

REPORT 9 OF THE COUNCIL ON SCIENCE AND PUBLIC HEALTH (A-08)
Optimizing Care for Gay Men and Lesbians

SUMMARY

Objective: To update the 1994 Council report on the health care needs of gay men and lesbians.

Methods: To supplement the literature search from the 1994 Council report, English-language reports on studies using human subjects were selected from a PubMed search of the literature from 1995 to April 2008 using the MeSh terms “homosexuality, male or female,” in combination with “statistics & numerical data,” “sexual behavior,” “risk-taking,” “epidemiology,” “sexually-transmitted diseases,” “ethnic groups,” “medical history taking,” “genetics, behavioral,” “health services/utilization,” “cancer,” “substance-related disorders,” “mental disorders/diagnosis,” “preventive health services,” and “prejudice or violence.” In addition, Web sites of the Gay and Lesbian Medical Association, American Academy of Pediatrics, National Institutes of Mental Health, Centers for Disease Control and Prevention (CDC), American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Academy of Family Physicians, and the American College of Physicians also were searched for relevant documents. Additional articles were identified by manual review of the references cited in these publications.

Results: Gay men and lesbians are confronted with many of the same health issues as their heterosexual counterparts, but in addition have certain unique conditions related either to sexual or other disease risk factors or to use of fewer preventive services. Emotional and mental health concerns related to stigmatization and societal discrimination, substance use, access to care, and partners’ involvement in medical decision-making create a backdrop against which other clinical issues are evaluated. Although attitudes among health care professionals have improved over the last two decades, barriers still exist to providing optimal care and eliminating disparities for gay men and lesbians, including reluctance on the part of some patients to disclose their sexual identity.

Additional issues facing gay men include sexually transmitted and other infectious diseases, and cancer risks related to human papillomavirus infection. Lesbians may have higher risks for breast and ovarian cancer, as well as cardiovascular disease, but utilize screening services at a low rate. Adolescents face a range of issues in dealing with their emerging sexual identity, and young gay men are exhibiting an increase in behaviors and practices that raise the risk of sexually transmitted diseases, including infection with the human immunodeficiency virus (HIV).

Conclusion: Improvements are still needed to address disparities in health care for gay men and lesbians. Gay men and lesbians are disproportionately at risk for societal discrimination and violent hate crimes, STDs, a variety of mental health conditions, substance use, and certain cancers. Problems are encountered with access to quality care and counseling pertinent to actual lifestyle behaviors.⁵⁹ Physicians can assist by providing a welcoming practice environment, relevant educational materials, and inclusive patient intake and other forms, and by becoming familiar with the issues facing gay men and lesbians. When physicians and practices cannot accomplish these tasks, referral of the patient to another physician who can provide such care is imperative. With appropriate education and training, physicians can play a vital role in ensuring access to quality care for gay men and lesbians, and in helping them lead healthier lives.

1 RECOMMENDATION

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3 The following statements recommended by the Council on Science and Public Health were adopted
4 by the AMA House of Delegates as policies at the 2008 Annual Meeting.

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6 **H-160.991 Health Care Needs of the Homosexual Population**

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8 1. Our AMA: (a) believes that the physician's nonjudgmental recognition of sexual orientation and
9 behavior enhances the ability to render optimal patient care in health as well as in illness. In the case
10 of the homosexual patient this is especially true, since unrecognized homosexuality by the physician
11 or the patient's reluctance to report his or her sexual orientation and behavior can lead to failure to
12 screen, diagnose, or treat important medical problems. With the help of the gay and lesbian
13 community and through a cooperative effort between physician and the homosexual patient effective
14 progress can be made in treating the medical needs of this particular segment of the population; (b) is
15 committed to taking a leadership role in: (i) educating physicians on the current state of research in
16 and knowledge of homosexuality and the need to take an adequate sexual history; these efforts should
17 start in medical school, but must also be a part of continuing medical education; (ii) educating
18 physicians to recognize the physical and psychological needs of their homosexual patients; (iii)
19 encouraging the development of educational programs for homosexuals to acquaint them with the
20 diseases for which they are at risk; (iv) encouraging physicians to seek out local or national experts in
21 the health care needs of gay men and lesbians so that all physicians will achieve a better
22 understanding of the medical needs of this population; and (v) working with the gay and lesbian
23 community to offer physicians the opportunity to better understand the medical needs of homosexual
24 and bisexual patients; and (c) opposes, the use of "reparative" or "conversion" therapy that is based
25 upon the assumption that homosexuality per se is a mental disorder or based upon the a priori
26 assumption that the patient should change his/her homosexual orientation.

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28 2. Our AMA will (a) educate physicians regarding: (i) the need for women who have sex exclusively
29 with women to undergo regular cancer and sexually transmitted infection screenings due to their
30 comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for
31 sexually transmitted diseases in men who have sex with men; and (b) support our partner medical
32 organizations in educating women who have sex exclusively with women on the need for regular
33 cancer screening exams, the risk for sexually transmitted infections, and the appropriate safe sex
34 techniques to avoid that risk.

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36 3. Our AMA will use the results of the survey being conducted in collaboration with the Gay and
37 Lesbian Medical Association to serve as a needs assessment in developing such tools and online
38 continuing medical education (CME) programs with the goal of increasing physician competency on
39 gay, lesbian, bisexual, and transgender health issues.

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41 4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing
42 on issues of mutual concern in order to provide the most comprehensive and up-to-date education and
43 information to physicians to enable the provision of high quality and culturally competent care to gay
44 men and lesbians. (Modify Current HOD Policy)