Correspondence

Advice for the homosexual patient

SIR

The Gay Medical Information Society has received many letters requesting advice from homosexual doctors. These enquiries come from homosexual (gay) patients who are unwilling to declare their sexuality to their own doctors. They feel that doctors may not understand their problems, may be disapproving or unpleasant, and may disclose their sexuality to others. This society is unable to provide a direct service for gay patients. We believe that it is fundamentally undesirable to conceal important information from any doctor, as it may obscure diagnosis and delay treatment. It is also wrong, we believe, to set up an alternative medical service while failing to tackle the basic problems of apprehensive patients and ignorant doctors.

We are therefore formulating advice to gay patients about ways in which to approach the subject of homosexuality in discussions with doctors. There can, of course, be no single 'best stratagem' and we cannot cover all eventualities. We are, however, outlining some simple facts of which some gay patients might be unaware. We are publishing this information in the homosexual press. We are advising that a gay patient should demonstrate initial trust in a doctor, and mention his/her sexuality when a suitable opportunity arises. In this way a doctor can be given a chance to show understanding and sympathy.

We are adding advice on what to do if this initial trust appears misplaced. If, at the very worst, the doctor shows disapproval or obvious ignorance, the patient is at liberty to discuss the matter there and then. If, again at the very worst, this discussion proves unsatisfactory, the patient may ask to change doctors. He/she should then explain his/her reasons fully to both the old and the new doctor. This may help to reduce the likelihood of acquiring a bad reputation as a patient.

It is, however, the question of confidentiality of medical information which causes the most confusion and the greatest fear in some gay patients. In particular, the medical reference for a job application is an open invitation for a doctor to disclose what that doctor considers relevant. Consent for such disclosure is given by a patient to a prospective employer, who then sends it to the doctor, possibly offering a fee for the information. In most cases, the doctor would consider the patient's sexuality to be irrelevant. However, some doctors believe that if a job involves working with children, it should not be held by a gay person.

It is widely suspected, but nowhere proven, that gay people are especially likely to seek sexual involvement with children. This is a dangerous myth. Nevertheless it is now part of Scottish law that a man may lose his job purely because he is known to be gay, if his work involves children (John Saunders v Scottish National Camps Association, Employment Appeal Tribunal, April 1980). This particular judgment (subsequently upheld in the Appellate Court of Sessions) conceded that there was no basis in fact for anxiety about the safety of children in the care of Mr Saunders. However, because the public might believe there was cause for concern, his employers were entitled to dismiss him. It may be imagined that this has caused apprehension among gay people who might need to reveal their sexuality to someone in a position of authority.

The case also needs to be mentioned of Mr Geoffrey Brighton, who applied for a teacher training course at Leeds University in 1979. It was reported widely in the national and the homosexual press that a medical officer had declined to give a medical testimonial without a formal psychiatric assessment. Mr Brighton claimed that the sole reason given to him for this unusual request was his declared homosexuality. He refused to submit to the assessment and appealed to homosexual organisations for support. After local and national protests had been mounted the medical officer withdrew the request and supplied the testimonial. This case, as reported in the homosexual press, reinforced the general suspicion of doctors that exists in the gay community.

We are advising gay people to seek an agreement with their doctor to the effect that the doctor will not disclose the patient's sexuality to a third party unless legally required to do so. We realise that in most cases this will not be necessary, especially where good doctor/patient relations already exist. We also acknowledge that such an agreement is not legally binding for a doctor working in the National Health Service, as discussed in the papers on Confidentiality which appeared in the *Journal of Medical Ethics*, 1982, 8, 9–24.

We do believe, however, that such an agreement should be a powerful factor influencing a doctor's thoughts. This has been confirmed in private correspondence with the central ethical committee of the British Medical Association, and with the Medical Defence Union Ltd. The General Medical Council itself is unable to comment on this matter.

For the anxious patient, seeking such an agreement provides an excellent way of defining the doctor's attitude. If the doctor is unwilling to make such an agreement, either the patient or the doctor may suggest that another doctor be sought out. Thus in a reasonably amiable way the patient is reassured or otherwise about the doctor's views.

It is regrettable that a patient's sexuality should be the source of such extra discussion and difficulty. On the other hand, the very nature of the difficulty is

such that many doctors would be unaware of it; and it is regrettable that gay patients feel the need to seek out gay doctors. In the present state of the law and public opinion, and indeed in the light of continuing medical ignorance about homosexuality, such questions must be discussed in the interests of apprehensive gay patients.

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Professional ethics—for whose benefit?

SIR

I read Mr Sieghart's paper with the same considerable interest which I accord to all his pronouncements; I like to be stimulated. Indeed, unlike Ernest Hemingway's Pablo, 'I do provoke' – and enjoy it.

Nevertheless I think that some of what he said to the Faculty of Occupational Medicine was the less valuable because he ignored that there can be more than one relationship between a doctor and an individual. That is to say, all of a doctor's dealings – particularly in the field of occupational medicine – are not with *patients*. See enclosed copy of page 11 of the *BMA Handbook of Medical Ethics*, 1981, under the heading: Relationships between doctors and individuals.

1) Forms of Medical Relationship

Introduction

1.1. There are three types of professional relationship between a doctor and a member of the public. The attitude of the person, the constraints on the doctor and the form of the relationship varies in each case. It is the duty of the doctor to tell a person with whom he comes into professional contact the nature of the relationship, and in whose interest he (the doctor) is acting.

Therapeutic doctor-patient relationship

1.2. In the first form of contact a person may consult a doctor as a patient. The doctor then acts in the interests of the patient and is responsible to the patient for his actions. Most medical work takes this form. (See also 2.6).

Medical examiner and research work

1.3. A doctor may act as an impartial medical examiner and report to a third party (Chapter 3), or engage in clinical or other research in his own interest, in the interests of a group of people, or in the interests of the advancement of medical science (Chapter 4). In these circumstances the information gathered by the doctor will be used for purposes other than the clinical care of the patient. Thus the patient may properly wish to limit the information he discloses.

1.4. It would be wrong for a doctor to examine a patient on the basis of a normal therapeutic relationship where this does not exist. If the doctor who normally has a therapeutic relationship with the patient is called upon to act in a different role, the nature of the relationship should be carefully explained to the patient. Similar constraints apply when a patient is involved in a medical research project conducted by his own doctor.

Maybe, in the legal world, the lawyer's relationship with individuals is always the same and this led to Mr Sieghart's omission to draw the distinction.

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