

# Bias in Doctors' Offices May Harm Gay Women's Health, Study Finds

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Published: October 11, 1995

THE trouble often begins with a woman's initial visit to a doctor. The doctor asks, "Are you sexually active?"

Patient: "Yes."

Doctor: "What form of birth control do you use?"

Patient: "None."

The doctor, looking shocked, proceeds to lecture the woman on the importance of preventing unintended pregnancy until the patient reveals that she is a lesbian.

What may seem like little more than an awkward moment is typical of the ways

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in which many doctors alienate lesbian patients and may ultimately jeopardize their health, a recent study concluded.

Because of insensitive treatment as well as flagrant prejudice from doctors, lesbians have fewer checkups than they should, fail to get important screening tests like Pap smears, mammograms and cholesterol tests, and are therefore less likely than other women to have cancer and heart disease diagnosed in the early, most treatable stages, says Dr. Katherine A. O'Hanlan, author of the study, which was published last month in *Current Problems in Obstetrics, Gynecology and Fertility*.

"It was a sad surprise to find out how prejudiced doctors are toward lesbians," said Dr. O'Hanlan, a gynecological cancer surgeon at Stanford University Medical Center and a former president of the Gay and Lesbian Medical Association.

Dr. O'Hanlan says the medical profession's bias against lesbians is comparable to that documented against gay men, blacks and other minority groups. It is widely recognized, she said, that groups that face discrimination are more likely than the general population to suffer from cancer and heart disease and to die from those illnesses because they do not see doctors as often.

Her study does not prove that lesbians die sooner than heterosexual women, or that they have a higher incidence of serious illnesses. This information is unavailable, she says, because there have been very few studies on lesbian health -- just four have appeared in peer-reviewed obstetric and gynecological journals since 1966. She believes the lack of such research is itself evidence of bias against lesbians.

What her study does is identify risk factors that lesbians face for serious illnesses. It is the first broad review of research on lesbian health, incorporating data on 13,543 women who participated in seven health surveys.

A 1994 survey cited in Dr. O'Hanlan's study outlines the scope of the problem. In the survey, 54 percent of 710 gay and lesbian doctors said they had seen colleagues either deny care to gay and lesbian patients or give them substandard care. For example, some doctors erroneously told lesbians that they did not need Pap smears. In addition, 88 percent of the respondents had heard colleagues joke about gay and lesbian patients.

In another survey included in Dr. O'Hanlan's study, 72 percent of lesbian patients said their doctors had made derogatory remarks about them or ostracized them in some way. As a result 84 percent of the women said they hesitated to return to their doctors for treatment of new ailments. Instead, Dr. O'Hanlan found, many lesbians flock to chiropractors and practitioners of alternative medicine, whom they find more personable, even if their remedies are not scientifically proven.

Dr. O'Hanlan points to evidence that the alienation of lesbians from the medical establishment may increase their risk of cervical cancer and breast cancer. For one thing, lesbians let three times as much time go by between Pap smears as heterosexual women do, and as many as 10 percent of lesbians either have never had a Pap smear or have had just one in the previous 10 years.



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The American College of Obstetricians recommends that all women initially have one Pap smear annually for three years. If these tests are negative, the college leaves it up to a woman's doctor to set a schedule for future Pap smears based on the patient's risk factors for cervical cancer, which include intercourse with multiple partners and smoking. The lack of routine Pap smears, Dr. O'Hanlan wrote in the study, "may delay diagnosis of cervix carcinoma in lesbians, increasing both the morbidity and mortality in this population."

Lesbians may also stand a greater chance than heterosexual women of getting breast cancer. For one thing, they have more risk factors: they are less likely to conceive children and more likely to be obese, Dr. O'Hanlan says. These risk factors make regular breast examinations especially crucial, and yet the study found that lesbians were less likely to get mammograms or perform breast self-examination than heterosexual women.

Despite the bad news, Dr. O'Hanlan and other doctors see signs of hope. After pressure by gay and lesbian doctors, the American Medical Association issued a policy statement last year urging doctors to be more sensitive toward gay patients. When discussing sexuality, for example, the association says doctors should ask women whether they are sexual with men, women, both or neither, and that they should have a "nonjudgmental attitude."

Dr. Richard Corlin, a spokesman for the association, said: "I suspect that gays and lesbians may really receive inferior care when they reveal their sexual orientation. But physicians are more aware than they once were of the need to make patients feel comfortable and to be aware of their sexuality as it pertains to their health."

With that goal in mind, the American College of Obstetricians and Gynecologists is updating its brochures to patients and doctors to include information on lesbian health. And this fall, the American Academy of Family Physicians is sponsoring its second forum for doctors on gay and lesbian health issues. Dr. F. Jay Ach, a family doctor in suburban Cincinnati who is organizing the forum, said, "last year's forum was so well attended that the academy wanted to do it again."

Two large studies are expected to have significant implications for care of lesbian patients. The Harvard Nurses Study and the Women's Health Initiative of the National Institutes of Health will soon collect data on lesbian participants in the hope of finding whether lesbians are actually at exceptionally high risk of certain illnesses and what preventive measures they can take. "Substantial strides are being made," Dr. O'Hanlan said.

Photo: Dr. Katherine A. O'Hanlan. (Darcy Padilla for The New YorkTimes)

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