Appropriate Treatment

Older lesbian, gay and bisexual people's experience of general practice

Lindsay River

Age of Diversity and Polari, 2011

Our front cover shows a waiting room in a General Practice. It is an unusual day because, by a strange coincidence, almost everyone there is over 50, and everyone happens to be lesbian, gay, bisexual and/or transgender or transsexual.

Some people will have noticed the two older men at the back and recognised they were probably a couple from the way one is turned to the other. The two women at the reception desk are plainly affectionate, they could of course be sisters or friends, but in fact they are a lesbian couple.

However most wouldn't know that the older South Asian couple at front left are married, and are both bisexual. Behind them is a woman in her late thirties with an older woman who uses a wheelchair. The younger woman is not a care assistant as some think, she is the older woman's partner.

The man waiting in a queue behind the two lesbians at the reception desk is not gay; he's heterosexual and he is transgender. He's here to pick up a prescription for his girlfriend, who is bisexual. The woman at the water dispenser top left is a lesbian and is transsexual.

The man and the woman with a child at bottom right are a gay man and his best friend and flatmate, who is a lesbian. The child is his grandchild, whom he minds while his daughter goes to work.

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Contents

Chapter I

Introduction

The survey

283 respondents, lesbian, gay and bisexual people over 50, answered the survey. They were asked about their experience of general practice.

Background to the survey

In 2007-8 Polari undertook work for Age Concern England, designing an information resource for general practitioners and their staff on working with older lesbians, gay men and bisexuals. It was decided to turn this into a web resource and it will eventually appear in due course linked to Age Concern's website and promoted to workers in primary care.

Lindsay River, Polari's Director, identified that in connection with this resource Polari needed evidence of older lesbian, gay, and bisexual patients' experience of general practice. We decided to target lesbian, gay and bisexual users of general practice through Polari's own contacts and networks of the LGB communities.[1]

Polari had to close in March 2009. The report is published by Age of Diversity, a small older Lesbian, Gay, Bisexual and Transgender user-led campaigning group.[2]

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[1] While the experience of older transgender and transsexual people is also extremely relevant the project decided not to address this as such within the survey as the questions of support from General Practice before during and after transition is a whole subject that needs a survey of its own. Polari did, however, promote the survey through message-boards used by trans people who identified as lesbian gay and bisexual.

[2] Polari (in 2009) had to close down due to the difficulties of sustainability in the current funding climate. The Director made strong efforts to finish the work before the closing of the organisation. Unfortunately a

Intended audience for this report

Polari designed the survey with the idea that both professionals in the fields of health and older people, and older LGB people themselves, would be interested in the findings. As the report was being worked on the Government's plans for handing more power to GPs as commissioners became clear, and this emphasised to us the importance of the experience of older LGB people in General Practice.

Design, Methodology and Response

The design and methodology are described in Appendix B.

We received 283 responses, of which 79 were from hard copies returned and 204 web-based responses. A demographical breakdown of respondents is found on pages 12 to 20.

Thanks

To the older LGBT people who responded to the survey and the LGBT organisations which helped to promote it.

To Age of Diversity committee member and webmaster Ross Burgess for layout and for editing an unruly text with skill and care.

To Roger Burg for the Age of Diversity logo.

To Age of Diversity committee member Richard Ward for bringing his expertise and informally supervising the report (any mistakes are Lindsay River's alone).

To Age of Diversity committee member Nicola Humberstone for reading the draft report.

To the past management committee of Polari for giving this project their advice and support.

To Antony Smith and Age Concern England (now Age UK) for support.

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technical problem with the website SurveyMonkey necessitated the data being re-entered and re-analysed. This has finally been achieved and the report written by Lindsay River (who retired after Polari's closure) working as a volunteer. It is published under the aegis of Age of Diversity, the small unfunded campaigning organisation that has been newly set up to carry forward the issues of older LGBT people's wellbeing.

A note on terminology: sexual orientation and gender identity

283 people over 50 identified as lesbian, gay or bisexual, or with their own chosen words cognate with these terms[3] answered our survey. We propose to use the acronym LGB+ to describe this grouping.[4]

We will also use the term LGBT+ on occasion, when referring to the wider community based on individuals with same sex (or both sexes) sexual orientation, and transsexual, transgender and gender variant people[5]. Our survey allowed people to self-define on gender and sexual orientation (and other categories such as ethnicity) if they so wished. The term will also be appropriate because some transgender and transsexual people answered our survey. [6]

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[3] For instance 'homosexual', 'dyke', 'queer', 'femme' or 'bifemale'.

[4] The plus sign indicates that it includes not only those who identify as lesbian, gay or bisexual but also those whose chosen identifiers are related.

[5] Once again the plus sign indicates that there are individuals included who choose other words to identify themselves other than lesbian, gay, bisexual and transgender/transsexual.

[6] The survey was aimed specifically at those whose sexual orientation is to the same or both sexes, LGB+ people over 50. That grouping included, as we had expected, some transsexual, transgender and gender-variant people who identify as LGB+. The survey did not target transsexuals who identify as heterosexual. Ten trans women and one trans man responded. In our survey there were also two respondents who had a variant gender which was neither male nor female or included both, and one who did not wish to report their gender though they answered other aspects of monitoring.

Chapter II

Executive Summary

Main quantitative findings

This survey was of 283 LGB+ respondents over 50. Please see Chapter 3 for exact wording of the main quantitative findings, and for other relevant data not detailed in this summary:

- **60% were out** as lesbian, gay or bisexual[7] to someone in their GP practice.
- **69% would be happy to be asked** about their sexual orientation.[8]
- **51% had positive experiences** of being treated supportively as an LGB+ person by a general practice worker.
- **24% had negative experiences** of using general practice as an LGB+ person.
- **69% had not seen any mention** of LGB+ people in the practice.

Variations based on demographic factors

Age variations: while a slightly smaller percentage of people over 70[9] were out to the practice, a greater percentage of them were happy to be asked about this. A considerably lower percentage reported bad experiences.

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[7] Or similar identifications, we refer to this as LGB+

[8] In confidential surroundings, when registering with the practice

[9] But numbers of over 70s were limited; see details in Chapter 3 and reservations about relying on this figure.

- **56%** of those over 70 (compared to 60%) were **out** to the practice.
- **75%** of those over 70 (compared to 70%) were **happy to be asked** their sexual orientation.
- Only **6%** of those over 70 reported a **bad experience** in General Practice (compared to 25%).

Gender differences: gay men reported a better overall experience than lesbians:

- A higher percentage of **gay men** reported **good experiences** (**64%**) than **lesbians** (**43%**).
- **Lesbians** also reported a higher incidence of **bad experiences** (**31%** of lesbians compared to **21%** of gay men).

Ethnicity: those who were not 'White British' were less likely to be out and also reported a less good overall experience in relation to their sexual orientation.

- Respondents who were 'not White British'[10] were **less likely to be out** (**50%** compared with 60% for the whole) but had a greater willingness to be **asked** (**78%** compared to **69%**).
- Fewer of this group reported **good experiences** (**41%** compared to **51%**) and more reported **bad experiences** (**31%** compared to **24%**).[11]
- **Irish** people in the UK reported even fewer **good experiences** (**30%** compared to **51%**) and even more bad experiences (56% compared to **24%**).[12]

Disability: respondents who were disabled were rather more likely to be out to the practice and had more good and bad experiences of reaction to their sexual orientation to report:

- **67%** of disabled people (**91%** of disabled gay men) were **out** compared to **60%**.
- More reported **good experiences** (**59%** compared to 55%) and more **bad experiences** (**30%** compared to **25%**).

Gender identity: Of those 12 LGB+ trans people who identified themselves in monitoring, they were less likely to be out to the practice (as LGB+) and a lower number were happy to be asked their sexual orientation. Of those out to their practice as LGB+, all had had good experiences; one had also had a bad experience.

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[10] 32 respondents (12% of the total survey respondents) reported that they were from various non-white, mixed, Irish or White from Continental European backgrounds.

[11] The fact that fewer were out to the practice would have reduced the number of reported good experiences, but more bad experiences were reported also.

[12] We consider this to be of concern, in spite of the fact that the total number of Irish respondents was only nine.

- **33%** were **out** (compared to **60%**).
- **50%** were happy to be **asked** (compared to **70%**).

The main qualitative findings

The survey showed the great diversity in views about general practice held by older LGB+ people.

Some themes emerged:

- Many older lesbians were exhausted and irritated at being routinely assumed to be heterosexual.
- Many older gay and bisexual men shared this and were also annoyed at being routinely assumed to be at risk through their sexual practice.
- There was a diversity of response about whether sexual orientation should be asked by practitioners (quantitatively a majority were in favour).
- There was a diversity of responses about whether sexual orientation should be recorded in the notes – user choice on this is important.
- Many respondents praised their General Practice.
- Some had had disturbingly bad experiences, and some of these were quite recent (since 2005).
- Very few respondents had seen any mention of LGB+ people in their practice and practices were not publicising any LGB+ friendliness they might have. This left existing and potential patients with no sense of community inclusion and little reassurance about mentioning their sexual orientation or choosing a practice.

Conclusions

- Assumptions appear to be being made about the sexual orientation of patients in many General Practices, and should they reveal they are LGB+, about their sexual practice.
- Practices are not generally showing themselves to be LGBT+ friendly or using the sort of inclusive language in interaction with patients that encourages and makes safer the disclosure of sexual orientation.
- A lead needs to be taken from the patient in the ways sexual orientation is discussed, recorded and disclosed to other health professionals.
- While many patients had very good experiences in general practice, it is unacceptable that some still reported recent bad experiences in relation to their sexual orientation.
- It is of concern that a greater proportion of Black Asian and Minority Ethnic respondents reported bad experiences in relation to their sexual orientation, and especially that a markedly higher proportion of Irish respondents reported these.

- It is of concern that while there appear to have been some advances in the way gay and bisexual men are treated in General Practice; a comparable improvement does not seem to have been made for lesbians and bisexual women.
- More information, both about lesbian and bisexual women's sexual health, and best practice in pelvic examination of a diversity of women,[13] is needed in General Practice.

Recommendations

A fuller discussion of recommended good practice is to be found in Chapter 8.

These listed recommendations below are based on the experience and suggestions of users:

1. Audit the practice's inclusiveness to LGB+ people, including older LGB+ people and the messages it gives to what may be a hidden population. Seek feedback from those patients who have made it known they are lesbian, gay and bisexual.

2. Address the needs of LGB+ people and indicate awareness that LGB+ people exist by displaying leaflets and posters advertising local LGBT+ services or addressing issues relevant to LGB+ people. (These should not only address the sexual health of gay and bisexual men).

3. Display some kind of signal that the practice is gay friendly such as the rainbow stickers that can be obtained, or an equalities statement including sexual orientation clearly displayed.

4. Mention diversity in practice literature and on any website, including lesbians, gay men and bisexuals (as well as transgender/transsexual people and other minorities).

5. Make no assumptions that anyone is heterosexual, or 'has no sexuality', whatever their age, whatever their ethnicity and cultural background, whether or not they have children, or have been married or not.

6. Use inclusive language: 'partner' instead of 'wife' or 'husband' and include civil partnership when marital status is referred to on forms. In order to make it more comfortable for those who do not wish to declare their sexual orientation, civil partnership should be mentioned with marriage as one choice to tick: married/civilly partnered.

7. Ensure that practice staff have up to date information about relevant services for LGB+ people to which they could refer patients.

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[13] Celibate women, women who have PTSD from sexual trauma, and many other women also are likely to need more sensitive and helpful approaches than those reported to us by the older lesbians and bisexual women in our survey.

8. Arrange for staff training and awareness raising. Discuss within the staff team the inclusiveness of the practice for LGB+ patients.

9. Use the instances of positive and negative experiences we provide in this report to raise awareness of staff of issues relevant to older LGB+ people, and LGB+ people of all ages.

10. Ensure that all new staff, temporary staff and locums are fully aware of the practice's equality policies and strategies for inclusion of LGB+ patients and other minorities, including transgender and transsexual patients.

11. Ensure that all staff are aware of current law in terms of sexual orientation and goods and services (Equality Act 2010), and age discrimination under that Act, and the law relating to Civil Partnerships.

12. Ensure that staff understand the provisions of the Gender Recognition Act, particularly in terms of its coverage of pre-operative or non-operative transsexuals/transgender people.

Chapter III

Not So Very Invisible

– Findings from our survey

Quantitative Findings

The quantitative findings of the survey were:

- 98% of respondents were registered at a general practice.
- 60% of the 283 respondents were out as lesbian, gay or bisexual to their GP and/or other practice staff.
- 69% would be happy to be asked about their sexual orientation in confidential surroundings when registering at the practice, 13% would not be happy and 16% were unsure about this.
- 51% of the total surveyed had had **positive experiences** being treated supportively as an LGB person by a general practice worker, of which 39% were in the past year and 25% were one to three years before the survey.
- 24% of the total surveyed had had **negative experiences** of using general practice as an LGB person, of which 16% were in the past year and 13% were one to three years before the survey.
- 69% of the total surveyed had **not seen** any mention of LGB people in practice information or seen any leaflets or posters that mention them.
- 12% had, but **only** in relation to sexual health.
- 7% **had** seen mention in practice information or had seen relevant leaflets/posters.

More detailed figures were as follows:

1. Are you registered with a doctor's surgery or health centre?

	Yes	No	Unsure	Skipped question
Number	279	2	1	1
% (of those answering)	98.9%	0.7%	0.35%	

2. How long have you been registered with your doctor's surgery or health centre?

	1 year or less	1–5 years	5–10 years	10–20 years	20+ years	Skipped question
Number	18	63	56	83	59	4
% (of those answering)	6.5%	22.6%	20%	29.7%	21.1%	

3. Have you told your doctor, practice nurse or any other health professional in general practice that you are lesbian, gay or bisexual (LGB)?

	Yes	No	Unsure	Skipped question
Number	169	95	16	3
% (of those answering)	60.4%	33.9%	5.7%	

4. Qualitative question about coming out to the practice (see later).

5. Would you find it acceptable to be asked, in confidential surroundings, about whether you were heterosexual, lesbian, gay or bisexual when you registered at a practice?

	Yes	No	Unsure	Skipped question
Number	195	38	44	6
% (of those answering)	70.3%	13.7%	15.9%	These figures vary slightly from the totals given earlier as they only refer to those who answered the question

6. When have been your doctor's surgery or health centre, have you seen any posters or leaflets that refer to lesbian gay and bisexual (LGB) people, or have you seen any mention of LGB people in practice information?

	Yes	No	Yes but only in relation to sexual health	Unsure	Skipped question
Number	19	194	34	30	6
% (of those answering)	6.9%	70%	12.3%	10.8%	These figures vary slightly as in question 5

7. Have you had any good experiences in general practice of being treated supportively as a lesbian, gay man or bisexual by a doctor, nurse, or other practitioner at the surgery or health centre?

	Yes	No	Unsure	Skipped question
Number	145	85	36	17
% (of those answering)	54.5%	32%	13.5%	These figures vary slightly as in question 5

8. If you ticked yes to question 7, how long ago was this?

	In last year	1-3 yrs ago	4-10 yrs ago	Over 10 yrs ago	Did not answer yes
Number	56	36	33	20	138
% (of those answering)	38.6%	24.8%	22.8%	13.8%	

9. Qualitative question about positive experiences (see later).

10. Have you had any bad experiences in any doctors' surgery or health centre, for instance of homophobia, or of misunderstanding as an LGB person?

	Yes	No	Unsure	Skipped question
Number	68	191	13	11
% (of those answering)	25%	70.2%	4.8%	These figures vary slightly as in question 5

11. If you ticked yes to question 10, how long ago was this?

	In last year	1–3 yrs ago	4–10 yrs ago	Over 10 yrs ago	Did not answer yes
Number	11	9	23	25	215
% (of those answering)	16.2%	13.2%	33.8%	36.8%	

12. Qualitative question about negative experiences (see later).

13. Qualitative question eliciting any ideas people have about making practices welcoming to older LGB people (see later).

Qualitative Findings

The qualitative findings of the survey were in answer to these questions:

1. *What are the factors that have influenced you in whether you come out as lesbian, gay or bisexual to health professionals, or not?*

7. *Have you had any good experiences in general practice of being treated supportively as a lesbian, gay man or bisexual by a doctor, nurse, or other practitioner at the surgery or health centre? (Tick/click yes, no or unsure).*

9. *If you ticked yes to question 7 are you able to give any details that you are happy for us to quote? (Please remember even if you give us your name we will not use it with any quote).*

10. *Have you had any bad experiences in any general practice, for instance of homophobia, or of misunderstanding as an LGB person? (Tick/click yes, no or unsure)*

12. *If you ticked yes to question 10 are you able to give any details that you are happy for us to quote (Please remember even if you give us your name we will not use it with any quote).*

13. *When you go to your doctor's surgery or health centre, are there any posters or leaflets showing lesbian gay and bisexual (LGB) people, or have you seen any mention of LGB people in practice information?*

These questions produced a wealth of material, far more than had been anticipated in designing the survey. It was clear that the individuals over 50 in the lesbian, gay and bisexual communities who responded had many relevant views and experiences that they were happy to share in a confidential survey. Their experiences are discussed in the following chapters.

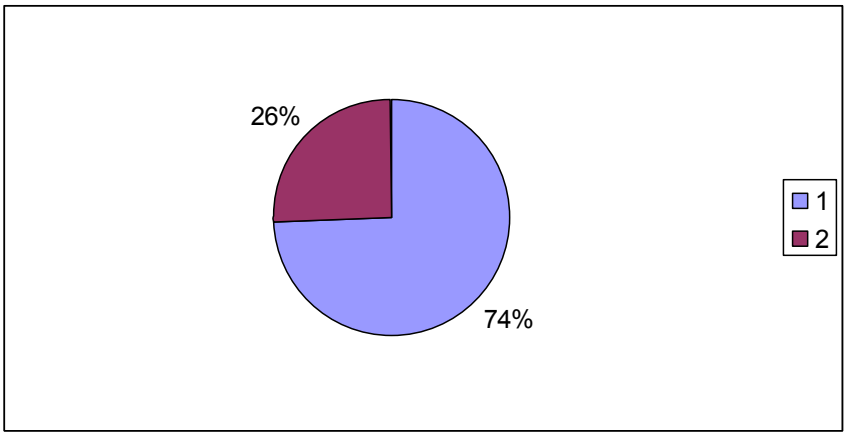
Demographics

Due to the difficulty in obtaining information about lesbian, gay and bisexual people, and in particular older LGB+ people, we have analysed our response in some detail. Though the total number of surveys received was not large at 283, and the numbers for some of the sub-groups such as bisexuals and black and minority ethnic people very small, we still feel that all information we have gained may be useful to other researchers and service providers, and warrants this attention to assist design of methodology for future work in this little surveyed group.

