

## Q&A: After years in practice, why this internist came out to patients

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Little Rock, Arkansas, general internist Riley Wagner Lipschitz, MD, wanted to share her joy about her pregnancy with her patients. To do so fully, she realized, she had to share more of herself. Once her twins were born, she revealed to her patients that she is a lesbian, married to a woman who was staying at home to take care of their children.



Riley Wagner Lipschitz, MD

“Anything less than full transparency felt like a betrayal of the woman who was sacrificing at home,” Dr. Lipschitz wrote about her wife in *Physician Family Magazine*, the publication of the AMA Alliance, an auxiliary organization for spouses of AMA members. “For the first time, I made a conscious decision to out myself to my patients.”

Read up on five keys to navigating the residency Match as an LGBTQ+ applicant. Also learn about the AMA Advisory Committee on LGBTQ Issues, which highlights LGBTQ+ news and topics related to patients and physicians, offers LGBTQ+ leadership opportunities, and advances understanding of LGBTQ+ health issues.

As a medical student, Dr. Lipschitz—now assistant professor in the Division of General Internal Medicine at University of Arkansas Medical Services (UAMS) Health—felt powerless to speak up when she encountered prejudice in the operating room. In a Q&A, she reveals how she found her voice as an LGBTQ+ physician, and why she chose internal medicine to help patients find their own empowerment.

**AMA:** Can you share what it was like growing up and identifying as a lesbian, finding a partner, and getting married?

**Dr. Lipschitz:** I didn't identify as queer until college. I grew up in Little Rock, Arkansas. I had a very stereotypical two-doctor parent family. I went to Pomona College in California and met a wonderful woman who I ended up dating for nearly 14 years. She was with me as we navigated post-college life, dealing with family, figuring out careers, medical school.

I went to medical school here in Arkansas. I split with my ex and went to train in residency at the University of Pennsylvania. When I came home, I met my wife Jennifer and got married. A couple of years later, we had two little children. Now we're living an intense family life in Arkansas.

**AMA:** You're an internist with UAMS Health. Why did you choose internal medicine?

**Dr. Lipschitz:** I didn't go straight to medical school from college. Initially I did health care education and consulting type work. In that journey, I was exposed to some of the real challenges in our health care system. If you were healthy or unhealthy and educated, it was difficult to navigate. If you were poor and unhealthy, it was virtually impossible. I became passionate about helping people navigate the health care system, making them empowered consumers of health care. In that process, I realized: people listen to doctors.

The whole point of going to medical school was I wanted to become a primary care physician. I believe that primary care is one of the biggest centerpieces to improving health outcomes in this country and changing the way our health system is built. I feel passionately about providing strong primary care, especially as people get increasingly sick.

I focus on high-cost, high-need patients who are repeatedly hospitalized or have lots of psychosocial barriers to care. And I build clinics to help those people specifically. Internal medicine really helped me find the breadth to become a good primary care physician.

**AMA:** You were one of a handful of lesbians at UAMS College of Medicine. What was your training experience like?

**Dr. Lipschitz:** When I was in medical school, I had one particularly painful experience with an attending physician, a female surgeon, who said some homophobic things and made me quite uncomfortable. It was one of the few times I had that type of experience. I went to an incredibly liberal college and I was relatively protected from any type of homophobia—unlike many of my peers who grew up in the South.

**AMA:** Was this physician aware that you were a lesbian?

**Dr. Lipschitz:** I don't think she was aware. This was around the time that gay marriage bills were going crazy around the country. Chick-fil-A was supporting all this anti-LGBTQ legislation. We were in the OR, and I was stuck with this surgeon for about eight hours. She repeatedly kept telling us that she was going to take everyone to Chick-fil-A after the surgery was done because she "knew all of our values in the OR aligned" with her.

Then she was bantering with the nurse anesthetist about marriages between a man and a woman and how "all of these people have gone astray." I'm silently sitting there, trying to help her remove a gall bladder and trying to learn something about surgery. I'm fuming and thinking: This woman has no idea that I'm gay and I don't think she cares. What am I going to do if she invites me out to Chick-fil-A. Should I go because I want a good grade and she's in a position of power? Am I going to make some excuse or be honest with her—that I don't agree with anything she says?

Truthfully, I didn't do the latter. I didn't feel strong enough to do that. I remember calling my mentor and telling her about it and how upset I was. She supported me and helped me navigate it. I ended up writing a letter to the department of surgery about my experience and how difficult it was. That helped me, along with another gay friend in medical school. We decided to create an alliance for LGBTQ-identifying medical students, to support them and help them navigate this journey.

