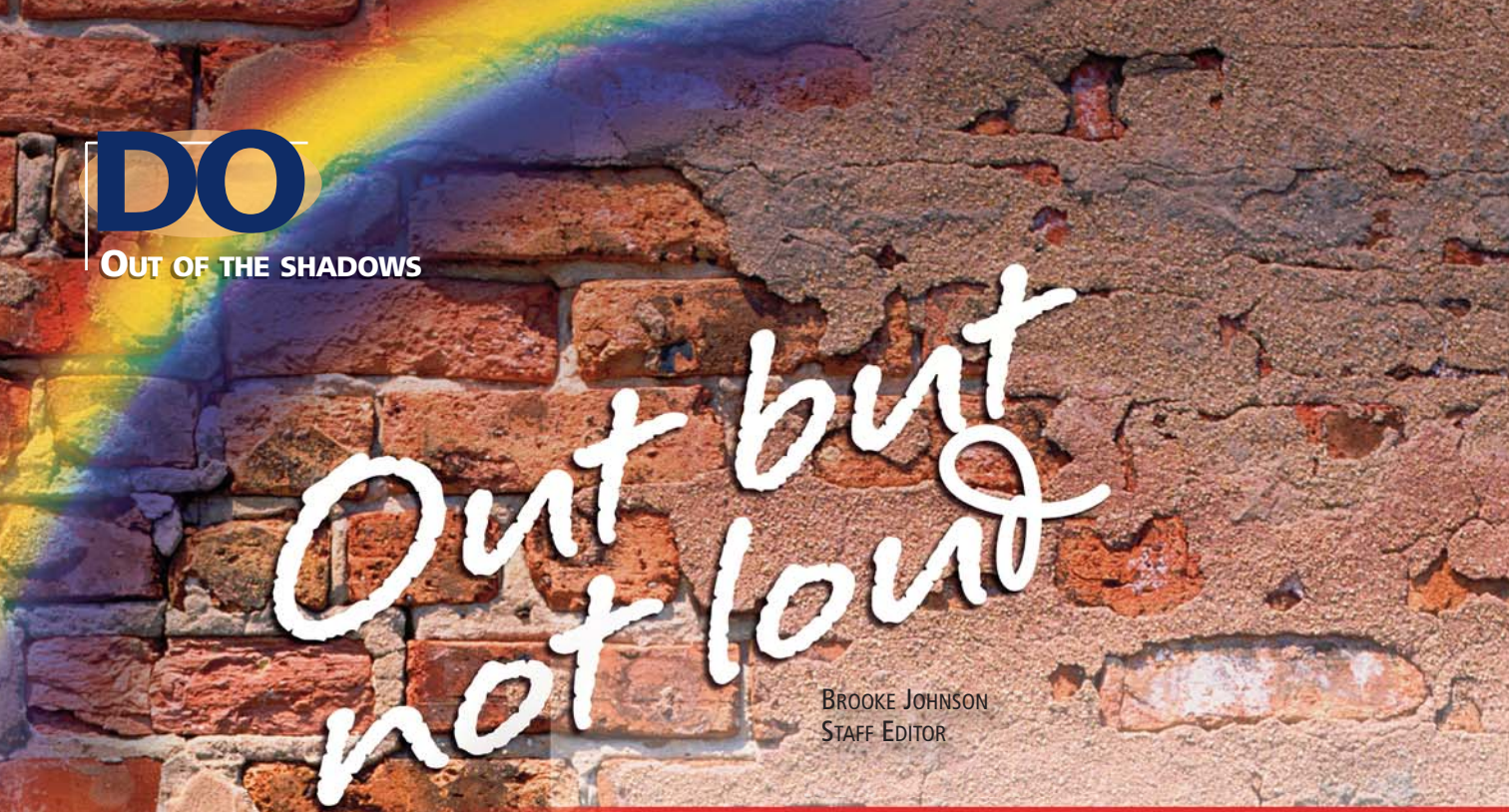


Out but not loud

BROOKE JOHNSON
STAFF EDITOR

Even as acceptance grows, gay DOs, students remain wary

Andrew G. Macri, DO, wasn't quite sure what to expect when he came out to his classmates during his third year at the Michigan State University College of Osteopathic Medicine (MSUCOM) in East Lansing.