Type of response

73 hard copy surveys were returned (26%) and 210 (74%) responses were filled in on our internet link.

Fig 1. Type of response



1: Internet link 2: Hard copy returned

Age

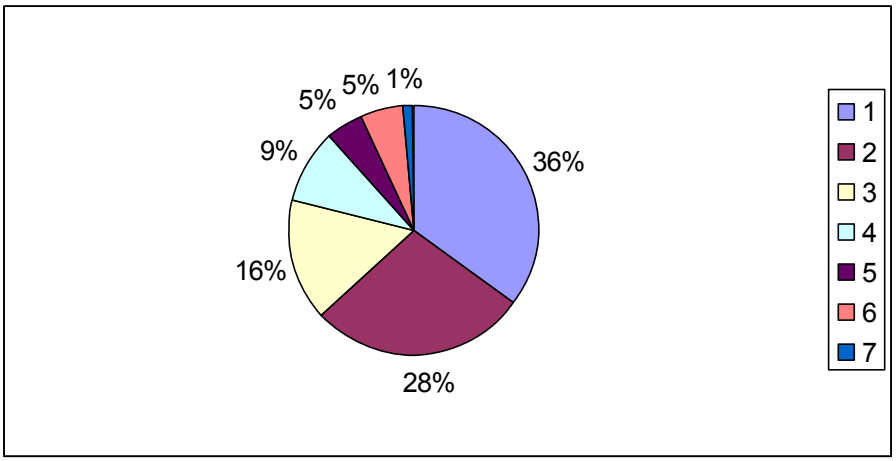
Respondents came from the following age groups. Percentages are given of the 274 respondents who filled in monitoring for age. Nine did not fill this in[14].

50–54	*55–59*	*60–64*	*65–69*	*70–74*	*75–79*	*80–84*	*85+*
96	77	43	26	13	15	4	0
35%	**28.1 %**	**15.7%**	**9.5%**	**4.7%**	**5.5%**	**1.5%**	**-**

242 individuals who filled in age monitoring (88%) were under 70 and 32 (12%) were 70 or over.

The younger age bias in the survey should be seen in the light of the survey being disseminated on the internet as well as by hard copy. The figures include a higher percentage of the 50–60 age group than Polari has worked with in the past. This may relate to the fact that groups of older LGB+ people that Polari has previously consulted by other methods included a higher percentage of retired people who were able to attend daytime meetings.

Fig 2. Age range (percentages rounded up or down)



1: 50–54 2: 55–59 3: 60–64 4: 65–6
5: 70–74 6: 75–79 7: 80–84

Reaching the older age groups of LGB+ people (80+) has always been a difficult process and figures have generally been low. There was also a gender disparity in the 70 and over group who responded: 26 men (5 bisexual and 21 gay) and 6 women (2 bisexual and 4 lesbian). This would indicate that Polari has had more difficulty in reaching lesbians and bisexual women over 70.

Gender

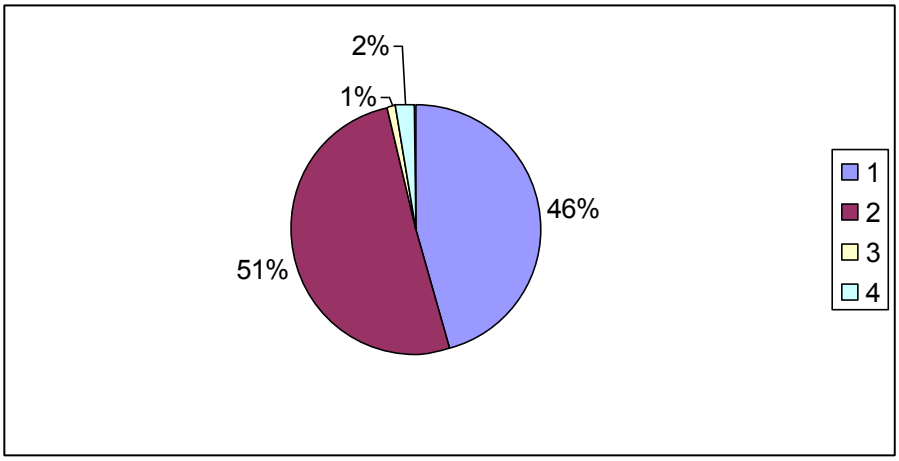
144 women (50.8%) and 129 men (45.6%) responded to the survey, two people defined their gender outside the binary categories of male and female and one preferred not to give their gender, though they filled in other monitoring details,

[14] It is possible, though conjectural, that of these 9 a disproportionate number may have been in the older age groups as anecdotal evidence suggests that monitoring forms are less familiar and sometimes less well-accepted in older groups.

while seven respondents filled in no monitoring and their gender is unknown (3.5% unknown or outside binary gender categories). Transsexuals were of course included in the figures for men and women.

The slightly greater response from women may be a chance factor depending on the way the survey was forwarded to the contacts by individuals on the internet, which cannot of course be predicted. A greater response from women might be predicted due to demographics of the age group: while there were in the 2003 census, 85 men to 100 women over 50, the greatest part of this disparity is due to the 85+ age group and our survey had no respondents over 85.

Fig 3. Gender of respondents



1: Men 2: Women 3: Other gender 4: Unknown

Other factors that could have affected the gender responses are:

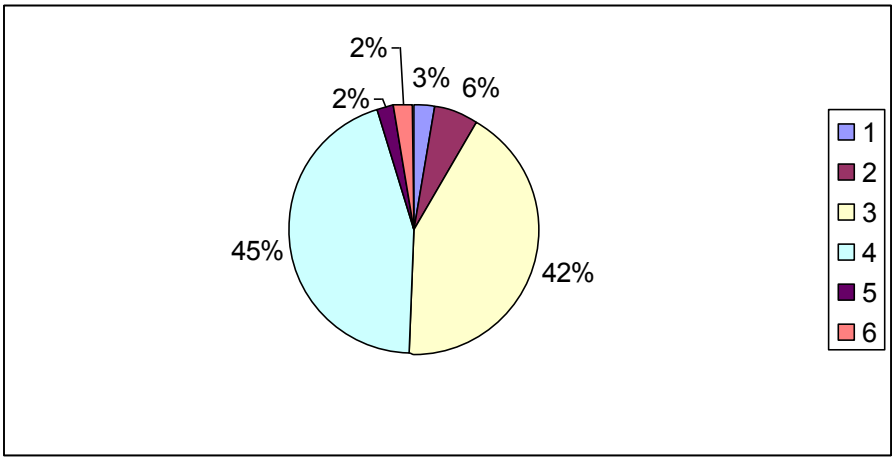
- Unknown disparities in internet use between men and women aged 50 and over
- Unknown disparities in gender in membership of Polari's mailing-list (the list was not monitored for gender)
- A possible unknown effect due to the HIV epidemic
- The fact that 10 trans women (M to F transsexuals) but only one trans man (F to M transsexual) responded.

We are satisfied that the survey appears to be broadly representative for gender in this age group[15].

[15] This was particularly important because Polari has worked hard to involve older lesbians, many of whom choose not to take part in mixed groups such as Polari has convened.

Sexual orientation

Fig 4. Sexual orientation (percentages rounded up/down)



1: Bisexual men 2: Bisexual women 3: Gay men
4: Lesbians 5: Other 6: Unknown

The survey's respondents were as follows

Bisexual men	8
Bisexual women	16
Gay+[16] men	119
Lesbians+[17]	127
Other/unspecified sexual orientation[18]	6
Did not give monitoring data	7

We were surprised that the response from bisexual men was so low, and indeed it is also low from bisexual women. 5 out of the 8 bisexual men who responded were over 70. This would seem to indicate that we had particular difficulty in reaching bisexual men in the 50 to 70 age group. Polari has made past links with bisexual groups but often found that few people within them were over 50. However, better outreach could have been done via bisexual message boards, and this represents a weakness in the survey. We are also aware that many older bisexuals do not access the groups and internet sites that we used to disseminate the survey, and remain a hard to reach group within LGBT+ communities. Hopefully new research under way on older bisexuals will provide new data.[19] Some other issues related to the numerical survey response from lesbians and gay men are dealt with under gender.

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[16] Meaning both gay men and those who used cognate terms such as 'homosexual'

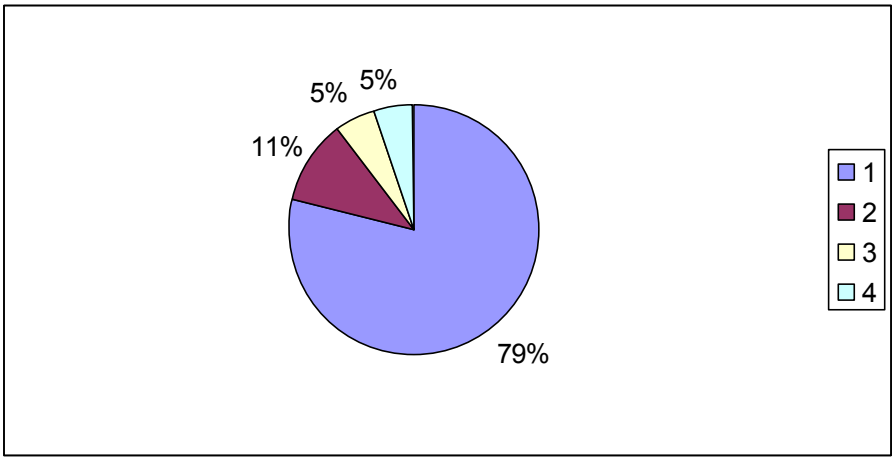
[17] Includes terms such as 'dyke' etc. where it is clear this is a woman sexually oriented to women

[18] For instance 'queer' or less well known terms, or unspecified. Where sexual orientation is unspecified or unreported the person can be assumed to be LGB or similar as they responded to an LGB survey.

[19] For instance the work of Rebecca Jones of the Open University.

Ethnicity

Fig 5. Ethnicity (percentages rounded up/down)



1: White British 2: All other white groups 3: Non white groups
4: No ethnic monitoring filled in

Monitoring filled in by 268 of the 283 respondents for ethnicity revealed these percentages. Respondents were offered the census categories of ethnicity and also given a space to write in a self-defined identity. Further details are given below.

Table 1. Ethnicity

		% of those 268 who filled in monitoring	% of total
White British	223	83%	79%
White Irish (includes 1 Irish Traveller)	9		
White from continental Europe	10		
Other white groups	13		
TOTAL white groups	**255**	95%	90%
Asian/British Asian: Indian	1		
Asian/British Asian: Pakistani	1		
Chinese	1		
Black Caribbean	2		
Mixed white and black African	2		
Mixed white and Asian	1		
Other mixed	2		
Other (non-white)	2		
TOTAL Black, Asian, Mixed and Other categories	**13**	5%	5%
Did not fill in ethnic monitoring	15		5%
TOTAL	283		

In spite of Polari's having circulated information about the survey to Black, Asian and Minority Ethnic LGBT groups and websites, this 5% was a lower response from Black Asian and non-white minority ethnic groups than might be expected. While 4% of people over 50 in the UK were from non-white ethnic groups in 2011,[20] these figures include the older age groups 85+ and the Northern Ireland and Scottish populations so an exact comparison cannot be made. Our survey had the bulk of its response from the 50–60 age group and no responses from those over 85, and though it was not monitored for region, it

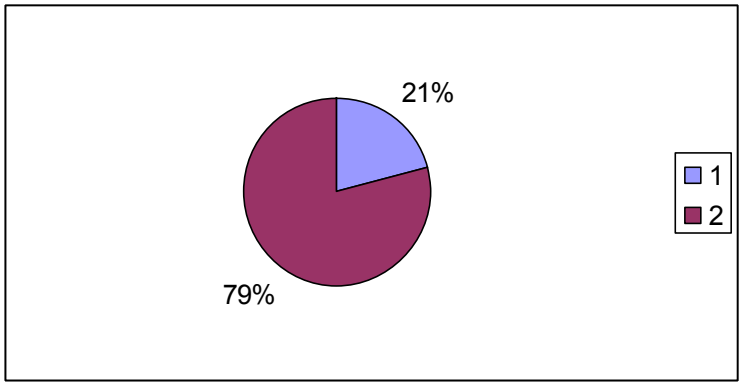
[20] www.ons.gov.uk/ons – Search for "Table 1.11 Ethnicity by age, 2001".

is likely a disproportionate response was from England[21]. There was also a London-focus in our survey as hard copies were distributed to London groups and therefore a higher Black, Asian and non-white minority ethnic response should be expected. While Polari had more BAME older people on its mailing list than responded,[22] this was to be expected as only 79 hard copy responses were received, both from local older LGBT groups and from individuals on its approximately 300-strong[23] mailing list. There was a slightly lower response by online link for this group (68% of the total compared to 72%) indicating that Polari's dissemination methods in hard copy through its national mailing list and via local groups were essential to reach even this small number of 13. A comparably, and unexpectedly small, number of surveys was received from Irish people: only 9 responded. Polari was not aware of any LGBT+ Irish groups to contact, and had hoped to reach older Irish LGB+ people through its general dissemination methods.

Further work needs to be done to ascertain the experience of older LGB+ (and also T) people from black and minority ethnic backgrounds and also from Irish people living in the UK.

Disability

Fig 6. Disability



1. Considered themselves disabled
2. Did not consider themselves disabled

58 of the 276 respondents who filled in the monitoring said that they considered themselves disabled. Perhaps surprisingly this did not increase significantly in the group of 32 respondents aged 70 and over, of whom 22% reported that they were disabled.[24] Of the total 58, 29 lesbians defined themselves as disabled (23% of lesbians), 23 gay men (19% of gay men), 3 bisexual women (19% of 16 bi women) and 1 bisexual man (13% of 8 bi men).[25] Of the other two disabled

[21] The Polari mailing list addresses were almost entirely based in England.

[22] This was known informally through personal contact, as the Polari mailing list was never monitored.

[23] Polari has now closed and the figures for the mailing list were not kept.

[24] There may have been some effect from different perceptions across the age range of what 'disabled' means.

[25] Total figures for bisexuals were of course small.

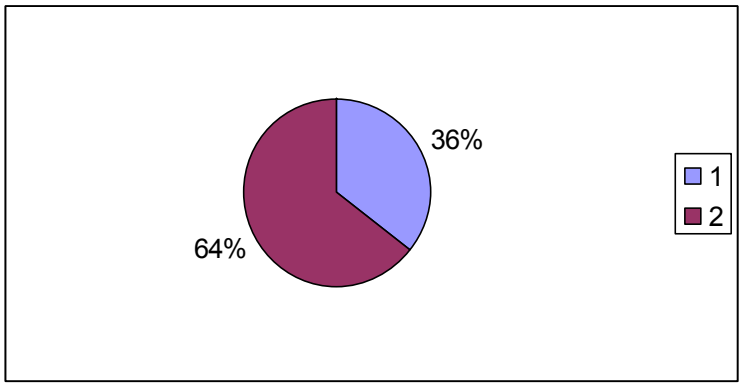
people, one had an 'other' identification and one had not filled in the sexual orientation section.

Apart from the slightly higher reporting of disability by the lesbians in the survey, the most significant finding was that of the 13 people with a non-white/mixed ethnic background, 5 reported they were disabled (38%), (albeit 13 is a small total from which to draw firm conclusions). Some of this disparity is likely to be related to age: while 30% of the total response on age was from people 60 and over, 46% of the 13 non-white/mixed group were in this older age group and a lower percentage were aged 50–59 than the percentage of total respondents.

An even greater disparity was found within the small number (9) of Irish people responding to the survey who also reported a much higher level of disability. 56% of this small group reported that they considered themselves to be disabled, compared to 21% of the total respondents.

Health

Fig 7. Ongoing health problems



1: Have significant ongoing health problems
2: Do not have significant ongoing health problems

98 (36%) of the 276 respondents who filled in the monitoring said that they had 'a long term illness, health problem or impairment' that 'limited their daily activities or the work [they could] do.' In the group who were 70 and over, this increased to 44%.

Breaking the response on ongoing health problems down by sexual orientation, 42 were lesbians (33% of the lesbians), 43 were gay men (36% of the gay men), 4 of the 8 bisexual men (50%) and 6 of the 16 bisexual women (38%).[26] The other 3 people who reported health problems were of undefined or 'other' sexual orientation. As with disability, a much higher percentage of the people with a non-white/mixed ethnic background reported health problems: 8 out of 13 (61%). Once again the total figure is very small, and there will be some effect from the fact that the age profile of this group was slightly older (46% being 60 or over, compared to 36% of the total).

[26] As with disability the overall figures of bisexuals responding were very small

As with disability, this finding was repeated with Irish people, 4 out of 9 (44%) and in spite of the very low total number this is the more noteworthy because the age profile of the Irish group was much lower than the total response, only 25% of this nine being 60 or over (compared to 36% of the total).

This question on health problems affecting everyday life, which we had adapted from questions asked in the General Household Survey and similar surveys, appeared to some disabled people answering as unacceptable in reinforcing the medical rather than social model of disability, as it implied that it was impairment that limited activities and work rather than the disabling effect of an ableist society. This was not our intention, we had hoped rather to capture information from respondents who were affected by health problems but did not necessarily identify as disabled. The criticism was valid and the question could have been better phrased, and Polari produced different questions in subsequent work before its closure.

Respondents answering yes to this question did not always identify as disabled, and gave details in an optional free-form section of health problems ranging from arthritis and heart conditions to mental health problems such as severe depression. Seven of those who answered yes to disability did not answer yes to this question. The two answers overlap but the answers to 'disability' were not a subset of this response on health.

Faith/Spirituality

We asked if respondents had 'any religious/spiritual belief, tradition or practice' they would like recorded in our data about respondents. We did not suggest categories as this was a free form response.

88 people responded to this, 28 to say that they were atheist or humanist or both. 20% followed a religious or spiritual path. Several people wrote their feelings about religious intolerance of LGB people in this space.

We believe that the way the survey link was forwarded on the internet may have influenced response as one of our respondents forwarded the link to a LGBT+ pagan group. This did not apparently happen for Jewish LGBT+ groups in the same way as the Jewish response was low. Although at 0.7% it accords with the 0.6% for UK people of Jewish faith over 50[27] it does not accord with Polari's anecdotal experience of LGB people with Jewish faith and practice. In another survey we would ensure that it was promoted to LGB-friendly synagogues. Though the link was sent to the Muslim LGBT+ Group Imaan no Muslim responses were received.

The results were as follows:

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27 www.ons.gov.uk/ons/publications/re-reference-tables.html?newquery=*&newoffset=75&pageSize=25&content-type=Reference+table&edition=tcm%3A77-51090 – Focus On Older People, 2005 edition : Table 1.13 Older People by Religion, 2001.

