

In forthcoming issues:

- Criminalising HIV transmission
- The condom debate—continuing controversy?
- Treatment updates digest—ongoing



Doctoring Gay Men: Exploring the contribution of General Practice

In this briefing we look at the findings from the new report from Sigma Research (the UK's leading research organisation focussing on the health needs of gay men and lesbians) regarding gay men's use of primary care services. The findings will be useful for all GPs, including those looking to develop improved sexual health services for their patients.

The report sets out three areas of research:

- ◆ gay men's usage patterns of GP and primary care services;
- ◆ factors which influence their use and the disclosure of gay men's sexuality to GPs;
- ◆ what needs to be done if GP surgeries are to become an appropriate site for gay men's sexual health services.

The first area is examined using a quantitative study sample of over 14 000. Here is a summary:

- ◆ 92% of gay men are currently registered with a GP
- ◆ 79% of gay men have visited their GP in the last year
- ◆ A quarter of those registered say the staff know they are gay and over half say the staff do not know
- ◆ A third of those registered say the staff do not know they are gay and would be unhappy for them to know

The second and third areas were tackled using a small sample of qualitative data – semi structured interviews with three distinct groups of gay men which are:

1. gay men with no long term medical conditions;
2. gay men with a long term condition (other than HIV);
3. gay men living with HIV.

Before examining the research questions, here is a summary of the ways in which the three groups of men differed in their responses:

Gay men with no long term medical conditions

This group tended to have more of a relationship with the practice as a whole than with the individual doctor. Many of those men reported

not seeing the same doctor twice in a practice and that this was not a problem for them, provided the practice was helpful and efficient. They expected the doctor they saw to treat them with professionalism, defined by men across all groups as:

- ◆ basic courtesy and respect;
- ◆ good communication skills;
- ◆ ability to look at the 'whole person,' not just the symptom;
- ◆ competent diagnostic and treating ability.

These men tended only to use the GP when absolutely necessary, so this amounted to once or twice a year. In most cases, disclosure of sexuality was not perceived by the men as particularly relevant, unless it was relevant to the treatment of a sexually related condition. However, most men used GUM clinics for such conditions, leaving GPs to deal with the more 'run of the mill' illnesses. Some men felt their sexuality was relevant insofar as it forms part of the whole person, and they wanted that part of themselves to be considered by the GP alongside other factors such as profession, alcohol consumption and diet. This group reported a very low incidence of negative responses from the doctor to a disclosure, but varying degrees of satisfaction with responses from other surgery staff.

Gay men with long term conditions (other than HIV)

This group seemed to have developed the most sophisticated relationships with their GPs, stating that this only became necessary once they were diagnosed with a long term condition, and also because in most such circumstances it is the GP who takes on the central care coordinating role rather than the hospital outpatients department or community nurse specialist. In these cases disclosure of sexuality had taken place for the most part, although this was seen as part of a wider disclosure about the patients' lives in general which contributes to the GP's greater understanding of the patient and his condition. These men tended to want to see the same doctor and usually managed to do so, hence the establishment of more complex relationships.

Gay men living with HIV

This group had the least satisfactory relationships with their GPs and the main reason stated was that people with HIV tend to get the vast majority of their healthcare through hospital HIV outpatient clinics, which they prefer because they believe:

- ◆ they get seen more quickly;
- ◆ it is more 'gay friendly';
- ◆ the doctors are skilled in dealing with HIV related illness;
- ◆ the doctors understand better how other illnesses which are not directly HIV related are affected by the patient's HIV positive status.

This group also reported the lowest levels of satisfaction with response to a disclosure to a GP of gay sexuality, positive HIV status or both. Some men in this group felt their GPs did not demonstrate the professionalism they would like to see (outlined above), particularly in relation to confidentiality around their HIV status. Two men cited instances of their notes having 'HIV Risk' or 'AIDS' written in large letters on the cover of their notes folder; only one had successfully challenged this and had got it removed. However, two other respondents cited examples of good practice which they felt could be more widely adopted: one GP kept any information from the patient's HIV clinic in a separate file; another simply decided it did not merit mentioning when providing a medical report for a prospective employer.