Admitting he was gay wasn't exactly something Dr Macri had planned, but he couldn't pass up what seemed like the perfect opportunity to reveal his sexual orientation to the students with whom he had been attending class, studying and socializing for nearly three years.

Following a common practice in medical school classrooms, one of Dr Macri's professors assigned each student to serve as class scribe for one lecture during the semester. Scribes are expected to take detailed notes during their assigned class day and reproduce a typed version for the rest of the class.

"At the top of their typed notes, many of my classmates would include little sayings or cartoons to celebrate holidays, festivals or special days at the school, depending on what time of year it was," Dr Macri recalls.

So when his day to serve as class scribe fell on Oct 11, 1991, National Coming Out Day, Dr Macri saw the timing as some kind of cosmic twist of fate.

Dr Macri decided to make a bold move to publicly observe the day, which was established in 1988 as an internationally observed awareness day for coming out and discussing lesbian, gay, bisexual and transgender (LGBT) issues.

In an upper corner of the typed notes he handed out to the class, he placed a tiny cartoon announcing National Coming Out Day.

Not long after that, the hate mail started to arrive.

During the coming weeks, when several of Dr Macri's classmates passed out lectures to the class, the cute cartoons that had appeared at the top of the notes only a short time ago were replaced with anti-gay references from the Bible.

"That was one of the most difficult times in my life," says Dr Macri, who now practices general internal medicine in the Chicago suburb of Oak Lawn, Ill. "I was a medical student, trying to master anatomy, chemistry and physiology, and on top of that, I had to deal with harassment that seemed to be coming from all directions."

Although there were times when he felt completely alone, Dr Macri says intervention and support from MSUCOM administrators and professors helped guide him through the rest of medical school. "I never would have made it through that situation without their help," he says.

Despite the harassment he endured while in medical school, Dr Macri says he has never regretted his decision to come out of the closet. Practicing as an open-

ly gay physician for the past 10 years, he has not encountered discrimination from anyone within the medical community.

"My staff knows I'm gay. My patients know I'm gay—they will even ask me how my partner is doing," Dr Macri says. "I'm fortunate because I love my career, and I'm truly free to just be myself."

Safe and soundless

The majority of LGBT physicians and medical students share a similar desire to "just be themselves," according to Joel Ginsberg, JD, the executive director of the Gay and Lesbian Medical Association, the largest organization of lesbian, gay, bisexual and transgender healthcare professionals in the world.

Two top concerns for most physicians in the LGBT community include being protected from discrimination in their training and in their practices and ensuring that LGBT patients receive competent treatment and are not discriminated against. "These are essential to provide a healthy climate for physicians, as well as provide quality patient care," Ginsberg says.

Although no reliable statistics exist on the number of LGBT physicians in practice, Ginsberg estimates that figure to be between 4% and 10% of the physician population.

For every physician who is openly gay or transgender, many remain closeted, fearing they will not be accepted within the medical community. "We hear frequently from physicians who are afraid to come out," Ginsberg says. "They're afraid of losing their admitting privileges. They're afraid of losing their practices."

Although it is rare for LGBT physicians to be forced out of practice, Ginsberg says stories of abuse are not uncommon. "In one case, we were contacted by a transgender medical student whose dean insisted on identifying him as transgender in his application for a surgical residency program," Ginsberg says. In another case, a transgender physician's business partner threatened to leave the practice and take all of their patients when she told him she was planning to transition. (For more on transgender issues, see the article beginning on Page 42.)

According to Ginsberg, fears of such consequences often prevent LGBT physicians from openly discussing their sexual orientation or gender identity. "Regional differences can also play a huge role when making the decision to come out," he says. "People may attend a medical school or practice at a hospital where the LGBT community is very accepted but then move to an area where it is far less visible."

