

Dyke Psyche: Lesbians' Access to Health Care

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?

I interviewed Dr. Jocelyn White, a physician who 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 that lesbians have, because 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. Also, providers often have a lack of knowledge about the health issues of lesbians."

Dr. White has found that many providers would like to have lesbian patients but don't have the knowledge or experience to be good providers.

She and her colleagues have travelled around the country educating health care providers in how to communicate effectively with lesbian patients and increase their knowledge base of lesbian health care issues.

She says "in my workshops I give a talk on the primary care of lesbian patients. 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 of the doctors who come to these workshops will go on to teach these issues to their students and medical residents, so it's important for me to teach communication skills."

In one of Dr. White's role-plays, a workshop leader will play a Mexican-American data entry technologist who comes in wanting to talk about 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,"

Dr. White said, "The person playing the role of the patient is scripted to present some

challenges." Other workshop participants are asked to be observers and comment on what they saw and felt during the role play.

In another role play, the workshop leader plays the part of a patient who has breast cancer, and tells the doctor that her partner no longer wants to have sex with her. "It's very interesting for the heterosexual doctors and nurses to have to play the role of a lesbian," said Dr. 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 to them that is insensitive.

There is a perception that role plays are somewhat fake, but in fact they can be very powerful." I asked Dr. White what some good opening questions are 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 such questions as 'what kind of birth control do you use?' she answered. "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 it's also important to be comfortable taking a sexual history if necessary. Few doctors are comfortable taking a sexual history, even if they do it every day, because we don't talk much about sex in our culture. Sexual questions by doctors need to make it clear to the patient that any response is possible."

Dr. White has surveyed lesbians about advice they would give doctors. "Almost to a person they all said 'don't assume I'm heterosexual' so we need to work on breaking down those assumptions of heterosexuality," she said.

Lesbian respondents also told of negative incidents with their doctors. Dr. White described one of these anecdotes: "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 told the doctor 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 felt humiliated. She immediately sought out a lesbian doctor."

Another anecdote: "A lesbian was in a motorcycle accident in which she collided head on with a bus. She told the doctor she was a lesbian, and he put in 100 sutures in her leg without novocaine.

He didn't x-ray her skull, even though she had lost consciousness during the accident, and missed a skull fracture. So this doctor committed assault and battery as well as malpractice and now he is being investigated."

In sum, Dr. 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 keep looking for a good doctor and keep moving on until they find a doctor they can be happy with.

She tells lesbians to talk with their friends about doctors who are trusted in their community, or else go to talks given by doctors and ask questions about affirmative doctors. "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 the HMO."

Dr. 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.

Dr. Jocelyn White practices as a general internist in Portland, Oregon. She is editor of the JOURNAL OF THE GAY AND LESBIAN MEDICAL ASSOCIATION and co-editor of THE LESBIAN HEALTH BOOK.

She teaches at Legacy Portland Hospital and is a member of the Lesbian Health Research Institute.

Esther Rothblum is Professor of Psychology at the University of Vermont and Editor of the Journal of Lesbian Studies. She can be reached at John Dewey Hall, University of Vermont, Burlington, VT, email: esther.rothblum@uvm.edu.

Floridian Transsexual Woman Elected to Public Office

[Lauderdale Lakes, FL, May 31] In the Miami Herald an article appeared about Diane Arnold, who had just been elected to the Democratic Executive Board of Directors in Broward County, Florida.

What may at first seem like a small, routine election, however, was a morale victory for sexual minorities everywhere, for Ms. Arnold was voted into office by 300 party members who had full knowledge of her being a transsexual woman.

Ms. Arnold will now represent 5 cities in central Broward County. Ms. Arnold, born as "David," has three children and is a retired security supervisor for the State of New York. She decided to transition in her mid sixties after her wife of 23 years died last year.

She legally changed her name last month and is undergoing hormone therapy. Ms. Arnold is already a well known and respected member of her community, having run for Mayor of Lauderdale Lakes last year and currently chairing the Lauderdale Lakes Community Council.

"Ms. Arnold's presence in mainstream political arenas signals the onset of a new era," said Dr. Sarah Fox, Chief Administrator for QUILL, a large transgender/bisexual/lesbian/gay Internet wire service on whose staff Ms. Arnold serves. "I think the public is finally starting to understand that we are ordinary people trying to be productive in our communities. We are not the outlandish caricatures portrayed by actors on the daytime talk shows."

"I have not heard one word of criticism," said Arnold. "Most people are telling me how brave I am." Since her election to the Board, Ms. Arnold has been interviewed by TWN a local gay news paper in South Florida. On June 1, she was a guest on a live call in radio show, and she has been asked to appear on TV. Says Ms. Arnold, "The only reason I'm doing any of this is for the guys and girls that are coming of age now. I want to show that you must not be afraid of being yourself and doing what you want. Don't sit in a corner at home. Get out and just do it!"

Lottie Albert long time activist for the Democratic Party stated that Diane will do a great job for the party.