

Cure for discrimination

A local lesbian physician helps pave path toward equality in health care

by Inga Sorensen

Reforming an entrenched institution is no easy chore, in fact, it is a project many people would forsake for less lofty tasks. Not so for Jocelyn C. White, a Portland physician who is helping drag the medical establishment out of the dark ages when it comes to addressing the needs of sexual minority health care providers and clients.

"Even today, there are many doctors who simply don't want to take care of gay and lesbian patients due to fear and prejudice," says White, who, at the age of 33, has a thriving private practice and is an instructor at Good Samaritan Hospital and Medical Center's residency program. White, who is also an assistant professor at Oregon Health Sciences University, is the vice president of the Gay and Lesbian Medical Association, a 1,600-member organization composed primarily of gay and lesbian health care providers who are concerned about the inequities they and sexual minority patients often face in the medical world. "Things are getting a little better," she says, "but the changes are extremely slow."

In what can be described as a dramatic evolutionary step forward, the American Medical Association last month adopted a report that calls for a "nonjudgmental recognition of sexual orientation by physicians." It may not



Jocelyn C. White

sound so wild and crazy to some, but since 1981 the AMA has had on its books a policy that supported treatments aimed at changing gay men and lesbians into heterosexuals. That policy backed the use of "aversion therapy," which included practices such as showing gay men pictures of nude men and then administering electric shocks.

The newly adopted report, titled "Health Care Needs of Gay Men and Lesbians in the U.S.," says all patients "regardless of their sexual orientation, have a right to respect and concern for their lives and values." Additionally, the report, which was adopted by the AMA's governing House of Delegates, acknowledges that "gay men and lesbians face ostracism and discrimination from some health professionals." It also says sexual minorities may have some "unique mental health concerns," not, as the old policy inferred, because of their sexual orientations, but rather because of the social attitudes and discrimination they face due to who they are.

White and other GLMA members were instrumental in laying the groundwork for the adoption of the new policy, which will likely have long-lasting effects on how sexual minority health care providers and clients are treated.

"This was really part of a process. An important change occurred last year when the AMA agreed to adopt a nondiscrimination statement based on sexual orientation," says White.

The next logical step was the adoption of this particular policy, in which White drafted a section dealing with lesbian health concerns. "For years the AMA viewed gayness as something to be cured. Now it is something to be accepted," she says, adding she realizes this is a tall order.

A survey last year of members of GLMA—formerly known as the American Association of Physicians for Human Rights—found that 64 percent believed gay and lesbian patients risked receiving substandard care if they disclosed their sexual orientation to their health care providers. The new policy, meanwhile, cites a 1989 survey of general practitioners in which only one-third of respondents felt comfortable with gay men and 11 percent said homosexuality was an illness.

GLMA has made an effort to shatter the negative stereotypes of gay men and lesbians by holding meetings with AMA leaders and other medical colleagues. Group members have met with Clinton administration health officials, and GLMA has launched a campaign to encourage health organizations across the United States and Canada to adopt anti-discrimination statements based on sexual orientation.

White has also written extensively on lesbian and gay health care issues. A paper of hers, "Lesbian Healthcare: What the primary doctor needs to know," is slated for publication in the *Western Journal of Medicine*, and she's written chapters pertaining to the specific health needs of gay and lesbian patients for a handful of medical textbooks.

That type of proactive work on the part of lesbian and gay health care providers may be an important factor in the AMA's recent policy shift. As medical professionals get to know gay and lesbian colleagues, they may become more comfortable with sexual minorities in general.

One published newspaper report quotes Dr. M. Roy Schwartz, the AMA's vice president, as saying he was surprised the [new] policy paper was adopted without dissent. He says, "There were physicians who announced from the floor [of the meeting] that they were gay. That wouldn't have happened five years ago."

It is assuredly the persistence of people like White that is paving the path toward equality. "I have to admit I did wonder whether I would be hurt professionally by being out and being outspoken on gay and lesbian health issues," says White, who last year was invited by the National Institutes of Health to speak on lesbian health issues. "I'm pleased to say for the most part that that hasn't happened."

White, who received her medical degree from New York University School of Medicine, lives in Portland with her partner, Lynn Nakamoto, an attorney. The two have been active in the lesbian and gay community for many years.

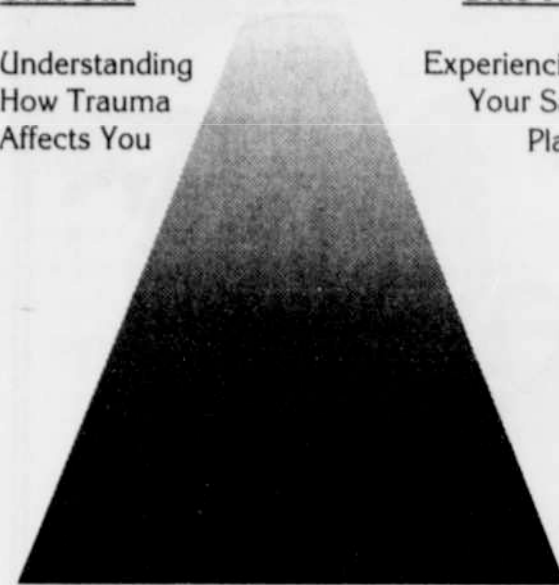
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