIV.

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Of the men interviewed with no medical conditions, few had developed a long-term relationship with their doctor, but they were generally satisfied with the service.

In contrast, men with long term illnesses were more likely to have built up a relationship with their GP because of the ongoing treatment and numerous visits to the surgery. Interestingly, this more extensive relationship included discussion about life in general and as such often included discussions around sex and relationships.

In contrast again, men with diagnosed HIV did not seem to have good relationships with their GP, mainly because of the increased role of the HIV clinic in their healthcare. Men turned to their HIV clinic as the first port of call for all questions relating to their health, rather than the GP surgery.

These findings suggest that the more time is spent with a GP, the easier and more relevant it becomes for gay men to disclose their sexuality. The key for the men with long term illnesses other than HIV was that they recognised that their sexuality was relevant to their health. In this respect, disclosure may only seem relevant when the gay patient needs to visit the GP frequently to have a long term illness monitored.

This may lead some to believe that discussions about sexuality and sex are only relevant when a gay man's long-term health is compromised and therefore health promoters should not be overly concerned with those gay men who do not disclose. In other words, if gay men do not see the relevance of disclosure, then why should we?

While everyone is entitled to decide for themselves whether or not to disclose, it is clear that rather than it not seeming relevant to health, non-disclosure is often a product of anxiety, whether it is due to the internal worries and feelings of the patient, or the perceived reaction of the doctor. It is for this reason that the gay men's health sector needs to address the low rates of disclosure within GP settings.

'Pathologising' gay sexuality

While many men with long-term illnesses feel able to disclose their sexuality, men with mental health difficulties may not be as willing to talk about their sexuality due to fears that their GP will believe that sexuality is at the root of their mental health problems. In this 'pathologisation' of homosexuality, the sexuality is considered the problem and the specific mental health problem is not appropriately treated.

During a CHAPS Expert Think Tank Seminar which focused on mental health, this tendency of some medical practitioners to attribute poor mental health to a patient's sexuality was identified as a widespread fear and as a barrier to improving mental health services for gay men. It is therefore imperative that gay men's health promoters continue to press for change in this area by liaising with mental health organisations and governing bodies.

Moreover, similar fears may affect the way in which gay men respond to doctor's questions about sexuality. Those doctors who do feel comfortable enough to ask patients directly about their sexuality may find that some gay men resent such questioning, as it may be perceived that the doctor is equating sexuality with sexual health morbidity. While it is true that gay men continue to be the group at most risk of HIV infection, some gay men may be offended if it seems that the doctor is making a link between being gay and increased ill health at an individual level. As such, any training programmes aimed at raising the confidence of GPs to discuss matters of sexuality and sexual health with gay men must deal with approaching these discussions with sensitivity.

Taking stigmatised STIs to the GUM

Another difficulty lies in the way that many gay men do not perceive primary care as a service to diagnose and treat STIs or to discuss sexual health. Even when presenting with symptoms which could be related to sexual activity, gay men often choose not to mention the possible cause of their illness. Again this is linked to perceptions of homophobic reactions as well as a fear of doctors making a pathological link between homosexuality and ill health. There is a particular fear that doctors will think it's the gay man's 'own fault' that they contracted an STI.

GUM services, in contrast, are seen as non-judgemental environments, where gay men feel more comfortable discussing sexual behaviours. As such, the 'acceptance' of gay men at GUM services may be seen to have the effect of widening the gap between appropriate problems for GP surgeries and for GUM clinics.

Indeed, even men with long term illnesses who do generally disclose their sexuality may not feel that the GP surgery is the best place to discuss STI symptoms. In addition, many gay men feel that going to a GP with a possible STI is a waste of time as they fully expect the GP to refer them to the GUM clinic anyway.

Similarly, while men living with HIV tend to be open with GPs about their sexuality, they too seem to prefer to go directly to either GUM services or HIV clinicians to have sexual health symptoms diagnosed and treated. This is understandable given the high level of care men with HIV will have already received from these services in the wake of their HIV diagnosis. In addition, confusion about whether a symptom is HIV-related encourages men to by-pass the GP surgery when seeking treatment.

Making disclosure easier

Making it count⁽⁴⁾ affirms the vital role that GPs can play in promoting the health of gay men.