Table 2. Faith, Belief and Spirituality

Christian	29	Includes 11 who specified different Protestant affiliations and 8 who were Catholic.
Quaker	5	1 specified non-Christian Quaker
Jewish	2	
Buddhist	9	Includes 1 Pagan/Buddhist
Pagan	12	Includes also pantheist, Druid, Wicca/witchcraft, shamanic
Spiritual but non-specific	2	
Atheist/humanist	28	See note under 'Not answered' below
Separatist	1	
Not answered	195	May include others who identify as atheists or humanists, as well as agnostics and those who do not define themselves in terms of faith or none.

It is noteworthy that though numbers were small and there may have been a coincidentally higher response due to efficient dissemination by pagan respondents, there was a significant pagan response which cannot be adequately compared with national figures. (Pagan is seldom given as a choice when categories are suggested, it is not listed as a choice in the Census or General Household Survey and responses appear under 'other').

In designing another survey we would include mention of humanism and atheism as many more humanists and atheists may have received the survey but did not respond to say this in the section related to religion/spirituality. This was the first time we had monitored for faith and belief and lessons needed to be learned from the findings.

Differences in response

By age

We wondered if some of our general findings would be markedly different in the older age groups. For instance, we found that 60% of all respondents had told someone in the practice they were lesbian gay or bisexual. In fact, though the proportion of respondents 70 and over who were out was slightly lower, this was not a marked difference as 56% were out to the practice. However, figures for the 70+ group were low and hence no firm conclusions can be drawn, but we gained no indication that the older group differed greatly in this particular from the rest of the respondents. 3 out of 4 of the 80–84 group were out to someone in the practice.

Contrary to expectations of some who have claimed that questions about sexual orientation are particularly disliked by the 'older old' group, 75% of respondents 70 and over would find it acceptable to be asked their sexual orientation, in confidential surroundings, when registering with the practice. This exceeded the general response for all those 50 and over, which was 70%, though again numbers of over 70s were small. It is likely that those LGB people over 70 who would be most reluctant to share their sexual orientation were an invisible group that Polari had most difficulty reaching, and it should be noted also that we had no responses from the 85+ age group.

47% of the 70+ group had had a good experience as LGB patients in general practice (compared to 54% for the whole age range); we do not consider the

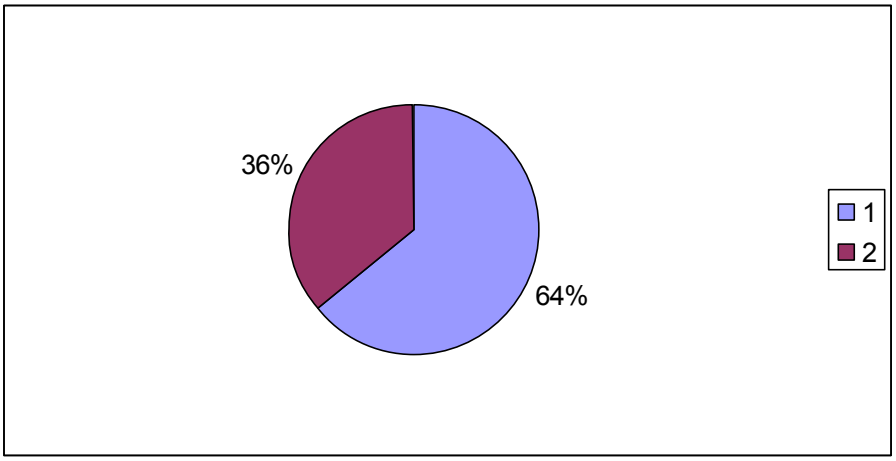
difference very significant given the small numbers in the older group. Only 2 of the 32 respondents over 70 had had a bad experience; this at 6%, compared to 25% for the whole group is noteworthy. However some at least of the difference may be due to the fact that there were fewer lesbians in this group, and lesbians generally reported a higher percentage of bad experiences, which is discussed below.

By gender and sexual orientation

Figures for bisexual men, bisexual women, the 'other' category described earlier, and respondents of unknown gender/sexual orientation were low (between 6 and 16 in each category) and it is difficult to draw conclusions from these figures. None of these categories had a worse experience of general practice than the average for all respondents. However in the larger groups (119 responses from gay men and 127 from lesbians) there are some differences we consider significant.

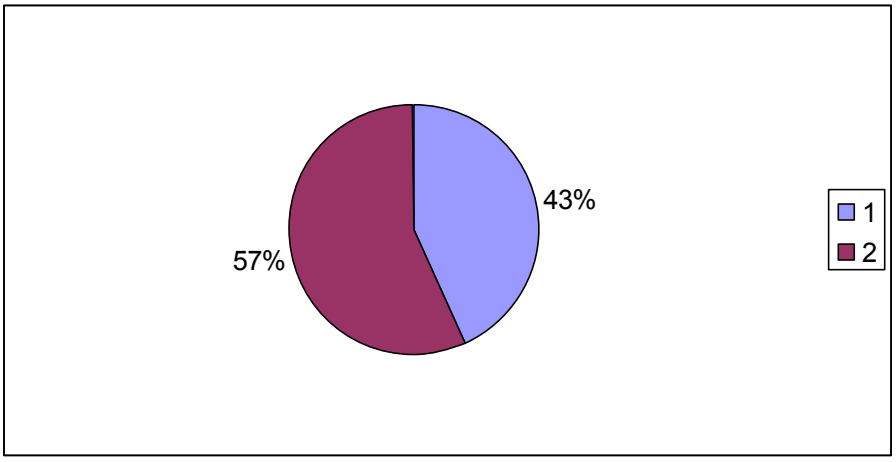
More gay men reported good experiences 'as an LGB person' (76 out of 119, or 64%) than lesbians (55 out of 127, or 43%)

Fig 8. Gay men reporting good experiences in general practice



1: Reported good experiences 2: Did not report any

Fig 9. Lesbians reporting good experiences in general practice

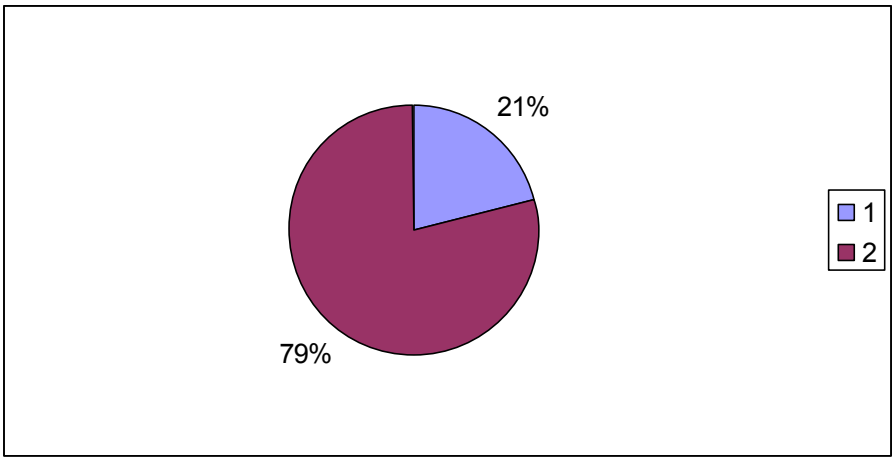


1: Reported good experiences 2: Did not report any

This difference is likely to be related to the fact that more gay men than lesbians have told someone in their practice about their sexual orientation (72% of gay men compared to 57% of lesbians). This difference in itself may be significant, though both groups expressed reasons for wishing or needing to reveal their sexual orientation: in the case of gay men some said that they wanted to be sure that their doctor knew because of sexual health issues, while some lesbians said that questions about sexual activity in relation to smears and (past) contraception use had raised sexual orientation. Both groups included those in couple relationships who wanted their partnerships recognised by the practice.

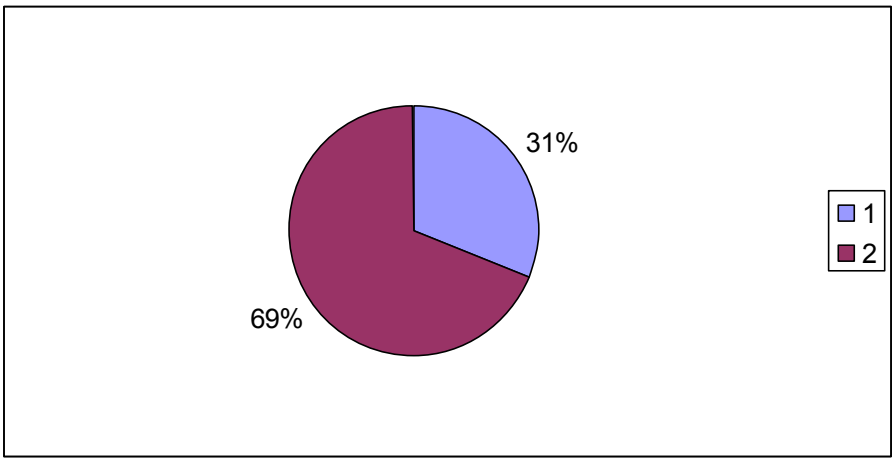
However, in spite of the lower percentage of lesbians being out to the practice, lesbians also reported a higher incidence of bad experiences (31% of lesbians compared to 21% of gay men).

Fig 10. Gay men reporting bad experiences



1: Reported bad experiences 2: Did not report any

Fig 11: Lesbians reporting bad experiences



1: Reported bad experiences 2: Did not report any

While there is no room for complacency when 21% of gay male respondents report bad experiences, the higher percentage amongst lesbians needs consideration and is of concern. Some of the response may be that our question asked if people had experienced 'bad experiences such as homophobia or misunderstanding as a lesbian, gay or bisexual person.' While assumptions of heterosexuality were complained about by respondents of all

genders, lesbians were particularly irked by this in terms of their past or ongoing experience with smear tests and questions about contraception. Bad experiences were not however confined to issues related to smears and gynaecological health, but also included apparently homophobic or ignorant reactions from practitioners. It was of concern that while the majority of bad experiences of gay men had been in the past (many over ten years ago) though often continuing to affect their relationship with general practice (as our qualitative section shows), bad experiences of lesbians and some bisexual women seemed to be more recent, and not decreasing in incidence. We could speculate that while work on the general health of men who have sex with men, as well as their sexual health, has had some effect on general practitioners, far less has been done on lesbian health, and the good work that has been done is far less generally known.

While bad experiences of gay men do appear to be decreasing over time, some were very serious in terms of the patient/practitioner relationship and also in some instances in terms of dangerous assumptions affecting diagnosis, particularly in one instance reported from the year before the survey. Further details of negative experiences in respondents' own words are reported in chapter 5.

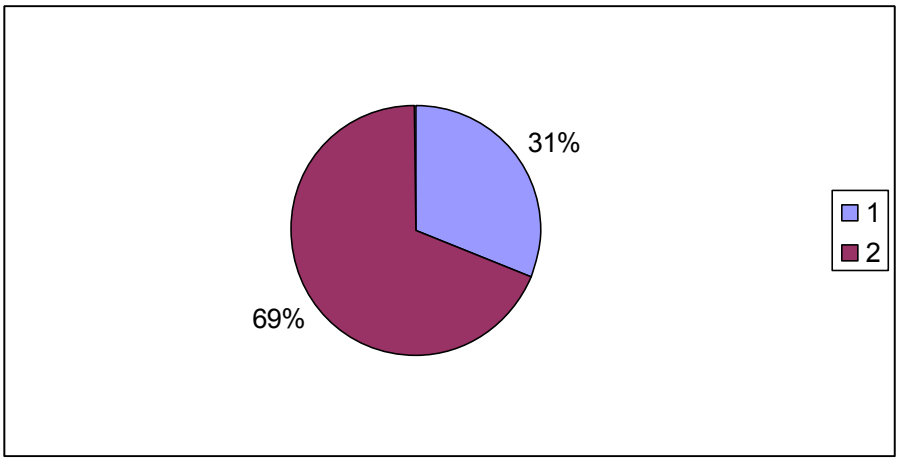
By ethnicity

32 respondents (12%) of the total survey respondents reported that they were from non-white, mixed, Irish or White from Continental European backgrounds.[28] The make up of this group was 17 gay men, 11 lesbians, 1 bisexual man, 1 bisexual woman and 2 (one male, one female) with 'other' sexual orientation. They had a similar percentage of people 60 and over as the whole (38% compared to 36%) but had a higher percentage of reported health problems (49% compared to 36%) and disability (31% compared to 21%).

This group as a whole reported a lower tendency to be out to the GP Practice (50% compared with 60% for the whole) but a greater willingness to be asked their sexual orientation on registration (78% compared to 69%). Fewer reported good experiences as an LGB person (41% compared to 51%). This could be related in part to the fact that fewer were out to the practice, however more reported bad experiences (31% compared to 24%). This is of concern.

[28] We did not analyse differences in the small group 'White Other' as it included both reported backgrounds such as Australian and also those who did not wish to choose White British and chose white other, explaining that they were White English or White Welsh.

Fig 12. Black, Asian and minority ethnic respondents reporting bad experiences



1: Reported bad experiences 2: Did not report any

There were some differences to be noted from particular groups within these 32 people.[29] Irish people, who had a similar likelihood of being out to practitioners as respondents as a whole (61% compared to 60%) had a much lower percentage reporting good experiences as an LGB person (30% compared to 51%) and a much higher percentage reporting bad experiences (56% compared to 24%). We consider this to be of concern, in spite of the fact that the total number of Irish respondents was only nine.

By disability

Of the 58 people who identified as disabled (21% of the respondents) a higher percentage were out to someone in the practice (67% compared to 60% of the total who answered this question). It was particularly disabled gay men who were most likely to be out to the practice (91%).[30] There was little difference from the respondents as a whole in the proportion of those who found it acceptable to be asked about their sexual orientation (69% compared to 70%). A higher percentage of disabled respondents reported good experiences (59% compared to 55%) and a higher percentage reported bad experiences (30% compared to 25%). The increased reporting of both good and bad experiences is likely to be related to the fact that more were out to the practice and so had experiences of reaction to their sexual orientation to report.

By Gender Identity

A small number (12) of transsexual, transgendered and gender-variant[31] older people who were also lesbian, gay or bisexual, identified themselves in our monitoring process. Of these 33% were out as lesbian, gay or bisexual (or

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[29] Differences in disability and experience of ongoing health problems within the small subgroups have been noted in earlier sections.

[30] It may be that an unknown number of disabled respondents who were HIV positive were more likely to have disclosed their sexual orientation, though gay men in general in this survey had a greater likelihood than lesbians and bisexuals of any gender to have been open about it.

[31] In this term we include two people who answered that they did not identify as entirely male or female but felt multiply- or bi-gendered.

similar) to their general practice, compared to 60% of the whole respondents. 50% thought it would be acceptable to ask about their sexual orientation at registration: this was lower than the 70% of the whole group. We consider these results may reflect the fact that many trans people have experienced difficulty in having their trans status taken seriously by the medical profession, if they were attracted to the same sex as their transitioned gender. Of those out to their practice as LGB+, all had had good experiences, one had had a bad experience. Due to the focus of the survey on sexual orientation they were not asked about their experiences as trans people using the practice[32].

[32] Such a survey is a major piece of work that we believe needed rather to be undertaken by a transgender/transsexual organisation with the relevant expertise to find respondents and frame questions appropriately.

Chapter IV

Out to the Practice?

– talking about sexual orientation

'It meant a lot to feel our relationship was recognised'

Patterns of response

Of the 283 who answered our survey:

- 60% were out as lesbian, gay or bisexual to their GP and/or practice nurse or another practitioner in the practice.

There is some indication that a higher proportion would reveal their sexual orientation if asked, as:

- 69% would be happy to be asked about their sexual orientation in confidential surroundings when registering at the practice.

Response to these two questions fell into four patterns:

a) Respondents who answered yes to both questions: some said that they were 'generally out' or that they wanted their civil partnership and/or sexual identity noted and respected.

b) Respondents who had told the practice their sexual orientation but did not find it acceptable to be asked on registration. Some implied they wanted to hold the initiative on this question, or said that it should not be routinely asked, but only asked when medically relevant.

c) Respondents who had not told the practice their sexual orientation but who would find it acceptable to be asked on registration. Many of these people indicated it had never seemed relevant but they were quite happy to reveal it if asked.

d) Respondents who had not told the practice their sexual orientation and would not find it acceptable to be asked on registration. There were a variety of reasons why they did not want the question to be asked routinely, and some felt it should only be asked where relevant which had not yet occurred for them. Some felt strongly that their sexual orientation was their private business.

However, patterns of response were complex. A lesbian (aged 50–54) said

> *I feel my sexuality is my business and only needs to be talked about if I feel it is relevant. Perhaps the consequence of growing up in a small town in the 60's & 70's. I have experienced both ridicule and 'queer bashing' and have spent most of my adult life as an 'invisible' when it comes to lifestyle.*

In spite of this opinion, she answered 'yes' to whether she was out to the practice and also said she would find it acceptable to be asked on registration.

Factors that influenced patients in coming out

We wanted to know more about the considerations, deterrents, encouraging factors, influences, stances and opinions that older lesbian gay and bisexual patients might have about telling health practitioners their sexual orientation. We asked our respondents:

> *What are the factors that have influenced you in whether you come out as lesbian, gay or bisexual to health professionals, or not?*

221 people answered this question.

Being out

Seven took the position that they were always out as gay or lesbian and health care was no different.

> *My gay male identity is such a deep part of my identity I feel strongly that any failure to acknowledge this particularly in the primary health care situation can only be damaging to my physical social and mental well-being and therefore inimical to my general health.*
>
> Gay man, 55–59

> *Transparency.*
>
> Bisexual man, 75–79

Eight specifically spelled out why it was particularly important that their GP and/or GP team should know:

> *It would just be too complicated to hide such a significant fact of my life. I am out in every other sphere and believe that us older LGB people should, if we can cope be out, so that in future it will be easier for everyone.*
>
> Lesbian, 60–64

Eight said that it was relevant social and or psychological factors rather than medical ones (or the reasons behind medical factors) that led them to discuss their sexual orientation with health practitioners:

> *It just came up in talking about my lifestyle and choices, it was no big issue.*
>
> Lesbian, 55–59

> *Most of my health problems stem from my family's treatment of me so it was necessary to explain.*
>
> Lesbian, 65–69

> *Being gay is me ... I told my doctor when I was being treated for depression, thought it may be relevant*
>
> Gay man, 50–54

> *Tried to commit suicide.*
>
> Bisexual man, no age group given

Sexual orientation not always relevant

> *Unless it's gender related, I do not feel the need to tell anyone about my being a lesbian, as straight people do not go to a health professional and say they are not gay.*
>
> Lesbian 60–64

21 respondents did not think it was relevant:

> *They are more interested in my health than my sexuality*
>
> Gay man, 55–59

Some respondents who did not answer this question and were not out to the practice where they were fairly newly registered. Very possibly some had not yet had time or found it relevant to mention their sexual orientation. As one who did answer explained:

> *I'm an out gay man, but my sexuality didn't seem relevant to my excessive earwax or wish for a general checkup…I was in a hurry. For these reasons I didn't say I was gay.*
>
> Gay man, 60–64

Another explained that though she is generally out she would not be so to emergency doctors as it is the relationship with the doctor that is the issue:

> *I was out to my previous GP and out at outpatients clinics but not when seeing [the] emergency service – as wasn't going to strike up any kind of relationship with him!*
>
> Lesbian 50–54

18 respondents said that they would be quite prepared to mention their sexual orientation if they thought it was relevant, or to answer a question about it if the reason for asking seemed to appropriate and valid.