Ginsberg says healthcare professionals often tell him that issues related to LGBT physicians, such as protection within nondiscrimination policies and domestic partnership benefits, have never been brought up as topics of discussion within their organizations. "The reason for this is not that there are no LGBT physicians or staff," Ginsberg says. "Rather, it's usually because a climate exists in which no one talks about these topics."

This lack of attention to such issues may not be deliberate, Ginsberg says. "Often, the people who are running things may think everything is fine and haven't made the affirmative effort to raise the issue and create a safe space," he says. "But that silence can be very dangerous."

> "We hear frequently from physicians who are afraid to come out." —Ginsberg

Right to representation

David G. Krefetz, DO, believes his presence as an openly gay physician has, at times, prevented colleagues from making inappropriate comments or discriminating against other LGBT individuals. "I think there have been situations where my presence in the room has made people more aware of the issue," says Dr Krefetz, a child and adolescent psychiatrist in Clementon, NJ.

Prior to establishing a private practice, Dr Krefetz served as the director of education in psychiatry at the University of Medicine and Dentistry of New Jersey-School of Osteopathic Medicine in Stratford. Through the years, fellow physicians and other colleagues at the osteopathic medical school have drawn on his knowledge and experiences as a gay physician to improve care for their LGBT patients, Dr Krefetz says.

"People have been very accepting of me as a gay DO, but the problem remains that protection from discrimination for LGBT physicians is not institutionally mandated through accreditation and organizational standards," he says. "There is great need for every osteopathic medical organization to have an institutionalized nondiscrimination policy that includes protections regarding sexual orientation and gender identity."

According to AOA Executive Director John B. Crosby, JD, the AOA has adopted a formal policy of nondiscrimination, which is reinforced by Illinois law and Chicago ordinances. The AOA policy prohibits the association from discriminating against any group or individual based on race, gender, creed, religion, national origin, ancestry, age, marital status, disability or sexual orientation, including gender identity. This policy is reflected in the orientation manual issued to all AOA bureau, committee and council members, as well as in the AOA's employee manual.

The policy applies to all AOA operations and activities, Crosby says. "Accordingly, bureaus, committees and councils vested with decision-making authority with respect to membership, accreditation, training and board certification must base their decisions on the merits of each individual's situation without consideration of any discriminatory factors. Actions taken in violation of this policy may be cause for dismissal from

a bureau, committee or council," he says.

Crosby adds that he is not aware of any claims of discrimination by LGBT osteopathic physicians, medical students or patients in the history of the AOA. "We have several gay physicians who have served in leadership capacities and continue to serve on our bureaus, councils and committees," he adds. "They serve in those positions because they are DOs who have something to offer and are working diligently to advance the profession."

AOA President Peter B. Ajluni, DO, says he has adopted an open policy regarding discussion of all issues of importance to AOA members. "I attribute the fact that this has never been raised as an issue of concern to the strength of the AOA's open policy regarding protection from discrimination of any kind for all our members," Dr Ajluni says.

According to Ginsberg, many gay physicians have voiced concerns about the lack of representation for both LGBT physicans and LGBT patient issues within medical organizations. "The LGBT community is a minority population with distinct health disparities," he says. "Having internal bodies within medical organizations to discuss those disparities is a way of continually reminding healthcare professionals that they should be doing everything possible to ensure quality care for all patients."

In response to this need, the American Medical Association's House of Delegates decided in 2004 to create an advisory committee on LGBT issues. The goals and objectives of this seven-member committee include enhancing AMA policy, advocacy and education on LGBT health and professional issues, and advising the AMA Board of Trustees and staff on matters pertaining to LGBT physicians, medical students and patients.

Aaron Centric, OMS III, believes the organizations within the osteopathic medical profession should have similar committees. A student at the Touro University College of Osteopathic Medicine—California (TUCOM-CA) in Vallejo, Centric has never encountered open discrimination or harassment as a gay medical student, but he says the possibility remains a concern for him.

"Ideally, we shouldn't need to have specific protections or representation for any particular group because our basic morality should tell us that everyone is equal," Centric says. "Unfortunately, that isn't always the way the world works. So we need to have those protections in place for those groups that might be subjected to discrimination without them."

