

Disapproval, Prejudice and Adequate Care; Can They Coexist?

Homosexuality and Health Care

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About the author:

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Introduction

Assumptions, discrimination and years of classifying homosexuality as abnormal have lead to increased fears surrounding the health care system. “Literature reveals that many [homosexuals] deeply distrust health care providers and that this mistrust is often well founded” (Hughes, 2005, p. 301). Societal views have a considerable influence on the medical world and the views of many health professionals. “The interplay between medicine and society has meant that heterosexuality as the ‘norm’ underpinned all medical and scientific attempts to understand homosexuality” (Hinchliff, Gott & Galena, 2005, p. 346). Society has made many changes to improve the treatment of several minority groups yet homosexuals often believe that these improvements have failed to apply to them. Many people continue to disapprove of the lifestyle and sexual behavior that is associated with homosexuality. If health care providers disagree with a patient’s lifestyle should they be obligated to care for that individual? Should health care providers set aside their own standards and values to care for individuals they feel are morally inapt? How should one tell certain patients that you do not desire to care for them? Is ignorance impeding health care providers’ ability to treat their patients? Do homosexuals receive inadequate care due to prejudice, insensitivity and stigma? Delivering respectful and conscientious care to all patients is important in ensuring adequate health care and safe practice. Examining current research is essential to understanding the differing views concerning the health care of homosexual patients.

Review of the Literature

Disadvantages and Discrimination of Homosexuals

“Lesbians and gay men suffer from discrimination in housing, employment, and basic civil rights. In addition, they frequently feel uncomfortable with or rejected by their families of origin and often lose traditional social support when they disclose their sexual identity” (Hughes, 2005, p. 301). Society has often failed to remove barriers for homosexual individuals consequently, one can imagine that many barriers continue to exist within the health care system. Rondahl, Innala and Carlsson (2004) defined homophobia as “an irrational fear, aversion or discrimination of homosexuality or homosexuals” (p. 19).

Homophobia has adversely affected many in the gay and lesbian communities. Rondahl et al. (2004) add that, “homophobia [is] reflected in how people *think* about homosexuality, which in turn reflects their attitudes and knowledge about homosexuality” (p. 20). Many homosexual patients reported anxiety, insecurity, feelings of discomfort and fear of hostility or even physical harm when interacting with health care professionals (Rondahl et al., 2004). Reinforcing the concept of homophobia McAndrew and Warne noted that “*The Diagnostic and Statistical Manual of Mental Disorders* ceased to define homosexuality as pathological in 1973 replacing it with a new ‘illness’ of ‘gender identity disorder’” (2004, p. 428).

Many people believe that homosexuality is considered a separate entity in terms of discrimination. Daniel Pollack stated, “in the *Code [of Ethics]*, discrimination based on sexual orientation and discrimination based on religious beliefs are equally condemned, and respect is equally endorsed. Neither one is the ‘first among equals’” (2007, p. 179). Although many believe that homosexual individuals are to be treated equally and respectfully, discrimination and prejudice still abound. In a study conducted by Rondahl et al. (2004) the research team asked

nurses and nursing students whether they would refrain from treating a homosexual patient if they had the option. Results showed that 36% of the nursing staff and 9% of student nurses indicated they would chose the option to refrain from treating homosexual patients (Rondahl et al., 2004). One nurse stated, "I think if you choose to live with the same sex you are going against God" (Rondahl et al., 2004, p. 23). A nursing student openly expressed his/her disdain for homosexuals saying, "I would be disgusted. You can't care for 'something' that you hate" (Rondahl et al., 2004, p. 23). It is alarming to note that individuals whose career is based on the concept of caring made these statements. "Health care providers are not immune from societal prejudices, and their personal beliefs and attitudes toward homosexuality can influence the quality and type of health care they provide to clients who are members of those populations" (Hutchinson, Thompson & Cederbaum, 2006, p. 397). Martino Maze (2005) implied that, "caring for members of disenfranchised groups instills fear at some level in nurses who are working with these individuals" (p. 546). If one does not approve of another's lifestyle should they be obligated to work with them? According to the American Nurses' Association (ANA), "the nurse should reject any assignment that puts patients or themselves in serious and immediate jeopardy" (Martino Maze, 2005, p. 550). The ANA is safeguarding nurses and patients alike but in this safeguarding practice are they creating more harm than harmony? Is the ANA encouraging prejudice based on sexual orientation, among other things, by allowing the rejection of patient assignments? These are important questions to consider when addressing homosexuality and the health care system.