Coming out was necessary or unchosen

Others explained that they had not really perceived it as a choice: particular health conditions had made it a necessity, or their partner was registered with the practice and had come out to staff.

> *Simple, I had a problem with my bowel and asked if this could have been caused by having anal sex. It was not a problem for me or him.*
>
> Gay man, 55–59

One reported that he had been asked:

> *Had no choice, the doctor asked me if my partner was a man or woman.*
>
> Gay man, 65–69

Three LGB respondents who were also transsexual had originally registered in their birth gender and had been supported throughout their transition. (For instance someone known to the practice as a heterosexual married man went through male to female transition and remained in the relationship, identifying as a lesbian).

Another respondent was the partner of an FTM man (previously his wife before transition):

> *My doctor and his practice nurses have been very understanding and supportive of me in relation to my coping with my wife's sex change (FTM). Because of this trust and confidence, I felt happier that they knew I was bisexual.*
>
> Bisexual man, 50–54

In another case an ex-partner had forced the issue:

> *My ex-husband came out for me in the 1980s when I lost custody of my children. My GP was very supportive and came to court for me. I think most of them have forgotten now. When I went recently with my partner, also over 50 the GP we saw was a bit off, but most of them seem ok.*
>
> Lesbian 60–64

The need to gauge attitudes

Fifteen respondents specifically mentioned either that the attitudes of the practice staff would make them feel uncomfortable, that they fear 'being judged' or, on the other hand, that the openness of staff and their clearly tolerant and sympathetic attitudes made the difference. There was a need to gauge attitudes first:

> *I assess my safety in terms of attitudes of individual health providers.*
>
> Lesbian, 55–59

Not sure how it would be received. Do not really trust that this information would be used appropriately.

Lesbian 50–54

I am always very careful to listen and try to establish attitudes before hinting that I am a lesbian. Health Professionals have a lot of power over the elderly, sick and weak.

Lesbian, 55–59

There were other factors too that influenced whether patients felt it was safe or comfortable to come out to the practice staff.

I have been with the surgery since I was 8 years old. I am now 57 and only came out when I was 54. Although I don't like the fact that they obviously presume I am straight, I feel uncomfortable with having this information on my health records. I suppose if someone actually 'accused' me of being straight I would put them right, but because they have known me so long I don't feel comfortable actually making a point of coming out now.

Lesbian, 55–59

More positively, sometimes patients are able to gauge their safety without any actual reference to sexual orientation:

If I feel there is an openness.

Lesbian, 55–59

Depends on person's approach. Whether one feels comfortable talking to them.

Lesbian, 65–69

If I feel 'at ease' with the health professional.

Lesbian 60–64

Particular issues for lesbians

Some lesbians liked to be out from the start so this would be clear in terms of their reproductive and sexual health:

I like to be honest, no embarrassing questions i.e. penetrative sex (meaning with a bloke). Always received good care and respect.

Lesbian, 60–64

Twelve other women responding said that they had explained their sexual orientation because of questions in the past relating to pregnancy, contraception or to cervical smears. Although in best practice lesbians are recommended to have cervical smears, some of our respondents wanted to take the responsibility to assess their risk themselves, possibly in the light of the greater discomfort that older women often experience due to post-menopausal changes in the vaginal wall. A few had clearly been told by practitioners that they did not need smears simply because of being lesbian, which last is

worrying. For others the issue of pelvic examination was relevant as they were among those lesbians who did not usually have penetrative sex and wanted to the nurse to be particularly careful and to use a smaller speculum. Nearly all respondents who mentioned women's reproductive health had been assumed routinely to be heterosexual:

> *My GP asked me if I was sexually active. She was making a link to pregnancy, even at my age! Re HRT and restarting periods, so I told her I was sexually active but not with men.*
>
> Lesbian, 50–54

> *They always ask me about the pill, quite regardless of why I'm there (which is seldom), my age and appearance so I always have to spell it out to them.*
>
> Lesbian, 55–59

> *I would feel embarrassed. Assumptions have often been made by health professionals. When I was pregnant it was assumed by my community midwife that had a husband. I did not. When I had concerns some time after the birth of my child about the state of my episiotomy scar, I was told to 'use it for what it was for' which I took to mean penetrative intercourse with a man. I did not have a partner at the time of any gender. All this from a really lovely and well-meaning GP! … If I have to have a smear taken by a woman nurse, I'm always glad they don't know I have lesbian relationships.*
>
> Bisexual woman, 50–54

Ten respondents explained that they had needed sexual health advice or treatment, or to understand how the side effects of medication might affect their sexual functioning.

Partnership and Next of Kin

For eleven of the respondents who were in a civil partnership or other committed partnership it was vital that that partnership was recognized by the practice:

> *I declared my civil partnership status to my GP practice on registration 3 months ago. For me and my partner, it is important that we are treated equally with heterosexuals in all situations.*
>
> Lesbian 50–54

Some mentioned they were particularly concerned to ensure that their partner was treated as their next of kin. In some cases for lesbians who were mothers (whether the biological mother or her partner), parenting had made it important to make their relationship and sexual orientation clear:

> *I didn't bother for many years but when my partner had a baby and we started turning up together it just made sense to be clear about our relationship and my involvement with the child.*
>
> Lesbian 55–59

In one case, conversely, concerns about prejudice and parenting had deterred a lesbian mother from coming out:

> *This making of assumptions that we all live the same way is really unfortunate and does not cause me to wish to come out to health professionals…The stress in some health policies on the importance of a man in a child's life does not make me want to come out. I'd feel I might be judged as a mother.*
>
> Bisexual woman, 50–54

Others referred to the issues that arose for them after bereavement when they needed the GP to understand the implications, or issues related to caring. When one partner is in a caring role for the other this led some of our respondents to be clear about the relationship:

> *As my health care needs increased with my chronic neurological condition I increasingly referred to my partner and she sometimes came with me for support – so I gradually 'outed' myself! I would welcome an opportunity to 'refresh' my registration details at the surgery.*
>
> Lesbian, 60–64

In one case this news about the context of the relationship was not received well:

> *I had to give medical support to my partner. Otherwise I would not have chosen to do it. The response was not good.*
>
> Gay man, 55–59

This disappointing response is what is dreaded by many of those who do not come out.

Professionalism and best practice

For some people it was essential in any case to be able to trust the professionalism of the health care staff and telling them about sexual orientation was part and parcel of their relationship with a good practice:

> *Health professionals, are supposed to be just that – professional – and I would hope that as such would be professional enough not to allow any bias to get in the way of how I was treated.*
>
> Lesbian 50–54

16 respondents made the point that they needed to be out in order to improve the relationship with their GP and get better care:

> *I've never seen any reason to keep my sexuality a secret from my doctor and believe that knowing me and my life gives the surgery a fuller picture when I require their input.*
>
> Gay man, 50–54

As I'm deaf and have ME – both conditions poorly understood by GPs – my main concern has been to establish a relationship with a GP who is prepared to make the effort to communicate with me

Lesbian, 60–64

To try to assist health professionals to be aware of my identity and not make preconceptions and make sure I exist – especially important for my well being physically and mentally.

Self defined as Dyke, 50–54

One respondent (Lesbian, 60–64) who was unsure if practices should ask about sexual orientation thought there was an argument in the light of assessing risks (for instance of cervical cancer) but concluded that information should be promoted to everyone, in any case.

A good practice has good practice

It is clear from many responses we received that a good practice is also a gay-friendly practice:

The staff at the doctor's surgery were so friendly so it was easy to be out to them.

Gay man, 55–59

My doctor and his practice nurses have been very understanding and supportive of me in relation to my coping with my wife's sex change (FTM). Because of this trust and confidence, I felt happier that they knew I was bisexual.

Self defined as ambisextrous man, bisexual bordering on gay, 50–54

There were also situations were the patient perceived that the doctor knew they were gay or lesbian, and was happy about that:

I know my GP knows I am GAY I never need it to tell him.

Gay man, 75–79

My partner died and our doctor was very sensitive when she had to write a letter to my employers. I never actually came out but she knew from our relationship and treated me as a 'spouse'.

Lesbian, 55–59

I had prostate cancer treatment and then had erectile problems which did not exist before. In discussion with my GP I talked about my male partner, but he seemed to know about him, since we live together at the same address and both have the same GP.

Gay man, 60–64

In 5 cases respondents had openly lesbian or gay GPs and for others their practice was known to be particularly gay-friendly:

My GP is a personal friend of a lesbian friend of mine – so I knew she would be positive.

Lesbian 55–59

Need for HIV test. Perhaps relevant to diagnosis and treatment of my condition. Complete trust in my GP who subsequently told me he was gay. Unnecessary to tell him anyway because I had a high public profile campaigning on lesbian and gay rights.

Gay man, 65–69

The danger of assumptions

Thirteen responded by emphasizing the danger of the practitioner making assumptions that the patient is heterosexual or the improved understanding and better relationship if the assumption is not made.

Very straight white surgery in rural area, lack of visible diversity or acknowledgement of diversity. Always assume I'm a 'Mrs' until I correct them.

Lesbian, 50–54

Then, there's the overall presumption in ALL these places that the person in front of them is 'normal' – i.e. a nice heterosexual person who has a spouse of the opposite sex at home and several children or grandchildren. That is, unless the person in front of them fits some sort of Larry Grayson stereotype when they automatically assume he/she is gay/lesbian.

Gay man, 50–54

I have complex cardiac problems. Recently I became unconscious during sex and my male partner had to bring me round. When I talked to my GP (qualified only 10 years ago and medically very much on the ball) about this, she asked about my wife's reaction!!! I had not referred to a 'wife', but a 'partner' and had to clarify the situation. She appeared to assume that at 61 and not being particularly 'camp', I must have been having sex with a woman.

Gay man, 60–64

I would prefer that health professionals are trained not to make this assumption; I am quite knowledgeable about health issues and know what issues may be relevant – many people are not.

Lesbian, 55–59

Seven other respondents specifically made the point that they came out to the practice to avoid assumptions of heterosexuality:

I try to be as visible as possible as a lesbian, because assumptions are made about my orientation wherever I go, perhaps particularly because I have children, and I hate feeling invisible.

Lesbian, 50–54

The presumption of heterosexuality often makes it harder to come out, 'quite daunting' as one respondent said.

Fear of discrimination

Fifteen of our respondents specifically said they feared encountering prejudice and discrimination. This could be an especially relevant issue for older LGB people:

> *When I registered twenty years ago, coming out to one's GP would have been regarded as highly foolish. I have never sought treatment from the GP for any complaint where my sexuality would be relevant.*
>
> Gay man, 55–59

One made a link from the heterosexual assumptions to the likelihood of prejudice:

> *They presume heterosexuality therefore I know they will be prejudiced.*
>
> Lesbian 60–64

Others stressed that if there were prejudice it might have an adverse effect on the relationship with the GP or other staff, and might even affect the actual treatment received.

> *Fear that I will be given a poorer service has prevented me from coming out.*
>
> Self-defined as Queer man, 60–64

> *Fear I may face discrimination in access to or in treatments; perhaps delays or worse. e.g. in the past I've had Christian homophobic leaflets given by my doctor in an STI clinic to whom I was out.*
>
> Gay man, 75–79

> *Fearful they will make negative assumptions and be less accepting of me. Fear of overt and covert discrimination. Fearful of a negative response.*
>
> Gay man, 50–54

> *Fear of prejudice, misunderstanding, lack of proper care. When my daughter was young, fear of being viewed suspiciously as an improper mother and any problems being ascribed to my lesbianism. Now she's grown up so that's n/a.*
>
> Lesbian 60–64

A suspicion that there might be a lack of understanding about the lives of lesbians and gay men, or past experience of this, held some back:

> *Assumptions made by health professionals in what it means to be lesbian.*
>
> Lesbian 55–59

The GP is a gatekeeper to many services and the risk of coming out is often considered too great. The risk is also an emotional one, of disruption in an important relationship where the patient may feel vulnerable due to the importance of health issues shared and dependence on the GP's good will and good service. The potential experience of disapproval, however unlikely, would be very unwelcome:

> *It has not been relevant to my health problems. I wouldn't mention it unless it was necessary to avoid possible (though unlikely) disapproval.*
>
> Self defined as previously heterosexual, currently lesbian with no intention of changing, 50–54

> *Can't face their reaction, or what I perceive their reaction to be.*
>
> Self defined as multiply gendered bisexual, 50–54

One respondent had become less inclined to be open because of more recent experience:

> *In the past I felt that it was better to come out as gay to health professionals as there may be some benefit in their knowing my background. Now, if it were possible, I would go back in the closet and slam the door securely behind me.*
>
> Gay man, 55–59

In one case advice from experience within the profession was passed on to a friend:

> *Advised not to do so by friends who are health professionals.*
>
> Lesbian, 50–54

Issues related to faith

Three respondents mentioned that the apparently Muslim or Christian faith of practitioners in their general practice made them wary of revealing their sexual orientation. Another, however who was asked about sexual orientation by a GP had a good experience:

> *My GP – a devout Muslim – asked in a professional and concerned way and clearly had no problem with my sexuality. He was both warm and affirming and since then I have had nothing but the best treatment from the practice.*
>
> Gay man, 60–64

We shall return to and discuss these issues of good practice in the context of faith in our conclusions and recommendations.

Problems when moving practices

When patients had GPs who were known or found to be gay-friendly or who were themselves lesbian, gay or bisexual, it sometimes became an issue for them when they moved or the GP left the practice:

Previously I had a lesbian doctor, so not an issue. I have had to prioritise finding an accessible surgery with female doctors who can respect me as a disabled person and deal with my health needs. I did choose my current practice after being told it was fairly lesbian and gay friendly, though not all the doctors are actually quite as positive as they should be. I was out to the previous doctor I saw regularly, but she has now left, so I have to start again with the new partner. I was not directly out to the previous (male) doctor – but he never asked.

Lesbian, 55–59

I changed my GP some 10 years ago, as following the retirement of my GP the doctor in the practice who took over my file was clearly uncomfortable in dealing with me as a gay man. I transferred to a practice which I knew to be comfortable with HIV positive gay men.

Gay man, 65–69

Patients who are themselves health professionals

Six of our respondents answered explaining they were health professionals themselves, or had been before retiring, and gave their professional status as a reason why they would be out to the practice:

Have generally been open about my sexuality in anything more than a casual acquaintance. Am a GP myself and knew my GP vaguely before registering. Was known to be lesbian at that time to local doctors.

Lesbian, 55–59

For one respondent though it was professional issues that were a deterrent:

As a 'health professional' I have been wary of the effect on my work and career if I make definite statements about my sexual orientation, therefore I simply don't say anything one way or the other.

Bisexual woman, 75–79

Effects of past bad practice

Eight respondents cited past bad practice by health workers, some of which were felt to be explicitly homophobic, as reasons not to come out:

Their reaction against me has been intense at times, and as I usually see them when I am vulnerable whilst sick, I usually protect myself from their potential judgment by not telling them.

Lesbian, 55–59

Also, past experiences of comments made by health care workers who have not been aware I am Gay do not make me think I would want to tell them I am.

Gay man, 50–54

Inevitably some had had bad experiences in acute care which had affected their trust of primary care:

> *About 6 years ago when my partner ended up in hospital with some rare complaint, the first thing that was suggested when we admitted I was not just his drinking buddy was an HIV test. The doctors seemed fazed when we suggested to them that they might not have suggested an HIV test if he'd had a wife in the room. He declined their offer and he's still HIV negative!*
>
> Gay man, 50–54

One respondent did, however, trust the response of her Health Centre in spite of an experience in hospital:

> *It has never been relevant to my visit to the Health Centre...and nobody has ever asked. If they did I would be happy to tell them. However, I had a poor experience at a casualty department when I had a suspected heart attack.*
>
> Gay man, 50–54

Privacy, confidentiality and recording of data

There was also the issue of how the information would be recorded and the possibility it would be seen by unknown others who could be less sympathetic than the person spoken to:

> *Didn't think it was important and don't know if I want it on my health record and because of discrimination.*
>
> (No demographical information provided)

One respondent also had particular concerns about new ways of recording of information and the way this could be shared outside the practice:

> *Don't want to be identified on national NHS database.*
>
> Lesbian 60–64

Privacy and confidentiality were an important theme affecting whether one was out, sometimes militating against revealing one's sexual orientation:

> *My sexuality IS my business!!!*
>
> Bisexual man, 75–79

and raising particular concerns for some respondents about employers and insurance companies:

> *As far as I know, the info I give to a GP or anyone else in a health centre is not 100% confidential – e.g. insurance companies etc.*
>
> Gay man, 50–54

One respondent explained that this was no longer such a concern:

> *The HIV crisis in the 80s and insurance issues were a bother to me, now I am not so worried about it.*
> (No demographical information provided for this survey)

Another felt that absolute confidentiality was a prerequisite:

> *I felt that anything I said would be treated in absolute confidence.*
> Gay man, 50–54

Conclusions

We will return to discussion of these and other concerns, and the implications we see in them, in the conclusions and recommendations sections of this report. Overall we found the question about these factors that had affected patients' willingness and opportunity to come out very useful in this survey.

Chapter V

Bedside Manners

– Positive experiences in General Practice

‘The receptionist asked to see photos of our Civil Partnership ceremony.’

Good experiences

Many of our respondents had had good experiences as lesbians, gay men and bisexuals using general practice.

We asked

> *Have you had any good experiences in general practice of being treated supportively as a lesbian, gay man or bisexual by a doctor, nurse, or other practitioner at the surgery or health centre?*

145 people, 55% of those answering this question, said yes. 83 people, 32% of respondents to the question, said no. 36 people were unsure.

