

Out of the Closet

Why Gay and Lesbian Doctors have an Important Role to Play in Healthcare

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Finding the place to begin talking about being a doctor and being gay is not an easy thing for me. I am both. And it is this “same-sex marriage” that defines both who I am and the kind of doctor I’ve become.

I knew I wanted to be a doctor since I was five years old. For one thing, the patriarch of my family (my uncle) was a physician. And then too there was my grandmother, who, just before she died, gave me my first medical kit as a birthday present. As I recall, I slipped the toy stethoscope that was included in the kit around my neck and asked a relative to cough.

It was the cough that launched a career.

Thirteen years later, Boston University accepted me into their six-year medical program. Then I returned to the town I had grown up in, Chicago, to do an internal medicine residency at Michael Reese Hospital. It was an ordeal all right—the long hours, the challenging patients, the academic rigors of residency. But compared to coming to terms with my homosexuality, the whole process of going through medical school and internship was a piece of cake.

It was about two years after that momentous fifth birthday that I just spoke about that in some vague, undeniable way, I got my first inkling that I was different. Of course, I didn’t have a word for it, and even when I did, I didn’t do anything about it until near the end of medical school. And I stayed in “the closet” a few more years after that. The AIDS epidemic (or gay-related immunodeficiency as it was known back then) I’m sure had something to do with this prolonged reticence. For it gave those who were already homophobic a powerful new focus. And while certainly AIDS patients did receive compassionate care from the medical mainstream during those years, an undercurrent of prejudice did nevertheless surface—especially among my older colleagues. So, at least from a professional standpoint, staying in the closet seemed like a smart idea.

However, around the time that I entered private practice, there were a couple of things that happened that changed my attitude. First, my gay and lesbian friends began using me as their doctor, and, by word-of-mouth, I soon drew others. My willingness to be out, and their ability to come out, meant that they were finally

getting the care and attention that they so desperately yearned for but didn’t think they had gotten. And I, in turn, became increasingly attuned to their unique health needs and concerns. (I should add that as my practice within the community became better known, I drew more straight patients as well.)

Secondly, and more sadly, as the AIDS epidemic worsened, a growing number of the patients I treated were being diagnosed with HIV. As traditional therapies failed, I aggressively sought alternatives. I enrolled them in stage three trials for ddI, ddC, d4t, and all the other drugs that would follow. And the more active I became, the more calls I received from pharmaceutical reps who, obviously enough, were just as eager as I was to see their latest AIDS drugs tested out.

And so I was drawn farther and farther out of the closet. So far out, in fact, that by 1994, I became a member of the board of the Gay and Lesbian Medical Association (GLMA) and in that capacity began to shamelessly “out” myself to anyone I thought might be a potential GLMA member. Also that same year, I became president of Gay and Lesbian Physicians of Chicago.

Coming out was an extremely liberating experience for me. There was no hiding anymore; I was true to the world, and it was true to me. And it paid off in any number of ways. For one thing, because I was a gay doctor with a large gay and lesbian patient population, Northwestern Community Medical Group (affiliated with Northwestern Memorial Hospital) invited me to merge my practice with theirs. And because I had a high patient satisfaction rating, managed care companies came courting as well.

I moved to the Bay Area in 1997 and now practice internal and HIV Medicine for Kaiser Permanente in Santa Clara. Here, I’ve been completely accepted and respected by my colleagues. And that has been very gratifying, indeed.

However, if there’s one moral to be gleaned from my story, it’s this: medicine is not a popularity contest, it is a dialogue in mutual respect and dignity. And, in this regard, gay and lesbian doctors have much to offer.

Medicine and gay rights are both my life’s work. And if we ever meet, don’t be afraid to ask me about either. I’m out about both 24 hours a day, seven days a week. Too bad I’m not paid an hourly wage. ❖