What was interesting is how many faculty and staff showed up in that first meeting. I'm talking about staff from all over the health system. I think they needed a cover—the safety of medical students—to organize. And that was really revealing to me because it became increasingly clear that many people didn't feel safe at our institution, talking about their experiences as gay people.

The alliance continued to evolve and grow after I left for my residency. It's much more student-oriented now. But in the interim, they've developed an office for equity, diversity and inclusion. This has taken on a lot of issues in our culture at the University of Arkansas and made LGBTQ challenges more front and center than they were when I was training.

**AMA:** Something happened during your residency—you hesitated to share this part of yourself with patients. What made you reluctant at first?

**Dr. Lipschitz:** When you're a physician, especially a young physician, you're trying to build relationships with patients. I wanted to preserve the sanctity of that doctor-patient relationship at all costs. I wanted my patients to feel safe and share what they needed to share. I realized that I would pause if they asked me a personal question about whether I was married or if I had children.

I would pause and internally ask myself: "Can I be honest and say I'm gay?"

From residency to recent experiences, I chose not to disclose for fear of unearthing bigotry or homophobia in my patients. I didn't want to make them uncomfortable, and I didn't want to make myself uncomfortable. I didn't want to taint that relationship.

Selfishly, I realized if I got negative feedback I probably wasn't going to be that excited to see them again. I really had the mentality of—I don't want to rock the boat. Disclosing truths about yourself are split-second decisions. You don't really pay attention to it. But it chips away at you in little, tiny ways, where you realize that you're not as being as authentic as you would like to be.

**AMA:** What was the catalyst for outing yourself to patients?

**Dr. Lipschitz:** When I had kids. People were so excited when I was pregnant. I was having twins, so I was huge. When people find out you're having twins, the enthusiasm explodes. They wanted to know all about it. It's an open door to share your experiences. You can't avoid it. Being a gay physician, I can choose whether to talk about my wife or sexuality. But when you're huge and pregnant, you can't hide.

Even during pregnancy, I wasn't that intentional about telling people. When I came back from maternity leave, it was really hard to have these two little babies at home. Navigating that journey was challenging in so many ways. When people would ask, "Who's taking care of your kids?" I felt like I couldn't be dishonest. I had to say that my wife was at home taking care of our children. Anything less would be disrespectful to her and her experience as a stay-at-home mom, and to my family.

That was a huge shift emotionally. What initially began as little shifts of omission to preserve the doctor-patient relationship wasn't necessarily impactful to me at the time. Whereas, if I chose to omit my wife, that would be more than I could bear. And I wasn't going to self-sacrifice in that moment. If they had a problem with me or my family, I was going to protect my family over the doctor-patient relationship.

**AMA:** How has it worked out? What has been the reaction from your patients?

**Dr. Lipschitz:** People have been great. I haven't gotten a negative comment. More often than not, folks will say: "Oh, you're so lucky. That's so nice that she gets to stay home and take care of the kids."

And it's true. We're incredibly lucky that my wife has been able to stay home with them. These positive experiences have reinforced other opportunities to share other stories. I now use my wife Jen as a personal anecdote—something I'd never done before. I'm much more apt to do that, and people appreciate it.

Patients think: If she's going to share of herself, I'm going to be comfortable sharing of myself. In primary care, you talk about all kinds of things that are incredibly personal. And people are vulnerable in those instances. They've appreciated my vulnerability—something that didn't break the boundaries I thought were important to maintain the doctor-patient relationship. It just reinforced the trust that was already there.

**AMA:** What's your advice for students entering medical school, medical students transitioning to residency, or those finishing up training and going to full-time practice? How open they should be about their sexuality or gender identity?

**Dr. Lipschitz:** Students and residents should find where their own degree of comfort lies. You don't have to disclose your sexual orientation or family situation to be a good doctor. It's more about a self-assessment of what types of relationships you want to build with patients. As long as that decision isn't self-sacrificing or traumatic, that's the key to deciding how much to disclose.

You don't want to be in a place that's not safe. You want to be in an institution that supports you, where you have the freedom to be honest, especially if more difficult challenges arise.

I would seek out residencies where you feel comfortable as a gay physician. Seek out organizations where they have centers for diversity, equity, or inclusion. Ensure that LGBTQ issues are a part of that. Whether you're fully out or much more private, creating a culture that supports you is the biggest challenge.