Being treated with consideration and respect

Coming, often, from a climate of discrimination, many respondents considered it a good experience to be treated with the same consideration and respect that heterosexual patients routinely expect. As some put it, this meant being ‘treated generally like everyone else’ and ‘treated in a totally “normal” and natural way’, and the staff ‘accepting the facts as I presented them’. This also meant that if they were in a same sex relationship, they could ‘discuss their home situation in a straightforward way’.

> *I find the fact treated like any other fact of my life like that I live alone...*
> Gay man, 55–59

The doctor took the news I was gay in a 100% professional and business like way which made it much easier when later I went to the AIDS clinic for a test which was found negative.

Gay man, 70–74

I rarely go to the doctor's, but when I do and have said I was a Lesbian, I have always had a matter of fact, unfazed sort of response.

Lesbian, 55–59

Good experiences in the past were remembered and appreciated:

My GP focused on the fact that we were becoming parents for the first time rather than the issue of lesbian parents.

Lesbian, 50–54

Respondents who had come out commented that 'the nurse carried on just as she had been with no change in demeanour at all', on a partner being 'mentioned in a positive way in passing' and on matters related to sexual orientation being treated as a 'matter of fact'. They were pleased that health practitioners were happy to acknowledge or involve a same sex partner:

I felt my partner was acknowledged at a time when I was vulnerable and really needed her support and participation.

Lesbian 55–59

One of the respondents praised his practice for its approach, given it was not in one of the locations (such as Manchester) with a higher LGB population. Another was pleased that a married GP with children was positive: the fact that this was a pleasant surprise only illuminates the discrimination that older lesbians gay men and bisexuals are likely to have encountered in the past.

The absence of discrimination itself may seem commendable to those who are used to encountering it:

I have not received any discrimination at the surgery, and I am obviously a lesbian.

Lesbian, 60–64

Understanding the experience of discrimination

We found from the survey that many respondents had particularly valued the understanding of their GPs ('being listened to and understood') in terms of their experience of discrimination over the life course.

As an older lesbian I find it hard to talk about certain things. My GP is a very warm and caring woman and I felt she put me at my ease and felt she was not judging me.

Lesbian, no age group information provided

Verbal support from a few in that they have said 'it's your life why be ashamed of it' this has proved to a tremendous self confidence booster.

Lesbian, 60–64

I was totally in the closet. I lived in an area in central London where everybody knew everybody and everybody's business. …NO ONE was Gay. Well we were, but we wanted to make it home in one piece so we kept ourselves suppressed. I had read something in Capital Gay where my GP's name was mentioned. Jeez, he was Gay too. It took me a year to come out to him and when I did he shook my hand and was totally supportive.

Gay man, 50–54

Some commended their GP's support when they faced homophobia from family, homophobic attack, or when sexual orientation became relevant in the work place.

My doctor … spent two hours, out of surgery time to counsel and support my partner and me over difficulties with my family.

I was being treated for depression due to being a victim of hate crime. My GP was wonderful she gave me time to talk and was very supportive towards me.

Lesbian, 50–54

I tend to come out to everyone and so came out to my GP. Later, when I had some problems at work, it was useful that I had come out previously; he was very helpful and sensitive to my situation and it might have been more difficult for him if I had not come out previously.

Gay man, 60–64

Appropriate and sensitive psychological support

Some particularly valued the psychological support their doctor had given them because she or he knew about their emotional life:

It was comforting at the time to have the unquestioning support of my GP when I was really very depressed about a failed relationship.

Lesbian, 60–64

My doctor knows I am single and lonely, so always makes sure I'm not getting depressed about it.

Lesbian, 60–64

Another respondent was pleased that sexual orientation was not brought in inappropriately by a psychologist at the surgery:

I had a few sessions with a Chartered Clinical Psychologist when I was depressed and my sexual orientation was simply not an issue.

Gay man, 55–59

Seven of our respondents wrote at some length about the excellent support they had received when they were bereaved, one mentioning the loss of a partner of 57 years standing. All were very much helped by their doctor's support:

> *Two and a half years ago, my partner died suddenly of a massive heart attack one Saturday night. I dropped a note in at the surgery to notify our GP on the Sunday. He rang up on the Monday morning and came round to my home on Monday lunchtime. He was subsequently a tremendous source of sensitive support.*
>
> Gay man, 55–59

> *When my partner was diagnosed with cancer, we told our doctor that we were a couple – we felt it was very important that he knew what our relationship was. He just accepted it, and was very supportive to both of us. Her illness was very sudden and she died very soon after diagnosis. After she died I was quite ill and had to go to the surgery to see the doctor. He was very caring and supportive.*
>
> Lesbian 50–54

Timely support in new or potentially difficult situations

GPs and their teams had also been particularly supportive in transitional periods in the lives of our respondents:

> *I have a heterosexual past and I came out to my male GP who was very supportive and asked me whether I needed support at a time of stress.*
>
> Lesbian, 50–54

> *I was able to discuss good sexual practice & ask advice as a newly discovered bisexual woman. I have also been able to discuss my medication regime in order to remain healthy & talk about particular relationship difficulties.*
>
> Bisexual woman, 55–59

> *My GP has a wealth of experience in trans-gender issues, having had 5 previous couples on his books where one party was transitioning. His support to me as the partner of an FTM has been one of the main things that kept me sane. Through the trust that we have built up between us, I have been able to discuss my own bisexuality, and to seek advice when I've indulged in unsafe sex. He has never judged, and has always put me at complete ease.*
>
> Self defined as ambisextrous man, bisexual bordering on gay, 50–54

Many respondents have been wary that their sexual orientation would be perceived entirely in terms of sexual health and risk, ignoring the important social and emotional factors related to being lesbian gay or bisexual. Yet the right support when sexual health issues arise was also particularly valued:

My partner and myself were both having a course of Hep B injections and the nurse was extremely supportive of us both as a couple. When my partner's didn't initially produce a response – she explained things to the both of us in a very understanding and sympathetic manner.

Gay man, 60–64

Crucial support in illness

When a single older LGB person or one of a couple has had a serious illness, good support from their general practice, involving any partner, has been very important as six of our respondents explained. Sensitive support allowing the patient to determine how 'out' they wished to be was appreciated:

My doctor asked me how she should refer to me in a letter to my employers which she wrote about my longish absence when my partner was diagnosed with terminal cancer. Always sympathy from all staff.

Lesbian, 55–59

One respondent felt strongly that being able to trust their GP and be out had been crucial in an illness:

I was lucky to have a particularly sympathetic GP who I trusted totally. In other circumstances I would not have been able even to mention my sexuality and my recovery would have been delayed (or even not effected).

Bisexual woman, 55–59

Support staff and other team members

Some had received understanding and good practice but were concerned that this was only from some of the staff:

My GP is very gay-friendly. Some of the support staff are not.

Gay man, 55–59

Happily this was not always the case in terms of support staff:

Acceptance of partner in conversation about life. Receptionist asking to see photos of civil ceremony.

Lesbian, 65–69

The response also emphasised the helpful role that can be taken by practitioners who are not part of the regular team:

I am unhappy about telling my GP, practice nurse and reception staff that I am gay but I did disclose my sexual orientation to a graduate mental health worker as she was a visitor to the health centre and therefore not an integral part of the primary health care team. She also would not have access to GP notes to record this in my medical notes.

Gay man, 50–54

Particularly good practices commended

Some respondents had been able to use particularly helpful practices or be registered with particularly good GPs:

> *I had a gay doctor for twenty years who looked at the all over picture of my health not just from the point of view that I was a gay man.*
>
> Gay man, 55–59

> *I lived in Manchester where many practices were given training in LGBT issues mine being one. They were very courteous and understanding.*
>
> Lesbian, 60–64

They mentioned staff who were knowledgeable about appropriate referrals, not only to sexual health clinics that were useful to LGB people but also to a mental health support group for lesbians and gay men.

A meaningful equalities policy

It is important that certain practices exist which are models of excellence in the health care of LGB people, but it is of course just as important for every practice to have a meaningful equalities policy and implement it in a supportive way:

> *As stated above, when managing my own health needs it is important for me to have a trusting relationship with my GP. I expect the GP Practice to reflect a 'working' equalities policy.*
>
> Lesbian, 50–54

Some practices were slow to change but were obviously being educated by their LGB patients who had made the choice to be out to them:

> *Took them a while to recognise us as partners so that we could refer to each other as such when together or separately but now they have sort of got it.*
>
> Lesbian, 65–69

Noting the difference from excellent practice

As mentioned in the section on whether people were out to the practice, this question also brought up frustrations and regrets when they could no longer see a good GP who was informed on LGB issues (whether gay or not) and noted the difference of the professionals they had had to deal with later.

> *I had an openly gay GP with whom I had an excellent professional relationship. He understood issues and concerns facing Gay men when HIV/AIDS became an issue. As a result was able to give sound advice and counsel. Subsequent GPs have made assumptions, have lack of knowledge about gay lifestyles etc.*
>
> Gay man, 50–54

My previous doctor was very gay-friendly. I could talk to her about anything. Unfortunately, she has now left the practice and I do not have a doctor that I feel I can trust.

Lesbian, 55–59

Response to coming out

For some respondents it was reassuring that the doctor did not seem to take much notice after they came out.

It didn't seem to make a difference.. But it also didn't make me feel ostracised in any way. My doctor is really sweet anyway.

Gay man, 50–54

Another respondent was not sure this was the most helpful approach and she would have liked some discussion and more awareness:

I once came out to a previous GP I suppose I didn't get a response so I assumed that it was no big deal then. What I would have liked would have been some discussion i.e. would I like this info included in my notes. Some discussion round health and emotional issues relating to discrimination and isolation. I knew that this Dr had friends who were lesbian. I guess she wasn't aware what a big deal it really was for a patient to come out to her. I wonder now if this info is on my records.

Lesbian, 60–64

Sexual orientation may not be the most important issue

Our respondents did of course have other concerns too and the response of their doctor to their sexual orientation was not always the most important issue to them:

I had a lesbian doctor who was very good in many ways, though not sure she could deal with me as a disabled person. More recently, I had a feminist doctor who was totally matter of fact about me being a lesbian. I also see a wonderful incontinence nurse, who I came out to whilst she was examining me, and was completely unfazed, and then said that a vibrator could be useful for incontinence!

Lesbian, 55–59

GP's support when NHS discrimination has occurred

In three cases we heard how the GP had given invaluable support when other health professionals had failed to do so or had been discriminatory:

I had an appointment with a hospital consultant. He wrote 'known homosexual' on my blood specimen request. I thought, he should have just written 'biohazard' & not disclosed my sexual orientation. I

complained about this to the hospital authorities and received an apology & a statement saying they would be review policy on the matter… I told my GP about this and he was most supportive. He even asked me whether I'd like to talk to his med students when they were on community placement.

(No demographic information provided for this survey)

In relation to questions over parenting, one male doctor at the practice was not particularly helpful to put it mildly, but my own female GP whom I saw later put this matter completely right.

Gay man, 55–59

I was particularly well supported by a GP at the practice when I had a bad experience in A&E with a consultant – who was rude, and jumped to conclusions about my sexual behaviour when I presented with a range of symptoms – including enlarged liver. He told me that I had sexually contracted hepatitis, to go away and be aware that I was highly infectious to others. I had to ask for advice on what this meant – which he responded to inadequately and rudely. All this with no evidence from blood tests. In the event, subsequently (two weeks later and following extreme anxiety, weight loss and eventual admission to hospital for 8 days) I was diagnosed with septicaemia – with no hepatitis at all. A completely unrelated condition! My GP urged me to complain and was very sympathetic and understanding.

Gay man, 50–54

Pelvic examinations and female health issues

We also heard of good practice in pelvic examinations, though it is of some concern that this is not just standard practice:

The cervical smear nurse was cool and changed the size of the speculum at my request. This was very important to me!

Lesbian 55–59

My doc, who is a lesbian was very supportive about smear tests – it was difficult for her to do as I don't have penetrative sex and found the insertion of the speculum painful. She also understood that I found it distressing. Was positive about breast examinations and discussions about menopause and issues for me as a lesbian too.

Lesbian, 50–54

A good doctor

Generally, various respondents were extremely pleased that they had 'a good doctor', good in general, and one who not only didn't discriminate but was thoughtful and supportive to LGB patients.

I was well supported in a very open way by our GP when my partner had a heart attack. There was no awkwardness when I needed to ask for a

sample bottle to be brought back from the surgery by her! They just do not seem to make a thing of it. Had a really good discussion with the GP as to why Lesbians might prefer female GP.

Lesbian, 60–64

The doctor made me feel so happy, she must have remembered meeting my partner during a home visit, it seemed to break the ice and acknowledge the relationship.

Gay man, 50–54

One respondent brought out clearly how 'being a good doctor' and being an LGB-friendly doctor were one and the same thing:

Nothing specific but the one doctor I try to see whenever I go has always been very supportive - but then she's a good doctor with well developed people skills across the board.

Lesbian, 55–59

Chapter VI

Straight Talking

– Negative experiences in General Practice

Patient: 'Er, no, I'm a lesbian. I'm 57. And I'm single.'
Practice Nurse: 'And what kind of contraception did you say you've been using?

Bad experiences

We asked respondents about negative experiences of general practice in the light of their sexual orientation:

> *Have you had any bad experiences in any general practice, for instance of homophobia, or of misunderstanding as an LGB person?*

68 respondents, 25% of those answering this question said yes, 191 respondents (70%) said no and 5% were unsure if the experience had been negative.

Understandably, as with good experiences, some explained that they felt that they had had no bad experiences because their practice did not know they were gay or bisexual. We asked respondents when both good and bad experiences took place and in this section on negative experiences we think it is important that we indicate the answers with each instance reported. With both good and bad experiences, and particularly with good experiences, respondents felt their answers often could not be pinned down to a particular time span as they were not always based on a single incident.

Years of experience: a context

The context for older lesbians, gay men and bisexuals is that in some cases they have years of experience of being misunderstood or facing actual prejudice

from the medical profession. Experiences many years ago may still be remembered vividly. We feel these are very relevant because well-intentioned health practitioners often find it hard to imagine just what bad practice from health professionals may have been experienced by older lesbians, gay men and bisexuals they see today. While these instances do not always tell us about current practice they do illuminate some of the reasons that older LGB people may still be reluctant to come out, or if they are out to their doctors and nurses, to discuss their lives and health in detail.

One case below also illuminates the mistaken referrals that may have been made in the past by GPs. While this may not happen today in quite the same way or with the same frequency, other evidence later in this section indicates that gay men and lesbians are still sometimes experiencing inappropriate medical reactions to their sexual orientation.

> *The Portman Clinic wanted to 'treat' my homosexuality when I was referred there in the early 1970s for diagnosis of what turned out many years later to be multiple allergies. I told them 'I don't think you can help me' and walked out. Someone without my confidence about their sexual identity and as anxious as I was about an undiagnosed incapacitating illness could so easily have gone along with a treatment regime based on ignorance and prejudice for which there was no evidence whatever of its effectiveness.*
>
> Gay man, 65–69, over ten years ago

We also think these older instances are important as they flag up the ways that prejudice and lack of awareness may be expressed (and may still be being expressed in some cases) and, by using the words of our participants, an idea of the impact, and in some cases the ongoing effect, that these instances have had.

One gay man, for instance, had been advised in the seventies to 'look for a good woman'; another remembered his friend's doctor who thought gay people should not work with young people. One man had had the issue of being gay 'dismissed as silly' when he raised it in the sixties. Another was still annoyed when he remembered an experience 30 years earlier:

> *On examining me, a locum GP asked if my girlfriend had commented on the thing I had gone to see him about. I was about 21 and felt I had to lie in order to keep my secret safe. It came across to me as totally homophobic in that there was a 100% presumption that I must have a girlfriend and there was so much pressure to share in this piece of straight male bonding and effectively admit a girl had seen my 'privates'.*
>
> Gay man, 50–54, over 10 years ago

One respondent had a vivid memory of a moment when her entire relationship with her GP changed, irredeemably, for the worse:

> *I felt it was important to tell my GP that I am a lesbian and the smile froze on her face. Her whole manner changed in that moment of disclosure and she remained frosty and inaccessible from then on. I changed my GP rather than be treated so harshly.*
>
> Lesbian, 55–59, over 10 years ago

Worrying experiences were recounted where there had been both prejudice and lack of confidentiality in the past, which should of course never have happened and had damaged confidence in patient confidentiality and the attitudes in the practice:

> *I overheard a nurse discussing a man who had just left the surgery saying if he changed his lifestyle he would not have contracted AIDS.*
>
> Lesbian, 50–54, Over 10 years ago

Another respondent, over ten years ago, heard negative references to homosexuality in the practice. Two respondents noted their past experiences but said they felt attitudes had changed since then.

> *Very negative reactions. Assumption that all gay people are promiscuous. Disbelief, treating me as an idiot unable to identify my own sexuality.*
>
> Lesbian, 60–64, over 10 years ago

As detailed in our previous section, one gay man had experienced an unhelpful reaction from a doctor when he asked a question about parenting. This was over ten years ago. While it is clear there is still opposition by some sections of the public (and tabloid media) to gay parenting and adoption, it would be interesting to know how GPs are now fielding questions from patients in the light of current government policy, and that of the social services departments of local authorities. This might be a subject for future research in the field of primary care.

More recent experience

Eleven of those reporting bad experiences said these occurred in the year before the survey, eight of these were to lesbians. One woman reported that in the year before the survey she had overheard ‘general conversations that [felt] a bit homophobic’.

In one case the respondent felt that a homophobic attitude had influenced the way she was dealt with by a doctor who was not respecting the patient’s knowledge of a long term condition:

> *Homophobic woman GP. Threatened not to treat me if I did not recognise my ‘place’ as the patient. She was annoyed that I suggested I knew what my condition was when I asked for a prescription renewal. The same practice had been treating the condition for 20 years but I usually went to another doctor.*
>
> Lesbian 65–69

It is particularly shocking to hear the perceptions of another woman in the past ten years before the survey, who experienced prejudice or lack of awareness while her partner was dying:

> *After insensitive experiences when my late partner was dying of breast cancer, I checked out the doctors at my new practice, ascertaining that one was homophobic. The other women doctors are fine.*
>
> Lesbian, 55–59, 4–10 years ago

Similarly it is a concern that a GP, in the ten years previous to the 2007–8 survey, appeared to see herself as the victim in an interaction connected to her disapproval of a lesbian patient:

> *My GP made it clear she did not approve, and was embarrassed. When I ticked her off for a blatantly prejudiced remark, after I left, she went out of her room crying. I think she is religious. I have avoided her whenever I have been able to ever since. Think she avoids me!*
>
> Lesbian, 65–69, 4–10 years ago

The assumption of heterosexuality

Eleven respondents gave as an instance of a bad experience the assumption that they were heterosexual. While this had concerned both men and women, it seemed to have been of particular importance to lesbians. Most of the instances of this in our survey were from lesbians. Often this assumption had occurred along with a reported insistence on their need for contraception:

> *As a woman it was assumed I was heterosexual – as a result I was constantly plied with requests to use birth control methods such as the coil, the Pill etc. Now, as a disabled, older woman, it is taken for granted that I'm STRAIGHT.*
>
> Lesbian, 60–64, over ten years ago

Those who did not want to come out to the practice felt pressurised to do so because staff did not wait to be asked for help with contraception but pressed it upon women patients. Understandably, given the age of our respondents, many of these incidents were in the past, but their occurrence had not helped the relationship with practice staff:

> *Although it is better now I am older, health professionals do assume that you are sexually active and straight: potentially pregnant or in need of birth control at any given time. There often is a pressure to explain, which makes you feel forced to come out whether you want to or not.*
>
> Lesbian, 50–54, (no time period given)

In the experience of other respondents the assumptions were still ongoing:

> *So many times they assume I am straight, and make assumptions based on that, like because I don't sleep with men, I therefore don't have a sex life. Too many painful instances to recount.*
>
> Lesbian, 55–59, in the last year

I suppose it's more generic, and I could have ticked most of the boxes for time scales. It's an enduring assumption that I must be straight unless I say otherwise.