"I reached a point where I finally had the courage to say, 'I know who I am, and I know who I need to be,'" —Dr Lewis-Levine

Climate of contempt

Although the social climate surrounding LGBT issues has changed dramatically since the early 1990s, when Dr Macri was openly harassed by his classmates for being gay, some osteopathic medical students report that homophobia is still prevalent on many campuses today.

In a survey conducted by the Association of American Medical Colleges' Group on Student Affairs during the 2005-06 academic term, approximately 15% of respondents reported that they were aware of mistreatment of LGBT students at their schools during the preceding year. When asked whether they would describe the social, personal and learning environments at their institutions as "hostile" toward LGBT students, 7% responded yes.

Bryan Hopping, OMS III, says he felt personally attacked in the fall of 2006 when a Touro University administrator informed attendees at a student government meeting that funding for the university's gay-straight alliance would be revoked and the group would be banned from using the school's name.

For Hopping, an openly gay TUCOM-CA student who had been a member of the alliance since arriving on campus in 2005, the club provided a safe environment for networking with other LGBT osteopathic medical students. "I felt like something that was very important to me was being taken away without any explanation," he says.

Hopping says after an article was published in the *Vallejo Times-Herald* on Sept 9, 2006, quoting the same university administrator as saying that the LGBT lifestyle conflicted with the university's values, it became more common for fellow students to vocalize anti-gay beliefs.

"I know this may sound extreme, but I honestly felt that the school was threatening me by putting its stamp of disapproval on me," he says. "That can be very dangerous in a world where, unfortunately, people tend to take those kinds of judgments to the extreme."

Hopping is quick to point out that he doesn't expect special treatment from the university, but he does expect the university to provide the gay-straight alliance with the same consideration given to every other student group on campus.

"Just because Touro University is an Orthodox Jewish institution doesn't mean that every club at the university needs a stamp of approval that it is consistent with Jewish beliefs," Hopping says. "Our campus has an association for Muslim students, an association for Christian students, and many others that could conflict with Jewish beliefs."

Following protests by students and faculty, Harvey Kaye, PhD, who was the provost and chief executive officer of Touro University's California campus at the time, responded to reports the university had pulled funding for the alliance by stating in a letter that "the matter was never discussed and the club has not been deactivated." In the letter, addressed to Vallejo City Council mem-

bers, Dr Kaye also stated, "I apologize on behalf of the university that this controversy has arisen."

Michael Harter, PhD, who was named the senior provost and CEO for Touro University's western division in March, says the executive team at the university never took any action to rescind funding for the gay-straight alliance and was not in agreement with the comments made by the university administrator at the student government meeting.

"It's clear to me that the administration had not taken a position on the matter and, when they were eventually confronted with the issue, they did not take any action against the student group," Dr Harter says.

