Pediatricians’ Approach to the Health Care of Lesbian, Gay, and Bisexual Youth

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The present study investigates the complex physician–patient relationship between pediatrician and lesbian, gay, or bisexual youth. Sixty pediatricians completed the questionnaire. The respondents’ answers indicated a need and desire for further training of pediatricians about the health care of these youth. © Society for Adolescent Medicine, 1998

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Lesbian, gay, and bisexual youth are at greater risk for chemical dependency, depression, suicide, human immunodeficiency virus (HIV), and other sexually transmitted diseases (1,2). In 1993, the American Academy of Pediatrics released a statement on adolescent homosexuality, stating that “pediatricians who care for teenagers need to understand the unique medical and psycho-social issues facing homosexually oriented youth” (3). The Academy further recommended that “caregivers should provide factual, current, non-judgmental information in a confidential manner.” However, no study was found that specifically assessed pediatricians’ or other physicians’ views, comfort, or skills with regard to gay, lesbian, and bisexual adolescent health. Literature describing physicians’ attitudes and training with regard to adult gays and lesbians suggests that physicians are poorly equipped to meet the needs of these patients (4–7).

Pediatricians are often a lesbian, gay, or bisexual person’s first interaction with the health care system. This study investigates the knowledge, attitudes, and practices of pediatricians, issues that must be addressed if the health needs of these youth are to be met effectively.

Methods

A descriptive, cross-sectional survey of Washington, DC, area pediatricians was conducted. To assist in the development of the questionnaire used in this survey, two focus groups of lesbian, gay, and bisexual George Washington University undergraduates ages 18–21 years were conducted. One group included five females and the other was mixed sex (n = 3/5, female/male). They identified the following issues as being of primary importance to address with pediatricians: (a) knowledge about mental health issues and gay health issues; (b) awareness of insensitive practices including assumptions of heterosexuality and HIV status; and (c) confidentiality.

The questionnaire was initially pretested with a convenience sample of seven pediatric residents. The questionnaire was revised and retested with four practicing pediatricians/experts who have extensive experience in the areas of public health and adolescent health. These expert opinions were used to make further revisions.
The questionnaire included 13 true/false, 25 yes/no, and 22 multiple choice questions. The primary components of the survey items were pediatricians’ (a) awareness of health care barriers and concerns of lesbian, gay, and bisexual adolescents; (b) methods of addressing these concerns; (c) knowledge of health care facts about these youth; (d) desire for further information or training; and (e) demographics.

A random sampling technique was used to select a sample of 200 general pediatricians and adolescent specialists from the Washington, DC, Area Physicians Directory. Selected pediatricians were sent a letter explaining the purpose of the survey, a consent form, a questionnaire, and a return envelope. This was an anonymous mail-back survey. A second mailing was sent 3 weeks after the first.

Data were coded and entered into Epi Info. Basic descriptive statistics were computed using Epi Info and SAS.

### Results

Thirty-one percent \((n = 60)\) of the pediatricians returned completed questionnaires. Many respondents believed doctors should assume all patients are heterosexual unless they are told otherwise (22%). Many also thought one should assume all gay and bisexual male adolescents are HIV positive until proven otherwise (41%). Most respondents (59%) believed the mean age of self-identification for gay and bisexual males to be 19–23. Studies have shown this to be 14–16 years (8). More than a quarter of respondents (27%) did not believe that one-third of gay and bisexual adolescents attempt suicide. The majority of respondents (68%) reported they do not include sexual orientation in sexual histories at any age. Most respondents (90%) had reservations about approaching the issue of sexual orientation (Table 1). Two of the most commonly selected reservations were not knowing how to ask the questions (35%) and not knowing enough about lesbian and gay youths’ needs (33%). Most respondents (80%) reported they would never break patient confidentiality to inform a parent of a patient’s same-sex sexual activity or would do so only under more extreme circumstances (e.g., if the patients partner was significantly older) (Table 1). Only half of respondents (47%) reported having any formal training with regards to lesbian, gay, and bisexual health. Only 7% could correctly identify the three major local resources for lesbians, gays, and bisexuals from a list of four choices. Most respondents (72%) wanted more information about gay health, and nearly half (48%) would like further training.

### Discussion

Discussion of sexual orientation with adolescents is difficult for many health providers. Youth are often confused about the significance of their sexual expe-
riences or attractions and may not yet have self-identified as gay or straight. The approach of asking only about sexual experience will fail to identify the needs of many homosexually oriented youth. While asking about sexual practices in a confidential and open manner is important for safer-sex counseling, the issues of sexual desires and self perception must also be addressed. An approach more appropriate for adolescents must be established and taught in medical education.

Owing to the low response rate, one should be cautious in extrapolating the results of this study to all pediatricians. However, while the results may be skewed toward the least homophobic pediatricians, there are several findings which are important. The first is that open discussion of sexual orientation and sex is difficult for most adolescents and even sensitive, well-trained pediatricians. Second, there are knowledge gaps among pediatricians when it comes to gay and lesbian health needs. The last and most encouraging finding is the desire among respondent pediatricians to learn more and understand the needs of their lesbian, gay and bisexual clients.

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References