Lesbian, 50–54, in the last year

Assumptions were often routine, such as calling a patient 'Mrs' as if that were the only available option (or perhaps the only one assumed to be polite) and assuming a husband was implied when a partner was mentioned. It is notable that, along with an apparent lack of awareness that some patients, including older patients, may be lesbian or gay, the staff involved seemed not to have understood attempts at illumination:

It was assumed I was heterosexual, and my (weak) attempts to rectify that fell on totally deaf ears. So gave up.

Lesbian, 50–54, 4–10 years ago

Sometimes this could also compromise patient confidentiality:

My partner was at reception trying to make an appointment for holiday vaccinations for the both of us. Receptionist kept asking 'what is your husband's name?' My partner tried to explain but after some time the penny dropped however this was very embarrassing in a PACKED waiting room!

Lesbian, 55–59, in the last year

If the assumption occurred at a time when the issue of sexual orientation was sensitive for the patient, it could be very distressing and be remembered keenly though it had happened some years ago:

At the time I was trying to come to terms with my sexual orientation. I consulted a GP who was unknown to me re [urinary tract infection] and he persisted questioning me re possible pregnancy. I felt unable to tell him I couldn't be and when I left the surgery I was in tears (unusual for me)!

Lesbian, 60–64, over ten years ago

Another GP appeared to think he or she knew more about the patient's sexual practice than she did herself:

The GP at the time insisted on asking me about my contraceptive practices giving me a survey to fill in, despite my insistence that it was not applicable. I was embarrassed and angry at this treatment.

Gay woman, 50–54, 4–10 years ago

One might expect that once child-bearing years were over lesbians would be relieved of opportunities for making the assumption they were heterosexually active. However the menopause could sometimes offer a further opportunity for mistaken assumptions about women's lives. A recent experience recounted seemed to demonstrate more concern for the sexual satisfaction of an imaginary (and non-existent) husband than for the patient herself:

> *My (former) GP prescribed HRT and said that 'it should make my husband happy'. I was stunned by the sexist and heterosexist assumptions wrapped up in this comment.*
>
> Lesbian, 50–54, 1–3 years ago

Another woman had encountered assumptions but this had not been a difficulty:

> *Briefly at the start of my change there were slight misunderstandings – not serious though.*
>
> Bisexual woman, 55–59 (no time period given)

A gay man in his eighties felt that the tendency to make easy assumptions was easing:

> *Medical professionals and administrative staff such as receptionists frequently used to assume that one was heterosexual. This is less common now. When it happened, and their mistaken assumption was pointed out to them, they used to be anything from uncomfortable to very unhappy. Now, one often gets a ready apology and 'normal service' is resumed.*
>
> Gay man, 80–84, 4–10 years ago

The assumption that sexual behaviour was the root of all illness

For gay men also assumptions still appeared to be rife however. Gay men, in particular, told us about incidents where, if the doctor knew of their sexual orientation, illness was wrongly ascribed as having been caused by their sexual behaviour, or being related to HIV infection.

> *I had a skin rash that the doctor insisted was syphilis 'because of your life style'. But this was almost 20 years ago.*
>
> Gay man, 55–59, over ten years ago

While some instances occurred long ago, there were some indications that this was still sporadically happening:

> *Started to question/interrogate me re sexual acts and suggesting that my symptoms were probably related to HIV infection (not the case).*
>
> Gay man, 55–59, 1-3 years ago

Some of the incidents we were told about, and which had taken place within four years of the survey, appeared particularly worrying, such as this withholding of immediate needed treatment in order to make a referral to an STI clinic:

My regular GP was away and as I suspected urethritis I needed to see someone straight away. Unfortunately the other GP was a Catholic – and refused to give me any treatment – referring me to an STI clinic (waiting time 3 weeks!) – because he suspected (wrongly) that I had acquired the infection sexually. I later complained to the director of the GUM clinic.

Gay man 60–64, 1–4 years ago

The following recent case is of note because not only did a dangerous initial misdiagnosis occur based on the supposed indicator of 'lifestyle', but a suggestion was made that could have had a very negative impact on the patient's relationship. This reported case is also noteworthy because the doctor ignored the patient's own account of his sexual practice:

Having told the doctor that I had been in a monogamous relationship for eleven years and that I hadn't had anal sex for fifteen years, a growth in my anus was diagnosed as syphilis due to my lifestyle and the fact that partners aren't always faithful. The growth turned out to be rectal cancer but this hadn't been considered as it was presumed that as I was gay it must be related to sexual practices. If I had been a heterosexual man there would have been more of a chance of a correct diagnosis and less of a chance of a slur on my partner.

Gay man, 55–59, in last year

In another case in the last ten years a GP appears to have been so sure that in every case where the patient is gay there must be a sexual health element, that they completely ignored the presenting issue of concern to the patient:

I went to discuss my partner's nocturnal epilepsy, he has had it since 5 years of age but it was not as well controlled as it could be. I needed to reveal that I was sleeping with him that was how I knew about the nature of his deep sleep seizures. The doctor's questioning was all about AIDS and safe sex.

Gay man, 55–59, 4–10 years ago

Bad practice in relation to HIV

The experience of bad practice related to HIV and HIV testing, even when in the more distant past, explains some of the ambivalence with which gay men may approach general practitioners whose attitudes they are not sure of:

Related to an HIV test for insurance use. Was told that if it came back positive I was going to die.

Gay man, 50–54, over ten years ago

In one case the doctor's negligent response to a concern led to a potentially dangerous delay as well as a long term loss of trust of general practice:

I went to see the doctor over signs and symptoms that could possibly have been HIV-related. The doctor said he would send me an appointment to see a specialist. I wrote to him after one year of not hearing from him, but got no reply. I again wrote another letter 3 months

later and was about to hand it to the receptionist personally, when he came out of his room, saw me, and said 'Please ring me, I will arrange the appointment.' I said 'Will you please write to me'. He made no reply and returned to his room. About 10 days later I received an appointment letter for a GU clinic (not him) which I went to. I now prefer to go to a GU Clinic. His body language on the first meeting appeared not to be very positive – i.e. seemed to be standing well away from me when feeling under my arms.

Gay man 75–79, over ten years ago

Our survey suggests that some GPs may have continued to advise HIV testing based on sexual orientation rather than on the individual's risk:

Being told by a GP that as I am gay I should have an HIV test.

Gay man, 50–54, 4–10 years ago

In the year before the survey, a gay man who was not at risk of HIV was pressurised by his GP into having a test for dubious clinical benefit:

Doctor pressured me to have HIV/AIDS test although I told her it was not necessary. I relented to make HER more comfortable because I think she was more concerned about herself and surgery staff.

Gay man, 55–59, in the last year

Lack of awareness

We heard various reports that indicated that staff have been ill informed about lesbians and gay men, their social diversity, and the range of sexual practices they may engage in. In one case it seemed that the doctor was not aware that lesbians have sex with women:

I had to explain why asking me about contraception was irrelevant to a locum doctor who did not understand why, even though I had explained I was a lesbian!

Lesbian 50–54, over ten years ago

I found myself explaining to a female doctor that male gay sex was not limited to anal sex.

Gay man, 50–54, over ten years ago

A GP suggested that I was finding a pelvic exam uncomfortable because I wasn't used to penetrative sex!

Lesbian, 50–54, over ten years ago

While these three instances quoted are in the more distant past, we cannot be confident that this lack of information has changed adequately and only research into the knowledge of GPs and practice nurses could make this plain.

Other experience that is more recent would indicate that there is still a lack of information about both the common issues that may arise for many lesbian gay and bisexual people and the diversity amongst them:

Told previous GP that I was gay – they assumed I did not want children etc.

Lesbian 50–54, 4–10 years ago

It was that they had a new nurse, who did not understand gay issues.

Gay man, 50–54, 4–10 years ago

As one of our respondents made clear, lack of information about sexuality is compounded by lack of information about disability and sexuality, and worrying attitudes to both. As she explained it is not easy to separate discrimination in terms of sexual orientation and disability in one's experience as it may not be clear what aspect of the patient's identity the health practitioner has most difficulty with understanding.

Many bad experiences. Main one was disbelief, followed by changing the subject, to downright hostility. As a disabled woman, the matter of my having any sexuality at all is a puzzlement to some medical practitioners. Mainly I meet with ignorance about what this might mean in terms of sexual health or other health issues.

Lesbian 55–59, 1–3 years ago

Issues related to partnership and 'next of kin' status

Some of our respondents had had experiences of their partners being ignored and not accepted as the chosen significant other; many of these experiences occurred in hospital, but some in general practice.

On another occasion when I was registering with a practice, a nurse had difficulty accepting that my next of kin was a male partner.

Gay man, 60–64, over ten years ago

My partner was quite ill and the doctor came to the house. He virtually ignored me.

Lesbian, 60–64, over ten years ago

Both of these experiences happened over ten years ago, and hopefully the attention drawn to civil partnership may have changed this situation for the better.

Sexual orientation and relationships ignored

Some respondents spoke not so much about assumptions being made about them as their identity 'being ignored' or important facts of their lives being avoided in a way they might not have been had they been heterosexual:

I was treated for depression following a long term relationship break up. Whilst I was treated ok there was no encouragement to talk about this relationship or reference to it by the GP.

Lesbian, 55–59, 4–10 years ago

Because of the sensitivity of recording information about sexuality on patient's notes, it may be difficult for practitioners to ensure that all practice staff remember the person's sexual orientation and significant relationships.

> *Have also been asked if I was married AFTER my partner registered with them.*
>
> Gay man, 55–59, –10 years ago

We will return to this dilemma and how it can be addressed by consulting and involving the patient, in our recommendations.

Shock and embarrassment

It is very unhelpful to patients if staff are so unprofessional as to show surprise, shock or embarrassment when told of someone's sexual orientation. This may range from 'doing a double take' as one of respondents put it, to actual gasps:

> *When I lived in [country area], the Practice Nurse was asking me questions about my sex life before a smear test. When I said that I did not partake in penetrative sex, and that my partner was a woman, I heard her gasp. The smear test was horrendous. I told her that I was post-menopausal and that lubrication would be required. She completely ignored this. Her attempts were amateur and painful. I was requested to return 2 weeks later for another attempt – I declined!*
>
> Lesbian, 55–59, over ten years ago

In this case the respondent's health may have been put at risk (through her decision not to pursue the smear) by the ineptness and lack of professionalism of the practice nurse. Though this was over ten years ago, some primary care health practitioners seem still to have been shocked more recently:

> *Asked my doctor if a particular medication would affect my ability to receive anal sex. She replied quite shocked, 'I wouldn't know anything about THAT.'*
>
> Gay man, 55–59, 4–10 years ago

While some doctors may be unsuited to their work because they are embarrassed about expressions of emotion, it is likely that the GP in the story below would not have responded in the same way if a heterosexual patient had wept and been comforted by their husband or wife:

> *I changed my GP some 10 years ago, as following the retirement of my GP the doctor in the practice who took over my file was clearly uncomfortable in dealing with me as a gay man. I transferred to a practice which I knew to be comfortable with HIV positive gay men. The doctor could not cope with my crying in his surgery and being comforted by my same sex partner.*
>
> Gay man, 65–69, over ten years ago

One instance made it clear that the GP in question saw sexual orientation itself as causing psychological problems, ignoring the fact that the man in question was talking about homophobic abuse he had experienced:

> *I was asked by a GP, if I had any Psycho-sexual problems. This triggered off a conversation. I informed the doctor, that at times, when I was attacked, intimidated and abused for my sexual orientation, sometimes resulted in low self-esteem and mild depression. She tried to inform me that I had internalised my feeling of my sexuality. I asked her, was this what she said to rape victims that they had internalised their problem rather than looking at the rapist. Not a very good experience in all.*
>
> Gay man, 50–54, 4–10 years ago

Pelvic examinations

> *Assumption of heterosexual penetrative sex and 'when was the last time' when difficulties with a speculum during cervical screening*
>
> Lesbian 60–64, 4-10 years ago.

As well as the assumption of heterosexuality, many issues arose for lesbians and bisexual women in relation to smear tests. One reported that she had to debate the need for lesbians to have smear tests, rather than simply being offered one. Lesbians did not appreciate being given routine advice on pregnancy and birth control during the taking of a smear, which can itself be an uncomfortable procedure and the worst time to have to deal with an unwelcome assumption. It could also be a particularly awkward moment at which to come out to a female practitioner:

> *I ticked unsure because telling the practice nurse at your well woman check that you are a lesbian when she has asked the contraception question when she's in the middle of an internal exam is a kind of awkward situation, apparently – I felt that it was a shock and that she'd rather have had the answer when I was fully dressed. Hm. Wasn't exactly bad but not exactly good either.*

While it would be quite unhelpful to assume lesbians never have penetrative sex, practice nurses seemed to lack awareness of the diversity of sexual practice amongst lesbians and sensitivity to their varying needs. Some of the problems described might also be distressing for heterosexual women and those who were not sexually active.

> *Nurses who carry out smear tests do not take account of the fact that some of us might be extremely distressed to have a large metal object shoved into our vagina. They come across as unsympathetic and unapproachable, so I feel unable to tell them I'm gay and need special consideration/patience when having a smear test done.*
>
> Bisexual woman, 55–59, 1-3 years ago

Difficulties experienced by some lesbians could be compounded by post-menopausal changes to the vagina both in lubrication and in its elasticity, and nurses should be demonstrating awareness of this whenever they see *any* older woman.

Since my doctor has left the practice I have been to see several others, including the practice nurse, but do not feel comfortable with any of them. Indeed, I feel that one of the nurses (re taking smears) is homophobic. She has difficulty looking me in the eye and on the last few occasions I have had a smear it has been extremely painful. I asked for a smaller speculum and she refused. I have complained about this but nothing has happened.

Lesbian, 55–59, in the last year

Lack of gender choice

I complained about being registered with a male doctor when I had specifically requested a woman. Nothing was done about it, so I choose only to see the women doctors on appointments.

Lesbian, 55–59, 4–10 years ago

Inappropriate disclosure and patient control of information

One patient had had a bad experience in the past which he was only able to interpret once he had had sight of his own notes:

[A doctor] at [a] health centre was (without my knowledge) informed by a psychiatrist that I was homosexual. It was not until I read my notes some years later that I understood why his attitude to me had changed and why he had breached my confidentiality with my employers.

Gay man, 55–59, over ten years ago

While this occurred over ten years ago, we were also told of inappropriate disclosure more recently:

My sexuality was referred to in a copy of a DLA application form, where it was not relevant to the application.

Lesbian, 50–54, 4-10 years ago

Experiences outside of the surgery or health centre

Experiences outside of primary care also contributed greatly to comfort or discomfort with the medical profession. While we asked about General Practice, specifying this as meaning doctors' surgeries and health centres, we also received information about the experience of bad, and sometimes overtly homophobic, practice in medicine in general. Eight instances were given that included a victim of domestic violence being told at A and E 'what can you expect being in that kind of abnormal relationship?', a gay man being forced to have a blood test against his will in hospital, and a lesbian being 'treated as sexually deviant' at a women's sexual health clinic. These experiences also put stress upon patients for which they may need more support within primary care:

We have had loads of problems in hospital but perhaps this is not included in your survey – but this is why we have been very out at the

surgery because we have been so stressed by it – one of us being a frequent inpatient.

Lesbian, 65–69, in the last year

Ageism

As with ableism, ageism is also an issue and one that militates against practitioners thinking about or recognising diversity in sexual orientation, especially when it occurs in older people:

There also remains the assumption (for hetero as well as homo) that after 50 you are no longer sexually active…

Lesbian, 60–64, 4–10 years ago

We hope the voices of older people from our survey can play a part in changing this unhappy situation.

Chapter VII

Welcoming to All Patients

– Making practices friendly to LGB+ older people

Surgeries awash with posters, but they never recognise we exist.

Making LGB people visible

We wanted to get an idea about how visible lesbians, gay men, and bisexuals are in general practice in terms of information provided and/or mention in practice information. We asked respondents:

> *When you go to your doctor's surgery or health centre, are there any posters or leaflets showing lesbian gay and bisexual (LGB) people, or have you seen any mention of LGB people in practice information?*

The main responses were as follows:

- 71% had not seen any mention of LGB people in practice information or seen any leaflets or posters that mention them.
- 13% had, but only in relation to sexual health.
- 7% had seen mention in practice info or seen leaflets/posters.

As one gay man (50–54) said, 'It seems like we don't exist' and another concurred:

> *Surgeries often seem to be awash with posters. It would be welcoming to see something amongst them that recognises we exist. I never have.*
> Gay man, 55–59

Suggestions from patients

Later in the survey we asked:

> *Do you have ideas about ways that doctors' surgeries and health centres could make their service welcoming and friendly to older lesbians, gay men and bisexuals?*

This question produced a great wealth of responses, ideas and suggestions, far more than Polari anticipated based on similar freeform response sections of other consultation surveys we have done.

Leaflets and posters in fact scored highly when we analysed the qualitative responses given to this question. This may, of course, have been influenced by our having asked the earlier question and suggested this response, but many respondents expanded on the theme in a way that indicates it was already of concern to them.

Answers thematically analysed showed the following priorities in order of the number of times they were mentioned in the freeform response section:

1. Display LGB/T posters and leaflets (this was mentioned more than twice as often as any other suggestion).
2. Display visible equality statements, policies, rainbow stickers.
3. Make no assumptions of heterosexuality.
4. Train all staff / attention to appropriate staff selection.
5. Unnecessary, just treat all the same.
6. Varied other suggestions.
7. Ask patients about sexual orientation.