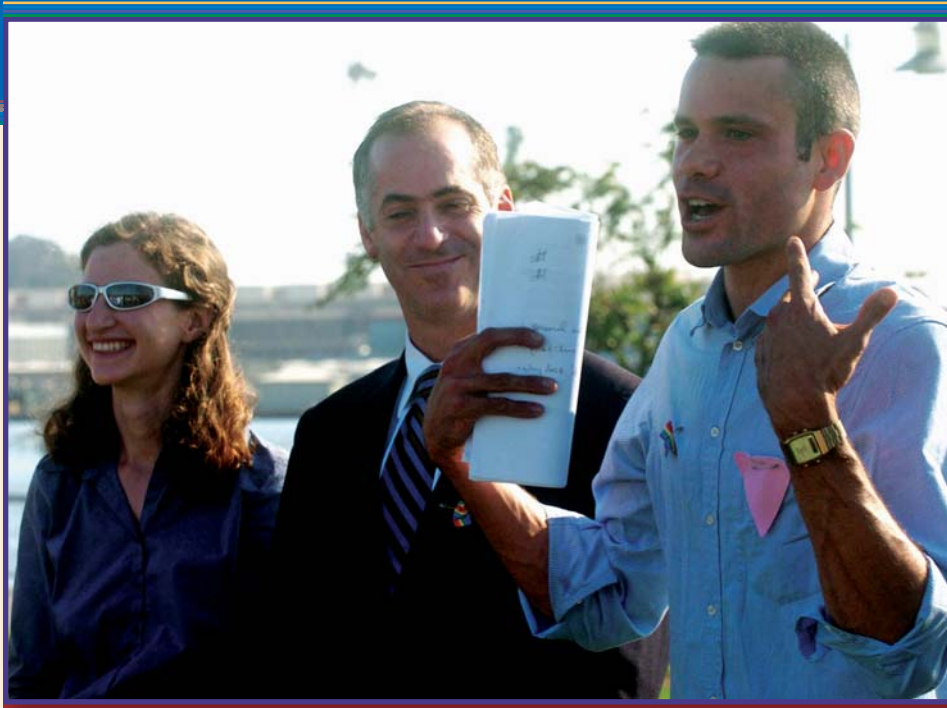
Miko Rose, OMS III, who is also a member of the gay-straight student alliance at TUCOM-CA, says the incident raised her awareness that discrimination against the LGBT community can take many forms. "While it was ultimately gratifying to hear university officials apologize, it was unfortunate that the controversy arose in the first place," she says.

Although never openly harassed for being a lesbian, Rose says people often make inappropriate comments in her presence that would never be tolerated if directed at race.

Rose points out, however, that although she may not agree with the university's conservative voice, she believes in respecting it. "There are always going to be students or others who disagree with the fact that I'm a lesbian, and I respect their point of view," she says. "But by the same token, I expect them to treat me with the same level of respect."

Out in the open

Neil M. Lewis-Levine, DO, JD, says tolerance of sexual orientation did not exist when he attended the Midwestern University/Chicago College of Osteopathic Medicine in the early 1970s. "The issues surrounding LGBT healthcare and LGBT issues in general were simply not talked about back then," he says.



Bryan Hopping, OMS III (right), addresses a crowd of students, faculty and staff at Touro University in Vallejo, Calif, on Sept 11, 2006, to rally support for the university's gay-straight student alliance. Joining him at the rally were Rebecca Sadun (left) of the American Medical Student Association and Joel Ginsberg, JD, the executive director of the Gay and Lesbian Medical Association.

Hopping attends the Touro University College of Osteopathic Medicine—California and is a member of the university's gay-straight alliance.

(Photo by Mike Jory/*Vallejo Times-Herald*)

For that reason, gays and lesbians often remained closeted, sometimes even succumbing to societal pressures to lead stereotypical heterosexual lives. "I was not one of those people who felt comfortable coming out at a young age," Dr Lewis-Levine says. "I actually did what mom and dad wanted me to do—got married, bought a house, had kids."

But by the early 1990s, Dr Lewis-Levine had grown tired of hiding the fact that he was gay. "I reached a point where I finally had the courage to say, 'I know who I am, and I know who I need to be,' " he says.

Practicing obstetrics and gynecology in El Paso, Texas, Dr Lewis-Levine says that although he does not openly advertise the fact that he is a gay physician, he no longer feels the need to keep it a secret. "It's not that I'm out, because I'm not," he says. "But I no longer worry about my pronouns when I talk about my domestic partner with other physicians, nurses or hospital administrators."

Dr Lewis-Levine says he has reached a point in his life at which he feels comfortable in his own skin. "I'm sure that within my community, it's relatively well-known that I am gay, and nobody particularly cares," he says. "I don't march in parades, and I don't frequent gay bars. But I don't go to extreme lengths to hide my sexual orientation either."

James F. Braun, DO, who attended the Kansas City (Mo) University of Medicine and Biosciences College of Osteopathic Medicine in the late 1970s, describes a culture of silence similar to the one Dr Lewis-Levine found at the Chicago college. "There was no support at all for people who chose to come out of the closet back then," he says.