Strategic Service Aim 4 (Making it Count)

All GP and primary care staff increase actions that reduce HIV prevention need among homosexually active men and stop actions which make them worse.

However GPs will be unable to reduce the HIV prevention needs of homosexually active men if they don't even know that any of their patients have sex with men. Therefore, it appears that the act of disclosure is vital if the experience of general practice is to be effective in reducing HIV prevention needs. However, some gay men will always be reluctant to disclose, particularly if former disclosures to friends, family, doctors and other service providers have resulted in negative comments and stigma.

Disclosure is more likely to take place when doctors have enough time for patients, are aware of the person as well as the symptoms, and show that they are attentive and understanding. All clinic staff, including nurses and receptionists, need to be able to communicate well with patients and adhere to confidentiality guidelines.

The display of health information for gay men, equality policies which include sexuality, and confidentiality policies could play a part in engendering an atmosphere of inclusion and trust. Without these 'green lights' to encourage disclosure, and in the absence of the doctor asking the question directly, it is understandable that many gay men will not mention their sexuality in a brief visit to the GP.

Lists of gay friendly GPs

Is there any role for lists of gay friendly GPs? While such lists may offer the chance for gay men to search out the most suitable service for themselves, such searches are often curtailed by NHS protocols limiting choice of surgery to specific catchment areas. Gay men may be told by friends about a wonderful surgery where gay men are treated equally with all other patients, but this is of little use if when you contact the surgery you are told that you live outside their catchment area and cannot register with them. Without reform of NHS regulations, such lists will be of limited use. Interestingly, the study suggests that gay men are more interested in being the patient of a 'good' GP rather than a 'gay friendly' GP.

Next steps

The recent Expert Think Tank Seminar on the issues facing gay men in General Practice highlighted a range of possible interventions to promote better services. These suggestions included:

Knowing your rights

Gay men need to be educated about their rights with regard to inspecting their medical notes and their right to challenge how issues are recorded in these notes. Ultimately, a national awareness campaign will go some way to educate gay men about their rights, thereby empowering gay men to get the service they deserve. A by-product of this intervention may be to increase the confidence of gay men in talking to their doctor.

GP training programmes

While it is imperative to increase the knowledge of gay men regarding the services they should expect from a GP surgery, it is equally important for GPs to develop their understanding of HIV prevention, sexual health and general well-being for their gay patients. In this respect, training on an individual, local and national scale is essential if the long-standing barriers to disclosure facing gay men are to be removed.

'Green lights' or invitations to disclose

Surgeries should make equality policies explicit and clear, noting that all patients, regardless of sexuality, will receive an equitable service and will be treated with respect and professionalism. Inclusion of sexuality in registration questionnaire forms and making reading material relevant to gay men's lives available in surgeries will act as 'green lights.'

GP with special interest in sexual health initiative

The exclusive preserve of GUM clinics needs to be broken down if effective communication is to be achieved between GPs and GUM services. It is little wonder that men with HIV invariably visit GUM services for all their health matters if their GPs know little about HIV or other STIs. One way to combat this is to develop the GP with special interest in sexual health initiative (see www.dh.gov.uk).

GUM services

GUM clinic staff should highlight the role a GP can play in diagnosing and treating STIs, as well as the other sexual health services available within general practice. This should not have the effect of undermining the role of GUM in reducing HIV prevention need, but should give gay men the option of using their GP for HIV tests, sexual health screening and treatments. This may also have the fortunate by-product of reducing the strain on GUM resources.

CHAPS national programme

While many schemes exist to educate GPs about how to provide better services for gay men, there is a lack of co-ordination and dialogue between agencies that are working on this area. It is envisaged that a forthcoming CHAPS national programme on gay men in primary care will be able to promote better synergy between existing initiatives. It will raise awareness of the barriers to disclosure, and also the health issues facing many gay men.

Notes

- (1) The National Strategy for Sexual Health and HIV, Department of Health 2001
- (2) Keogh et al (2004) *Doctoring gay men: Exploring the contribution of General Practice*. Sigma Research, London.
- (3) *Doctoring gay men*, p. 10
- (4) Hickson et al (2003) *Making it Count: a collaborative planning framework for reducing the incidence of HIV infection during sex between men*. 3rd edition, Sigma Research, London.

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The HIV and sexual health charity for life

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