Many respondents wrote long and thoughtful paragraphs addressing a variety of ways that improvements could be made, and looking at the whole question of what created a welcoming environment for LGB people:

> *I would like to see health promotion and other literature depicting non-heterosexual groups/partnerships. I would like to know that the staff would use inclusive language. I would like GP practice information/leaflets to be more inclusive in terms of language and terminology towards LGB people (especially older LGB people!!)*
>
> Gay man 50–54

Some of those we consulted had dynamic ideas about how the whole tone of the practice could be changed:

> *If they are going to be family orientated then recognise we might have our family, too. It might not conform to their idea of family but we do exist. Put up a poster stating in bold letters that they are LGBT friendly. Send ALL staff on diversity training and state that in bold letters, too. Ideally, include the sexuality of the GPs in their publicity spiel, just like they mention how he or she is married with 2.4 kids. (My GP has a photo of*

his wife on his desk so I know where I stand). Keep the sexual health info – it's important, but supplement it with other info and advice that shows and recognises that LGBT people have full lives in every way and we're not all dying of AIDS. Those that are should be made especially welcome!!! In the area I'm in now there's nothing anywhere about LGBT life. The health centre does not even have mention of a local group. Why not? Generally, health centres and surgeries should dump their stuffy personas and come into the 21st century where they will find we've moved on from the repressive days and it's much nicer.

Gay man, 50–54

Practices might also consider employing someone to look at their systems, literature, information and practices with a view to improving access to LGBT+ people. They might also consider 'Well LGBT' sessions or clinics that pay particular attention to our health needs (as some do currently for women and men). Whatever they do, it needs to go beyond an equal opportunities policy gathering dust on a shelf. No lip service please!

Gay man, 50–54

A more aware practice would also be better informed on issues of disability and independence:

Well informed staff who understand that being a grandmother and a wheelchair user does not mean I am sexless, and that I might even be a sexually active dyke … Visible information about lesbian and gay health issues. Clear statements about combating homophobia. Good links with local LGBT organisations, an understanding of independent living and local resources – health is about more than healthcare, it is about having the support to live independently.

Lesbian 55–59

One respondent suggested a way for useful involvement of LGB+ patients:

Yes, surgeries should say they are gay friendly – in BIG LETTERS! – and should not be too proud to ASK for advice and information from their patients.

Lesbian, 65–69

This suggests that one response when a patient reveals their sexual orientation, could be to ask how they found the surgery and see if the patient was prepared to be more engaged in giving feedback and possibly passing on information that the surgery might find useful.

LGB+ related information on display

Very many respondents made the point that the inclusion of LGB–related posters and leaflets related to health and wellbeing meant that the LGB patient was given a sign that there would be a positive response if they came out to the practice staff:

A rainbow triangle or some such in windows; more posters & leaflets on the stands in the reception area. Make mention of LGB in practice leaflets and so on.

Lesbian, 60–64

Very many respondents (as shown in the list above) wanted to see leaflets and posters on lesbian, gay and bisexual subjects, or general posters that were inclusive.

… poster piccies not all heterosexuals.

Lesbian, 60–64

Our respondents' suggestions create important messages to Health Promotion Departments who produce information related to older people:

It would be inclusive for pictures of older people, say advertising flu-jabs or healthy living, [to show] same sex couples.

Lesbian, 55–59

Only one person responding said that they would not wish to see such materials in the surgery. One man, who had seen relevant leaflets and posters in an unusually inclusive practice, had found this a positive experience and one ideally suited to the discretion with which he lives as an older gay man:

I live in a remote community in North West Wales and I have been surprised at the posters and information given in my surgery relating to gay men and lesbians. I am encouraged by this. I have no idea what else they could do as I might not be comfortable with any outward expressions of support as I keep my sexuality private within the community.

Gay man 55–59

Posters in particular seem to have been memorable in other situations related to health and older people, on the rare occasions when they have been seen:

The odd poster would make the point we are there and use the services like anyone else. My father's nursing home (for dementia patients) had a poster for staff about partners of LGBT people, and I found this supportive

Lesbian 55–59

One of our respondents, who was very knowledgeable in the area of LGBT+ health, had a specific suggestion of the leaflets that were needed:

Posters with same sex couples. Leaflets clearly on display for older LGBT individuals – e.g. leaflet on breast cancer bearing lesbians in mind, as proposed by Fish (2006).[33]

Gay man, 60–64

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[33] Fish, J, (2006) Heterosexism in Health Care, Basingstoke, Palgrave

Several respondents made the point that the display of LGB-related leaflets or posters would be generally useful for older people and those who were not out in their community, who may not have easy access to supportive information for LGB people. One woman felt that it would also help general confidence about one's sexual orientation in the community, which could of course, be helpful to mental health:

> *I live in a rural area and while I can accept that the professionals do act professionally – I'm hesitant to come out to the general public so to speak (not the case when I was younger or at Univ or living in the cities) – so more leaflets and posters in waiting rooms would help us oldies to feel more confident generally.*
>
> Lesbian 50–54

There was a particular concern amongst some lesbians that there is seldom any information at all on lesbian health or sexual health available, though gay men's health may be promoted along with their sexual health promotion. Many respondents were concerned that patients should have access to LGBT help lines, and any LGBT-specific mental health and drug and alcohol services that existed locally. One man also made the point that LGB patients might usefully self-refer if they knew about local organisations:

> *There should be some kind of indication in the publicity for the practice or on posters in the waiting room that the practice is aware of lesbian/gay people. There should also be reference to useful gay-friendly phone lines – people may not need to take a problem about their sexuality to their GP if they are made aware of a specialist lesgay organisation.*
>
> Gay man, 60–64`

Another man suggested that while it would be a good thing to have posters and leaflets this 'might upset heterosexuals' and it is possible that a complaint from a patient about LGB material being on display lay behind the experience of a lesbian who saw leaflets from Broken Rainbow (which works to support LGBT people who experience domestic violence) in her local practice:

> *I once saw a bundle of Broken Rainbow leaflets on display in my previous surgery in Lewisham, describing services about LGBT domestic violence. The leaflets had disappeared from view after two days, when I went for my repeat appointment. I had to assume that they were thrown away, or hidden from view. This is the only time ever (and I am 55 years old) that I have seen anything that addressed LGBT people on display in a GP surgery or other health setting, apart from sexual health programmes that address gay men.*
>
> Lesbian 50–54

Several respondents (one aware of the limited space surgeries had for posters) thought that a poster that contained a mission statement aimed at all minorities would be most useful:

A poster affirming equality of treatment and an inclusive approach to all irrespective of gender, age, religion, sexuality et al would be helpful and welcome.

Gay man 60–64

One respondent thought there was scope for a poster explaining why revealing sexual orientation could be helpful:

… poster info that sharing sexuality can assist in screening info or diagnosis (e.g. cervical).

Lesbian 60–64

The interface with other surgery users

Several respondents made the point that the display of this kind of publicity in a doctor's surgery or health centre has a beneficial effect on more than just the LGB patients:

Things of a visible nature which will not only reassure older LGBT people but raise awareness in the wider community visiting the Health Centre.

Gay man, 50–54

… statements of zero tolerance of homophobia.

Lesbian, 50–54

A clear statement by the practice in terms of its approach to sexual orientation equality might have helped to deter incidents such as this one reported:

The health professionals are all fine, but I feel that I have experienced homophobia from patients; while waiting for this year's flu jab, I heard someone say 'What a gay day.' I can't be sure it was directed at me and thought it best to ignore it anyway, but it was unsettling.

Gay man, 60–64

As this respondent pointed out, we did not ask about these experiences of homophobia from other patients in the survey. It is possible that we might have elicited other information on similar experiences, had we done so.

A number of respondents wanted to see lesbian and gay reading material in the waiting room, an issue that we will discuss in conclusions and recommendations.

Practice publicity

Various respondents had ideas that could be incorporated into practice leaflets or its website and which they would find welcome:

An explanation of why it may be important for your GP to know your sexual orientation and a statement of non-discrimination.

Lesbian 55–59

Some kind of leaflet to all patients saying that they want to ensure that they do their best for their LGB patients and to reassure people that their diversity will be accepted/welcomed if they come out.

Lesbian, 60–64

They could put their equal ops policy on their website – ours have a technically excellent site, we are in a rural community, but no mention of this issue (we can make appts and get our meds on line).

Lesbian 65–69

Inclusive language and forms

It would be enormously satisfying if nurses and doctors routinely said 'he or she' when mentioning one's partner. That would break down homophobia in the population at large.

Gay man, 65–69

Many respondents made the point that doctors and nurses should ensure that they ask if one has a partner rather than asking if one is married. This may be routinely done in many practices because of the high number of heterosexual couples who are not married. However using the form 'he or she' when the sex of the partner is unknown, as is suggested here, takes the inclusion further.

Respondents also felt strongly that any forms used by the practice should be audited to check whether they gave civilly partnered as an option as well as married in the marital status section.

Staff awareness and training

They need to demonstrate their awareness of our existence publicly i.e. posters etc and privately with their own learning to enable them to offer a service to all patients.

(Self defined) Dyke, 50–54

Many respondents were concerned that staff seemed not to have had training on sexual orientation and the LGB communities, or if some staff seemed aware, there were others who did not.

It was pointed out that the receptionist, being the first person encountered, could make a big difference to the comfort and confidence to LGBT+ patients. There was a particular concern about the awareness of receptionists, who 'should be particularly sensitive to us and our needs' and 'not be judgmental'.

There was also concern about the training needs of practice nurses, derived in large part from poor experiences of lesbians in connection with cervical smears. While there was a tendency to have more trust in doctors than other practice staff and a desire that the other staff should match the doctors in awareness, some thought that doctors also needed more training:

Doctors and health centres should be more aware of the emotional issues which affect the sexual and other health of their patients. i.e. more training for health professionals.

Bisexual woman, 75–79

I think that the medical profession still needs education in regard of GLBT issues. Lesbians are still refused smear tests because they are gay women as if that means they can't get cancer! Also much more needs to be done for Older Trans lesbians and gay men in fact for the Trans community as a whole. Trans lesbians are treated with very little understand by the medical profession it seems to me.

(No demographic information given)

GPs should have training on LGBT issues – particularly around how to work with someone with gynae or menopause issues sensitively.

Lesbian, 50–54

As another woman pointed out education and greater understanding were still very much needed:

… many are still ignorant about gays and that we have the same range of lifestyles as straights. We are not all promiscuous one night stands (open to all STDs) and partners of 35 years+ have the same loving commitments as other long term relationships.

Lesbian 60–64

Lesbians in particular felt that while doctors may have some knowledge of sexual health as it referred to gay men, many in the medical profession and allied staff had sparse awareness about the lives and health of lesbians:

Definitely send doctors and other staff on a diversity awareness course that is focussed on the needs of lesbians as well as the differences between the LGBT community as a whole. Lesbians face double ignorance over 50 from assumptions that firstly all your pathologies are related to the menopause (even a sprained shoulder!) and secondly you are straight and lead that lifestyle.

Lesbian 55–59

Assumptions

For many, the best thing that a practice could do was to stop assuming that all their patients were heterosexual, leaving the onus on the lesbian, gay or bisexual person to either accept the assumption or out themselves by correcting it.

In society generally there is an assumption that people are heterosexual, forcing us that aren't to decide what to say or do. It would be good if this assumption wasn't made

Gay man, 50–54

[How to make practices more welcoming?] By not consistently making the assumption that you are heterosexual, and if you declare your sexuality not to make another assumption that sexually transmitted diseases HAVE to be talked about!!

(Self defined) Gay woman, 50–54

Asking about sexual orientation, and recording it

Views were mixed about whether patients should be asked their sexual orientation. In response to a direct question on this 69% of the LGB people over 50 that we surveyed would be happy to be asked about their sexual orientation in confidential surroundings when registering at the practice

This is a substantial majority. However, it should be borne in mind that those older lesbians, gay men and bisexuals who answered the survey tended to be more likely to be prepared to be out because they were already in contact with Polari or with the networks where we advertised links. Others unsurveyed may not be so happy. The survey also had more respondents in the 50–65 age groups than in older age groups. Though our older respondents were in fact more positive about being asked (75% of the 32 people over 70 who responded) the unsurveyed are of even greater importance in older age.

Our respondents had varying views on the subject. One who was a health professional was aware of the potential difficulty for staff asking all older people about sexual orientation, given that some might be offended:

In the practices I have worked [in] the nurses have always been encouraged to discreetly enquire about sexuality, though this is may not be so common outside central London. I think it is much easier to be open with younger people though.

Lesbian, 55–59

Some of our respondents said they would much prefer to fill it in on a form rather than to be asked directly by a member of staff. (This also gives the option of ignoring the question, especially if it is stated that it need not be answered, while no response is difficult in a face to face verbal enquiry which may feel to some as if it is ‘sprung on’ the patient with no warning).

Others wanted to know why the question was being asked, and said that their willingness to answer would depend on whether they felt about the reason for asking, and the attitude with which it was asked:

Ask about sexuality as if they are interested in me.

Lesbian, 60–64

Some felt that the question should only be asked if it were medically necessary or that the responsibility should lie with the patient to raise it if she or he wished:

I feel my sexuality is my business and only needs to be talked about if I feel it is relevant. Perhaps the consequence of growing up in a small town in the 60’s & 70’s. I have experienced both ridicule and ‘queer

bashing' and have spent most of my adult life as an 'invisible' when it comes to lifestyle.

Lesbian, 50–54

Some had concerns about recording of the information, as we detailed in the section on negative experiences of general practice. Even where there was no concern, people felt there should be a consistent policy about how this information is handled and recorded.

I told my GP a long time ago that I was a lesbian & presume that it is written somewhere on my file as my new doctor seemed to know. If this is the case then maybe we should be asked our sexual orientation.

Lesbian 50–54

Some respondents were particularly concerned about user control of sensitive information: that they should be asked how and if the information about their sexual orientation should be recorded. We will return to the issue of asking about sexual orientation and the recording of it in the conclusions and recommendations section.

There was also concern that when sexual orientation was raised by the patient, staff did not apparently know how to respond:

When I do mention my sexuality, I am met with silence. It does not feel homophobic but it does feel as if they don't know what to say.

Lesbian 50–54

This is the kind of issue for staff that could be improved by good diversity training; where staff could role-play their reaction when a patient reveals their sexual orientation. One of our respondents saw the revelation of an LGB+ sexual orientation as an important opportunity for the doctor to talk to the patient about any relevant concerns they had:

In the privacy of the consulting room GP could be more pro-active re our lifestyle: i.e. 'Are you alone or in a relationship?' 'As a lesbian/gay man do you have any lifestyle or health worries?' Because the NHS is geared to heterosexuals we have to either be invisible or be silent. I'm 67 years and dreading if I have to go into care one day with the assumption I am straight or to not have it recognised with respect.

Lesbian 65–69

There was generally a feeling amongst our respondents that some professionals in general practice tend to ignore the issue and not to talk about it, or its implications in terms of staff awareness and training:

It should be talked about more. It should be possible to tell a sympathetic doctor you're gay and know that they will train their staff to ensure all deal with patients sympathetically.

Bisexual woman 55–59

Since the passing of the Civil Partnership Act surgeries should have introduced the category of civil partnership into the section of their forms that ask about

marital status. While most of our respondents who were civilly partnered were keen that the surgery should know this, one respondent preferred that the forms did not ask about Civil Partnership separately from marriage so that civil partners did not have to out themselves unless they wished to:

> *Ideally, I'd like boxes that I could tick that said something like Married/In a Civil Partnership and another that said Widowed/Was Married or in a Civil Partnership and another that said Divorced/Was Married or in a Civil Partnership. I would not want separate ones that forced me to out myself if I did not want to. Without that sort of wording, and in the area I now live, I reckon I'd end up lying rather than outing myself until I was 100% sure of the reaction I'd get.*
>
> Gay man, 50–54

'There is no need'

A minority of respondents did not think that there was any need for general practices to make efforts to be more welcoming to lesbian, gay and bisexual patients.

For some this was because they had never had a negative experience and so felt that concern was unnecessary:

> *Am I an innocent or what? You question intimates that gay people are treated differently – not so on my account. I've never had to sit outside with a bag over my head!*
>
> Lesbian 60–64

One respondent thought that there might have been a problem 30 years ago, but not today. Some felt that that the question implied that 'special treatment' should be accorded to LGB people though this had not been the intended meaning when the survey was designed. They emphasised that equality, not preferential treatment, was what was needed and said they were happy to be treated just like anyone else.

> *A surgery should have a neutral bias to it, they treat people from all walks of life without having to state what you are or who you live with. Some people feel uncomfortable sitting in a waiting room with pregnant women let alone gays.*
>
> Lesbian, 50–54

Several respondents said that surely the question should be whether surgeries were welcoming to all irrespective of their age, sexual orientation or background. They emphasised that they did not want to be treated any differently because they were lesbian, gay or bisexual.

One man, disappointingly, thought that it was not possible for general practice to be more welcoming to LGB people given its emphasis:

I don't think they can, because the emphasis in health care is on children and families.

Gay man, 55–59

Another thought that hospitals should be more welcoming, and possibly health centres which had a wider range of services, but this kind of inclusion was not relevant to doctors' surgeries.

One gay man felt that the onus was on LGB individuals:

Rather, I think I would prefer to comment on the way gay patients could make the job of GPs easier to deal with the specific problems of gay men and women. Being open & honest is a first pre-requisite of this.

Gay man, 70–74

LGBT+ Specific services?

Some respondents wished that there could be specific services for LGBT+ people, such as 'a surgery for gays staffed by people who are not homophobic' or one doctor within a practice 'who specialises in LGBT health'. Support groups also could be useful:

… there are so many support groups for so many straight groups @ my surgery, but you would honestly think gay people never existed, we have some different issues that cause us extra stress, that are never recognised, feel like the invisible women.

Lesbian 55–59

Whilst being an older gay man is a positive experience for me personally, there are many health/social issues facing gay men over 50 such as ageism within the gay community and lack of social facilities. Health centres/ surgeries are generally speaking not gay friendly and are not able to offer access to gay health professionals. For instance I would very much like to have the choice of seeing a gay GP or dentist or practice nurse. Practices offer services for a wide range of people and culture but I have never seen anything for the LGBT community. What about healthy lifestyles for older LGBT people, bereavement support, mental health issues etc. Whilst I know that these issues also affect the general community, there are issues that are community specific.

Gay man, 50–54

Some said that local LGB/T+ services (such as at GUM clinics) are helpful and could be advertised in surgeries.

I think the lesbian sexual health clinic[34] *was a very good idea. I didn't go but friends said they were great about 'down there' issues for lesbians! It has closed down but I think it should be opened again.*

Lesbian 50–54

Finding the right practice

The difficulty of finding a gay-friendly practice, even though in theory all should be so, was a theme for some respondents.