No longer willing to hide his sexual orientation, Dr Braun established a family practice for gay and lesbian patients in New York City soon after completing his residency. "Because I had such excel-

DOs invited to register as LGBT-friendly physicians

On its Web site, the Gay and Lesbian Medical Association (GLMA) maintains a directory of medical providers friendly to lesbian, gay, bisexual and transgender (LGBT) patients.

Physicians and other healthcare professionals are invited to create a free profile within the directory, which was established to help LGBT patients locate competent and sensitive healthcare providers who understand their unique health concerns.

"We would love for all osteopathic physicians who are committed to providing quality care to the LGBT community to visit our Web site and create a free profile," says Joel Ginsberg, JD, the executive director of GLMA. "This directory is all about creating a safe space for patients."

Physicians can create a profile by logging onto www.glma.org and clicking on the "For Providers and Researchers" link.

—Brooke Johnson

lent training in osteopathic family medicine, it was possible for me to run a successful practice in a competitive environment like Manhattan for more than 20 years," Dr Braun says, adding that Greenwich Village provided a safe and tolerant environment in which he could practice as an openly gay physician.

Today, Dr Braun practices clinical medicine part time at the Callen-Lorde Community Health Center in New York City. He also runs the Physicians' Research Network, an organization serving clinicians involved in the fight against human immunodeficiency virus. "Since moving to New York City, I have been completely open about the fact that I am gay," Dr Braun says. "In fact, there is a strong community of support for LGBT physicians in the city, and there were physicians who preceded me in making it possible to be openly gay and succeed in medical practice here."

Barriers to care

Raising awareness of health concerns for patients in the LGBT community is equally important as providing a safe and welcoming environment for LGBT physicians.

Melanie A. Gold, DO, a clinical associate professor of pediatrics at the University of Pittsburgh School of Medicine, has created curriculum for medical students and published extensively on the topic of LGBT healthcare. She says her interest in providing care for the LGBT population stems partly from the fact that both her mother and father are gay.

Dr Gold, who grew up in Paterson, NJ, entered the New York College of Osteopathic Medicine of New York Institute of Technology in Old Westbury in 1984, around the time when many of her father's friends began to die from acquired immune deficiency syndrome. "I learned an awful lot about prejudice and stigma from watching the way my family's friends were treated," she remembers.

While an osteopathic medical student, Dr Gold was often dismayed when class discussions about LGBT healthcare would focus only on the HIV epidemic. "Gay men were basically considered harborers of HIV, and that was the end of the discussion," she says. "I received no other training to care for LGBT individuals, other than what I learned from my experiences with my family."

Hopping, who is completing third-year rotations on the East Coast, believes medical schools are still propagating stereotypes about LGBT patients. "I went through my first two years of medical school only hearing about gay people in the context of HIV," he says. "I don't think that's adequate."

Although he believes discussions of HIV and AIDS should certainly be included in medical school curricula, Hopping says they should not be the only health concerns medical students associate with the LGBT community. "We tend to do this in medicine. We stereotype because we like classic cases of things," he says. "But as a medical student, you can take in those generalizations and carry them with you through your whole physician career."

Studies have shown that gay men are at an increased risk for hepatitis and anal cancer, in addition to HIV infection. Gay men are also more likely than heterosexual men to smoke, placing them at greater risk for lung cancer, emphysema and cardiovascular disease.

Studies indicate that lesbians are more likely than heterosexual women to develop breast cancer, which may be related to greater incidence of obesity, alcohol use and tobacco use. Lesbians are also at greater risk for ovarian cancer, because they are less likely to have given birth or used oral contraceptives. Often daunted by the prospect of revealing their sexual orientation to healthcare professionals, lesbians are also less likely than heterosexual women to seek screening for breast and ovarian cancer, further increasing their risk levels for disease.

According to Dr Gold, most of the medical students she works with are highly receptive to learning about LGBT care. "The barriers are not from the students," she says. "The barriers are from healthcare professionals who probably never received training in LGBT care, who may feel highly uncomfortable with the issue, and who may perceive it as

not being relevant to their practice."