Why gay men do not often disclose their sexuality to GPs.

Men in all groups tended toward the opinion that a person's sexuality is not generally relevant to any particular illness, an attitude that would probably be shared by many heterosexuals. However, this does not take account of the 'assumption of heterosexuality', which means that were a male patient to mention his wife it would not be considered a particularly intimate disclosure, whereas a male patient mentioning his male partner would be. Furthermore, a heterosexual male patient mentioning his wife would not automatically lead to a discussion of his sexual practices, whereas for gay men to disclose their gay identity means that everything they came to the doctor for would be looked at through the prism of their sexual behaviour. This follows from a belief that the distinction between a gay identity and homosexual behaviour is often blurred, and to discuss anything about oneself in the context of a GP setting is to imply a connection between that and a need or a pathology.

Another factor was the perception that the doctor is unlikely to be sympathetic to a disclosure of gay sexuality. This was usually grounded in a view of the GP as being socially, politically or morally conservative as well as in a perception that GPs are there for 'ordinary' illnesses and not equipped to handle the 'extraordinariness' of gay men's lives or HIV.

Lastly, and most significantly, the issue of confidentiality was raised, with many of the men interviewed demonstrating a lack of knowledge of the legal status of their medical notes, and under what circumstances those notes might be made available to outside bodies. Once again this issue was particularly raised in regards to HIV tests and their results.

Making GP services more acceptable to gay men

What gay men want is a 'good' GP and not necessarily a 'gay' GP. By this they mean someone who is professional, as defined in the preceding paragraph. Many of the improvements that gay men listed as desirable would be equally acceptable to all patients at a surgery; these include such things as making reception and waiting areas more welcoming and less tense, and shorter waiting times (both for booked appointments and walk-ins). They do,

however, expect to see signals that a General Practice is gay friendly, and this can be achieved by simply having printed information aimed at gay men available in leaflet racks or in poster form on the walls.

Recommendations

The reports lists four recommendations for making services acceptable to gay men:

- increasing all clinic staff's capacity for meaningful communication with patients;
- requiring all GP surgeries to develop and prominently display equality policies, statements and guidelines which explicitly include sexual orientation;
- requiring all GP surgeries to adhere to clear guidelines around confidentiality and patient notes, and to make those guidelines clear to patients;
- requiring all staff to act according to those guidelines.

How can the EHH Gay Men's Project help?

EHH Gay Men's Project provides a printed resources and information service free of charge to professionals across the three PCTs. We hold stocks of the latest posters and publications from Terrence Higgins Trust, Camden PCT Health Promotion Team and other service providers in the field. For multiple copies of these resources, please contact Karen Randall, Resources Manager, on 020 8583 2476, or email her at karen.randall@hounslow.gov.uk

We can also provide training for surgery staff which can be tailored to your requirements. Areas covered in the past include: *Working with Gay Men with HIV, Condoms, HIV Treatments Updates, Working with Black and Minority Ethnic Men* and *HIV Risk: Oral Sex*.

Please contact Russell Fleet on 020 8749 8429 to discuss any requirements you may have and we will endeavour to meet them as best we can.

For further information on Professional Briefings from the EHH Gay Men's Project, contact:

Russell Fleet
c/o WLCC
137A Coningham Road
LONDON
W12 8BU
Phone: 020 8749 8429
Fax: 020 8743 8366
Email:
russellfleet@btclick.com

Copies of *Doctoring Gay Men: Exploring the Contribution of General Practice* are available free of charge from:

Sigma Research
Unit 64, Eurolink Business Centre
49 Effra Road
LONDON
SW2 1BZ
Tel: 020 7737 6223

All of Sigma's reports are also available to be downloaded in PDF format at www.sigmaresearch.org.uk

PLEASE PHOTOCOPY AND PASS ON AS NECESSARY