I want the freedom to register with doctors who are open and supportive.

Lesbian 55–59

A number of respondents were concerned, some from previous experience, about the fact that doctors with certain religious faiths might have a disapproving attitude to lesbian gay and bisexual people. Concerns were expressed about a patient having no choice but to see a Catholic, Muslim or Orthodox Jewish doctor (these are the faiths that were mentioned by survey respondents) who might have religious views on their sexual orientation. While the doctor's faith might be apparent, how or whether his or her views were affected by it would be not be known in advance by the patient.

Two of our respondents commented that GPs and nurses who were lesbian gay or bisexual should be out so that LGB patients would be reassured about the practice:

At least 2 of the doctors are gay. If they came out I would feel better all round!

Gay man, 65–69

We will comment further on these issues in conclusions and recommendations.

Issues of gender

Many lesbians wanted it more universally accepted that they (and indeed heterosexual women) might want to see a woman doctor in all instances, even when their own doctor was unavailable.

Some gay men also had strong feelings on the matter:

As a male I prefer sexual matters advice etc treatments from another male. Even better a gay nurse/medic etc. Who I have found by experience at STI clinics to be more sympathetic.

Gay man, 75–79

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[34] This was the Audre Lorde Clinic, previously part of the sexual health clinic at the London Hospital. In London the Orange Clinic (at the Charing Cross Hospital's Sexual Health department) now (2010) exists for lesbians and bisexual women, but it appears not to be known about at most surgeries in the capital.

Chapter VIII

Making Good Practice General

– Conclusions

'Staff who understand being a grandmother and a wheelchair user doesn't mean I am sexless'

Diversity of older lesbians, gay men and bisexuals

The survey has shown the great diversity of older LGB+ people in terms of how they identify needs as patients of general practice. There are some broad differences related to gender: older lesbians after years of being given unwanted contraceptive advice have particularly strong feelings about being routinely assumed to be heterosexual. Older gay men and bisexual men have equally strong feelings about being automatically assumed to be at risk through their sexual practice. There are also many similarities across gender lines and few generalisations about lesbians, about gay men and about bisexuals in the older population can be made. In fact we found no particular theme emerging from the older bisexual people who answered, as they shared the concerns of lesbians and gay men[35]. Each individual LGB+ person has, of course, an entirely personal picture of how they relate to both their sexual orientation and general practice.

In the qualitative sections of our survey, we did not find, as might have been predicted, that those respondents in the older age groups were necessarily the ones that expressed most reservations about being out as LGB+. Rather we found personal variation that seemed unrelated to age, as is shown by the quotations from respondents in the qualitative sections, where we have included their age ranges.

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[35] However it should be noted that the bisexual response to the survey was very low.

A majority in our survey would appreciate being asked about their sexual orientation, or would at least find it acceptable, while others would find this intrusive. Some would like to be treated 'just like everyone else' with no attention paid to their sexual orientation. Many however would appreciate attention to the significant differences their sexual orientation may make in their lives and to their health needs. Some respondents feel, if they tell a practitioner they are gay and then this seems not to be remembered at a later appointment, that the importance of their confidence is being ignored. Others feel strongly that it should not be recorded in the notes.

Taking a lead from the patient

This faces general practice staff with a dilemma. Leaving aside whether a direct question should be routinely asked about sexual orientation, which we will deal with separately, how can doctors and nurses best deal with the information if it is shared with them, given the diversity of wishes on the subject amongst LGB+ people?

The answer has been suggested by this survey, which has demonstrated not only the diversity of older LGB+ people's experience and wishes, but also their resourcefulness and the thought they have put into considering how general practice can best support LGB+ people. The ideal response is, of course, to take a lead from the patient, and this has no doubt already long been put into practice by the excellent practitioners that many of our respondents praised.

If someone reveals their sexual orientation they can be asked if they think their being gay, lesbian or bisexual affects their health needs, and if so how it does. They can be asked if they want the information recorded in their notes, which accords with best practice in terms of patient control of information. It can be explained who else will see the notes, and any issues related to confidentiality and new systems of information management can be discussed. (The issue of who else might see information recorded by multidisciplinary teams in social and health care was particularly important to older LGB+ people consulted by Polari previous to this survey).

They can be asked how the practice can best support them as an LGB+ patient, and asked for feedback about how welcoming the practice feels to them. If they reveal they have a same sex partner who uses the same practice, they can be asked if they would like the name of their partner recorded as such in their notes. Whether or not their partner is registered with the practice, and whether or not they are civilly partnered or live together, they can be assured that their partner will be treated by the practice as their next of kin, if that is their choice.

Questions about sexual orientation

69% of our respondents said that they would find it acceptable to be asked about their sexual orientation in confidential surroundings when registering at the practice. Some, however, were not comfortable with this. A recent paper

examining the subject of sexual orientation monitoring from Stonewall has concluded that until or unless health staff have good awareness and training on sexual orientation, it is better not to ask the question directly.[36]

Currently our recommendation is that the question is asked when it seems relevant to the practitioner, rather than routinely. On forms a question about sexual orientation could be asked with a clear explanation of why it is being asked, what will happen to the information, while making it very clear that answering the question is entirely voluntary.

Rather than asking routinely, we recommend that the practice makes it easy for the patient to come out to them by including a passage in their practice publicity that welcomes lesbian gay and bisexual patients and invites them to make their sexual orientation known if they wish to. (Similarly transsexuals and transgender patients should be welcomed). Display of LGB+ positive literature and posters also gives a similar message as do public statements about commitment to non-discrimination against minorities, making sure to mention sexual orientation and gender identity.

The climate in the practice

None of these friendly overtures towards the lesbian, gay and bisexual patient will be meaningful if there is not a climate of non-discrimination and awareness in the practice, including staff on all levels. Our respondents made it clear that they do not wish to see tokenistic inclusion or indications of gay friendliness in practice literature if this is not a true picture of the whole staff team.

We recommend that general practices discuss their strategy for sexual orientation inclusion within their team, and undertake associated training. In those unhappy situations where a member of staff has objections to same sex relationships, this would be an opportunity to make the 2010 Equality Act on discrimination on grounds of sexual orientation clear, and to discuss the clear guidance from professional associations and trade unions such as the BMA, the RCN and Unison. In such a case the practice must decide how they can give best service to LGB+ patients, who might prefer to see a doctor who is genuinely LGB-friendly, rather than one who is simply abiding by the law and professional best practice. As one of our respondents stated, she wants the freedom to register with a doctor who is sympathetic to LGB+ people. The challenge for general practice is how to make this freedom a reality for every lesbian, gay man and bisexual patient.

Some important differences in experience

A higher proportion of lesbians (31%) than gay men (21%) reported negative experiences in general practice. The high response from lesbians is of concern, but not surprising as half of lesbians and bisexual women of all ages reported

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[36] Ruth Hunt and Adam Minsky, *Reducing health inequalities for Lesbian Gay and Bisexual People: Evidence of health care needs*. Stonewall 2006

negative experiences in the much larger survey of over 6000 L and B women carried out for Stonewall in 2007, *Prescription for Change*.[37] Lesbians were also less likely to report good experiences.

We are not sure why the lesbian response differed in this respect from gay men's but we believe that it is significant that important work has gone on for many years, ever since the HIV epidemic was identified, on gay men's sexual health, and this has also included work on gay men's general health. We believe excellent work done in this field may have had an impact in General Practice, and that a general ignorance of lesbians' health, or even awareness of their existence amongst the practices' patient base, reported by many of our respondents, may relate to the relative absence of work on lesbian health. Where excellent work has been done on lesbian health, it would appear to be little known about by practitioners.

We recommend that General Practitioners and Practice Nurses familiarise themselves with the work that exists on lesbian health which can be found in Appendix A.

Though responses from older LGB+ people from minority ethnic backgrounds (including those from continental Europe and from Ireland as well Black, Asian and other minority ethnic people) were low and we were dealing with very small figures (32 people in all), we did find that of those who responded a smaller percentage reported positive experiences and a larger percentage reported negative experiences, compared to respondents as a whole. This difference was particularly marked amongst the small group of older Irish LGB+ people who responded. We believe that further work should be done with Black, Asian and Minority Ethnic people who are LGB+, including those over 50, and in particular those originally from Ireland, to establish further information about experience of General Practice and make further recommendations.

Sexual health and sexual practice

Again, understanding diversity is the key issue. While some respondents were not in monogamous relationships and were sexually active, the majority of the respondents who raised this issue complained that it was often assumed that they were less faithful to their partners than heterosexual couples.

The survey showed that many lesbian patients wanted it understood that lesbians might find pelvic examination particularly stressful. They wanted practice nurses better trained in taking smears from post-menopausal women who did not have heterosexual intercourse. It would not however be helpful to assume (as happened to one respondent) that lesbians never have penetrative sex. Older lesbians and bisexual women made it clear that they wanted no assumptions made about their sexual orientation, or sexual practice, and understandably, no surprise or shock when they revealed it. If there were to be questions about sexual history, history of childbirth, contraception or sexual activity they wanted these to be before rather than during a pelvic examination.

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[37] *Monitoring sexual orientation in the health sector*, by Ruth Hunt and Katherine Cowan. Stonewall 2007.

Gay men did not want it assumed that their sexual practice necessarily included anal sex; they also did not want it assumed that it did not. They were particularly emphatic that they did not want any reported symptoms immediately to be assumed to be the result of HIV or another sexually transmitted infection. They wanted practitioners to listen to them as the experts on whether they had been at risk or not.

In general, respondents wanted general practitioners and practice nurses to listen to them, professionally and non-judgmentally, and to be adequately informed and educated.

Chapter IX

An inclusive practice

– Making the practice fully welcoming to LGB+ people

Recommendations

Our recommendations, based on suggestions from our respondents are:

1. Audit the practice's inclusiveness to LGB+ people, including older LGB+ people, and the messages it gives to what may be a hidden population. Seek feedback from those patients who have made it known they are lesbian, gay and bisexual.

2. Address the needs of LGB+ people and indicate awareness that LGB+ people exist, by displaying leaflets and posters advertising local LGBT+ services or addressing issues relevant to LGB+ people. (These should not only address the sexual health of gay and bisexual men).

3. Display some kind of signal that the practice is gay friendly such as the rainbow stickers that can be obtained, or an equalities statement including sexual orientation clearly displayed.

4. Mention diversity in practice literature and on any website, including lesbians, gay men and bisexuals (as well as transgender/transsexual people and other minorities).

5. Make no assumptions that anyone is heterosexual, or 'has no sexuality', whatever their age, whatever their ethnicity and cultural background, whether or not they have children, or have been married or not.

6. Use inclusive language: 'partner' instead of 'wife' or 'husband' and include civil partnership when marital status is referred to on forms. In order to make it more comfortable for those who do not wish to declare their sexual orientation, civil partnership should be mentioned with marriage as one choice to tick: married/civilly partnered.

7. Ensure that practice staff have up to date information about relevant services for LGB+ people to which they could refer patients.

8. Arrange for staff training and awareness raising. Discuss within the staff team the inclusiveness of the practice for LGB+ patients.

9. Use the instances of positive and negative experiences we provide in this report to raise awareness of staff of issues relevant to older LGB+ people, and LGB+ people of all ages.

10. Ensure that all new staff, temporary staff and locums are fully aware of the practice's equality policies and strategies for inclusion of LGB+ patients and other minorities, including transgender and transsexual patients.

11. Ensure that all staff are aware of current law in terms of sexual orientation and goods and services (Equality Act 2010), and age discrimination under that Act, and the law relating to Civil Partnerships.

12. Ensure that staff understand the provisions of the Gender Recognition Act, particularly in terms of its coverage of pre-operative or non-operative transsexuals/transgender people.

Appendix A

Further reading and resources

Sexual Orientation, Gender Identity and Health Care

Department of Health: *Reducing Health Inequalities for Lesbian, Gay, Bisexual and Trans People: Briefings for Health and Social Care Staff*. COI for Department of Health, 2007 (quote 283255PACK), By Julie Fish, de Montfort University. This important resource, written for NHS and social care workers, includes concise and well referenced briefings on:

1. Working with lesbian, gay, bisexual and trans (LGBT) people
2. Improving access to health and social care
3. Young lesbian, gay and bisexual people
4. Older lesbian, gay and bisexual people
5. Lesbian health
6. Gay men's health
7. Bisexual people's health
8. Healthy lifestyles for lesbian, gay, bisexual and trans (LGBT) people
9. Mental health issues within lesbian, gay and bisexual (LGB) communities
10. Sexual health
11. Trans people's health
12. Lesbian, gay and bisexual (LGB) people from Black and minority ethnic communities
13. Disabled lesbian, gay and bisexual (LGB) people.

Resources from BMA, RCN and Unison

Resources from the British Medical Association, Royal College of Nursing and Unison relevant to best practice for LGBT+ patients:

Clear guidelines for doctors and their staff at:
www.bma.org.uk/equality_diversity/sexual_orientation/Sexualorientation.jsp?page=5

An informative poster for staff:
www.bma.org.uk/equality_diversity/sexual_orientation/Sexualorientation.jsp?page=12

Not 'Just' a Friend – a Leaflet from Unison and RCN on care for LGB patients and their carers. www.unison.org.uk/acrobat/14029.pdf

A leaflet from RCN for nursing staff:
www.rcn.org.uk/__data/assets/pdf_file/0007/78577/002018.pdf

Other important resources on LGB+ health

Julie Fish (2006) *Heterosexism in Health and Social Care*. Palgrave Macmillan.

Julie Fish (2009) *Cervical Screening In Lesbian and Bisexual Women: A review of the worldwide literature using systematic methods*. de Montford University:
www.cancerscreening.nhs.uk/cervical/publications/screening-lesbians-bisexual-women.pdf

Julie Fish (2010) *Coming Out About Breast Cancer: Research Report February 2010, lesbian and bisexual women's experience of breast cancer*. NHS National Cancer Action Team and de Montfort University.

Ruth Hunt and Adam Minsky (2006) *Reducing health inequalities for Lesbian Gay and Bisexual People: Evidence of health care needs.* Stonewall:
www.stonewall.org.uk/documents/reducing_health_inequalities_review.doc

Ruth Hunt and Katherine Cowan (2007) *Monitoring sexual orientation in the health sector.* Stonewall.
www.stonewall.org.uk/documents/monitoring_sexual_orientation_in_the_health_sector_1.pdf

Primrose Musingarimi (2008) *Health Issues Affecting Older Lesbian Gay and Bisexual People in the UK: A Policy Brief.* International Centre for Longevity:
www.ilcuk.org.uk/files/pdf_pdf_70.pdf

NHS (2006) *Real Stories, Real Lives: LGBT People and the NHS* (DVD). NHS, June 2006.

E Price (2005) 'All But Invisible: Older Gay Men and Lesbians'. *Nursing Older People*, 17, 4, 16-18.

Dr Justin Varney *Health with pride*: an online resource developed for NHS Barking and Dagenham: www.healthwithpride.nhs.uk/

Richard Ward (2000) 'Waiting to be heard – dementia and the gay community', *Journal for Dementia Care* – May 2000.

Richard Ward, Stephen Pugh and Elizabeth Price (2010) *Don't Look Back? Improving Health and Social Care Delivery for Older LGB Users.* Equality and Human Rights Commission: www.equalityhumanrights.com/uploaded_files/research/dont_look_back_improving_health_and_social_care.pdf

Sam Wintrip (2009) *Not Safe for Us Yet: The experiences and views of older lesbians, gay men and bisexuals using mental health services in London, A scoping study*. Polari: www.ageofdiversity.org.uk/NotSafeForUsYet

General issues in lesbian, gay and bisexual ageing

The organisation Polari (1993–2009) has many resources on its archive website: www.casweb.org/polari/

They are also to be found on the Age of Diversity website: www.ageofdiversity.org.uk/resources

Age Concern (now Age UK) resources are to be found on the Age UK website: www.ageuk.org.uk

In particular look for the section 'Opening Doors' and this link, (which also has some resources for trans people): www.ageuk.org.uk/health-wellbeing/relationships-and-family/older-lesbian-gay-and-bisexual/

Also see:

Brian Heaphy, Andrew Yip and Debbie Thompson (2003), *Lesbian, Gay and Bisexual Lives over 50: A report on the project 'The Social and Policy Implications of Non-heterosexual Ageing'.* Nottingham, York House Publications: www.spectrum-lgbt.org/downloads/OlderLGBT/LGB50+.doc

Social work and social care

Ruth Hubbard and John Rossington (1995) *As We Grow Older – a study of the housing and support needs of older lesbians and gay men.* Polari. www.ageofdiversity.org.uk/AsWeGrowOlder

(also downloadable on Polari archive website: under 'documents'): www.casweb.org/polari/

Steve Pugh (2005) 'Assessing the Cultural Needs of Older Lesbians and Gay Men: implications for practice', *Practice* Vol 17 Number 3, 2005

J Manthorpe and E Price (2003) 'Out of the Shadows', *Community Care*. 3-9 April 2003, 40-41.

Care Homes and Extra Care Housing

Alzheimers Society (2002) *Choosing Residential Accommodation: a guide for gay and lesbian partners, relatives and friends*. Available online: www.alzheimers.org.uk/Gay_Carers/residentialcare.htm

Sally Knocker (2006) *The Whole of Me: Meeting the needs of older lesbians, gay men and bisexuals living in care homes and extra care housing*. Age Concern: www.scie-socialcareonline.org.uk/repository/fulltext/104375.pdf

Discrimination and Prejudice

MORI for Citizenship 21 (2003), *Profiles of Prejudice: the nature of prejudice in England: in-depth analysis of findings.* Stonewall (This includes sections relevant both to age and to LGB people): www.stonewall.org.uk/documents/long_summary_no_logo.doc

Appendix B

Survey Design and Methodology

Survey design

Polari consulted with professionals from the worlds of both medicine and health policy in developing the survey and finalising its design.

Research ethics approval was sought from the National Research Ethics Service of the NHS (NRES), who advised that ethical approval was not needed for this consultation.

Dissemination of the survey

Polari sent the survey to members of its own 300 (approximate) mailing list (this was UK-wide) and it was given out in hard copy to older LGB+ people attending several social and campaigning groups in London. It was also disseminated within the LGBT+ community by email and by announcements on LGBT+ websites, giving a link to SurveyMonkey, where an online form could be confidentially and anonymously filled in (no record was collected of the computer IP address from which the response came).

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Neither the report, nor its Executive Summary, are currently available in hard copy to organisations. Hard copies of the Executive Summary are available to older LGBT people who do not have internet access.

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100 Clements Road
LONDON SE16 4DG

Age of Diversity does not currently have a phone line.

E-mail: info@ageofdiversity.org.uk

Website: www.ageofdiversity.org.uk