Despite those perceptions, it is likely that all physicians will be called on to care for LGBT patients during their careers, Centric says. "There are particular health issues that affect gay patients, and every physician needs to be mindful of that," he says. "Even if you have only one gay patient in your entire practice, you need to be aware of the special health concerns that affect him or her just as you would if that patient belonged to any other cultural group."

Don't ask, don't tell

Dr Gold notes that many healthcare professionals inadvertently discourage LGBT patients from discussing their health candidly and even from obtaining medical care. "If an office does not feel like a safe space, LGBT patients are not going to feel comfortable sharing any kind of personal information about themselves, and that can be very dangerous," she says.

Dr Gold says there are many simple steps physicians can take to provide a welcoming atmosphere in their offices and put LGBT patients at ease. "I have a sign posted in the middle of the waiting area in my office that says we provide nonjudgmental care for people of all races, genders, sexual orientations, gender identities, religions, cultures and abilities," she says.

Christine W. Tsang, DO, an openly gay family physician in Washington, DC, says she wears a rainbow caduceus pin on her white coat to let patients know she is an LGBT-friendly physician. "Some patients ask me about it, and some don't," she says. "But it lets them know I am open to talking about LGBT issues."

According to Dr Braun, LGBT patients often withhold pertinent information about their sexual orientation and sexual health because they fear physicians will be unsympathetic or judgmental. "If you don't ask patients about their sexual history, they will probably not tell you," he says.

"It's very important, as any clinician knows, to put your patients at ease. So the way you ask about sexual orientation, sexual identity and sexual activity needs to be handled very carefully," Dr Braun says. "You need to ask the questions in a way that will elicit honest answers."

According to Dr Krefetz, even something as simple as asking about a patient's *partner* instead of using the word *spouse* can open up a dialogue for gathering information. "You want to know absolutely everything about your patients that is relevant to their care," he adds.

Dr Gold says receiving nonjudgmental care is one of the top issues of concern voiced by LGBT patients she encounters in her practice. "They don't expect a healthcare professional to know everything about their health issues, but they do expect to be asked questions in nonjudgmental ways by someone who is interested in understanding and learning how to help them," she says.

> "If you don't ask patients about their sexual history, they will probably not tell you." —Dr Braun

Equal treatment

While the medical profession as a whole has a reputation for being somewhat conservative, some LGBT physicians maintain that osteopathic physicians in particular are often hesitant to ask questions about sexual orientation and gender identity. "As DOs, we typically employ very progressive communication skills with our patients, but this is an area in which we seem to lag behind," Dr Gold says.

Another challenge that some LGBT physicians believe osteopathic medicine faces is reconciling the needs of LGBT physicians and patients with the profession's strong tradition of training DOs to care for the medically underserved.

"One of the benefits of the osteopathic medical profession is its focus on providing services for rural communities," Dr Macri says. "But I'm afraid these could be areas where gay DOs and patients might not always be treated with respect and compassion."

According to Hopping, providing care for medically underserved populations and celebrating the rich diversity of minority groups have always played pivotal roles in the history of the osteopathic medical profession. "There was a woman in the first graduating class under A.T. Still, and former AOA president William G. Anderson I, DO, was a civil rights activist who worked closely with the Rev Martin Luther King Jr. These are points of pride for our profession," he says. "Yet one minority group seems to have been completely left out of that emphasis on serving the underserved."

Breaking the silence surrounding LGBT issues is essential to ensuring equal treatment for LGBT physicians and patients, Hopping adds.

For many gay physicians and osteopathic medical students, being open about who they are requires enjoying the freedoms that often go unnoticed by their heterosexual colleagues and classmates. "Many times, people take for granted that they can bring their spouses to their company picnics or meet-and-greets. They take for granted that they can wear their wedding rings and talk about their wives or husbands with people at the hospital or in the office," he says. "But as a gay person, you never stop questioning whether it is OK to share those parts of your personal life."

Hopping stresses that the osteopathic medical profession has much to gain from the contributions of LGBT physicians within its ranks. "Gay and lesbian individuals are already valuable members of our community," he says. "I know I can be a member of the osteopathic medical profession, but can I be a member who is open about who I am?" AOA