Advances and Changes In Policy and Health Care Attitudes

Although many research findings suggest negative outcomes for homosexual patients some advances are being made to improve health care for this population. According to

O'Hanlan, Dibble, Hagan & Davis (2004), "research confirms that homosexuality is a normal expression of human sexuality" (p. 227). There are many promising statistics for the improvement of cultural competency regarding homosexuality. O'Hanlan et al. (2004) cited The Kaiser Family Foundation whose research demonstrated that, "66% believe that homosexual behavior is a normal part of some people's sexuality. Americans (56%) support U.S. military service for gay men and lesbians...and 88% say they would accept a lesbian, gay or bisexual family member or friend" (p. 231-32). O'Hanlan et al. (2004) indicated that work is being done to include marital status, sexual orientation, gender, or perceived gender in nondiscrimination statements. Some people believe that having nondiscriminatory policies may be endorsing homosexuality but, "it should be noted that similar policies issued regarding race, religion, and ability are not seen as endorsements of a particular race, religion, or ability" (O'Hanlan et al., 2004, p. 232-33).

Health care providers that have trouble relating to homosexual patients should be encouraged to provide the best care possible. McManus, Hunter & Renn (2006) recommends that, "health care providers should be aware of the challenges they will face and be informed of options available to them" (p. 19). Health care providers are not expected to know everything in relation to a certain type of patient but they should remain respectful and open to new experiences and challenges. "Health care providers do not need to know the answers to all of the questions that the [gay/lesbian] couple may have, but they are obligated to be aware of resources available to answer any questions that may be beyond their expertise" (McManus et al., 2006, p. 19). Health care providers may look to colleagues for advice on how to work with homosexual patients. A nurse involved with research conducted by Rondahl et al. (2004) stated, "all patients have the right to equal nursing care. My personal opinion/values do not influence my work" (p.

23). A student participating in the Rondahl et al. (2004) study said, “it doesn’t matter what you *really* think about homosexuals, they have the same right to equal care as you do” (p. 23).

O’Hanlan et al. (2004) cited The American Medical Association and The American Medical Women’s Association as they urged:

national, state, and local legislation to end discrimination based on sexual orientation in housing, employment, marriage and tax laws, child custody and adoption laws; to redefine family to encompass the full diversity of all family structures and to ratify marriage for lesbian, gay and bisexual people...creation and implementation of educational programs...in the schools, religious institutions, medical community, and the wider community to teach respect for all humans (p. 232).

Conclusion

There are many contrasting opinions on the sensitive topic of whether to treat and care for homosexual patients. McAndrew and Warne (2004) found that, “subjects classified as gay, lesbian or bisexual were found to be at an increased lifetime risk of suicidal ideation and behaviour, major depression, generalized anxiety disorder, conduct disorder and nicotine dependence” (p. 431). McAndrew and Warne (2004) also noted that, “to enjoy mental health one needs to be true to one’s own identity and develop a positive self concept” (p. 432). Although many homosexual patients have had negative experiences advances are being made to increase awareness of their unique needs and concerns within the health care system. The question remains whether prejudice, discrimination and adequate care can coexist. Increased education about homosexuality is needed in order for individuals to maintain their personal values and deliver quality care.

Hutchinson et al. (2006) emphasized that:

it is the responsibility of all health care providers...to be knowledgeable and sensitive to the health care needs and issues, competent and skilled in interacting and providing

appropriate care, and able to provide practice environments that convey a sense of respect, acceptance, and welcome to all [people], regardless of sexual orientation (p. 398).

Exploring the topic of homosexuality and health care has improved my ability to be tolerant of all people, including those who are intolerant to homosexuality. Although it is not ideal to be intolerant of certain issues one must realize that everyone holds their own opinions and it is how we handle the difference between these opinions that counts.

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