

Experiences of LGBT people aged 60+ in general practice

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Background

LGBT people over 60 are a population group who have lived through substantial changes with regard to how society and health services addresses sexuality and gender identity

At the same time, the UK population is ageing. NHS policy emphasizes that part of the response to this is for general practice to take on more of a role in supporting individuals, including better preventative care, and care which is more tailored to their needs. However, we know from previous research that general practice often does not record information about sexuality or gender identity, and that not all older LGBT people choose to disclose information about their sexuality or gender identity within general practice. As a consequence, the needs of older LGBT people within general practice may not be recognized or understood.

Method and Sample

Interviews were undertaken with 36 LGBT people, aged 60-82, living in England, Scotland and Wales. Participants were recruited via LGBT networks. Interviews were deliberately open in structure, to allow older LGBT people to discuss their views about using general practice. Interviews were transcribed and then thematically coded using software called N-Vivo.

The aim of interviews was to capture a wide range of different experiences, and I approached a range of community groups across the country. However, I did not fully achieve my aim of reaching a wide range of LGBT people. In particular, people over 80, people of colour, bisexual people and some trans populations were underrepresented. Of the interviewees:

- 13 participants described themselves as trans, of whom 9 were trans women, 2 were trans men, 1 was non-binary and 1 was a transvestite. 11 of the trans participants had or intended to undergo some form of medical transition.
- 23 participants did not describe themselves as trans, of whom 15 were gay men, 7 were lesbian women, and 1 was a bisexual man.
- 26 participants were aged 60-69, 7 participants were aged between 70-79, 3 were aged between 80-82.

General practice attitudes to older LGBT people

Participants highlighted a general improvement in attitudes to LGBT people that had happened over their lifetime, both within healthcare and within society as a whole.

“I think it’s just an evolutionary thing and [health services] will improve. As I say, I’ve seen them come on leaps and bounds. It’s not perfect by any stretch of the imagination but considering what it was like in 1960, it’s a paradise. (Oscar, gay man, 65)

Many participants had extremely positive experiences with general practice, describing practice staff who were considerate, welcoming and who recognized their needs and their relationships.

“It’s quite like a family, you know. If [my partner] and I go in, they’ll say ‘Oh hello you two, are you all right?’ ‘No we’re not, that’s why we’re here’ or ‘we’ve just come to drop off a prescription request’ or whatever. And you know, if you do talk to them about trans issues they don’t bat an eyelid.” (Frankie, non-binary person, 62)

Negative experiences within general practice were often not directly related to LGBT status. For example, many participants raised issues such as difficulty getting appointments, and being unable to see the same doctor every time. In this context, some participants did not expect their GP to remember or be aware of their personal circumstances.

“I think it’s good to have a doctor that, kind of, you build up a kind of history with. But I don’t think it’s quite possible any more. It used to be, years ago but I think you, I think you book with the, not with the doctor but just with the practice.” (Moira, lesbian woman, 68)

A small number of participants reported experiencing discrimination within general practice. They typically responded by avoiding the situation rather than by making a formal complaint.

“There’s a nurse that is well known to be homophobic at the surgery and I’ve got plenty of friends who, y’know, none of us want to see her.” (Zenobia, lesbian woman, 64)

Some participants suggested that while equality legislation would tend to discourage health practitioners from directly expressing prejudice, some staff might still have negative views. This might be visible through cues such as body language.

Mike: I think most hospitals now, and GPs, they’re gay-friendly.

Pete: Well, they have, they’ve got to be by law.

Mike: I hate that term ‘gay-friendly’.

Pete: They have to be by law now, Michael.

Mike: Yes, I know, Peter, but you can always tell somebody who doesn’t like.

Pete: No, but they...

Mike: The, the way they sit or the way they talk (Pete, 74 and Mike, 62, gay men)

Coming out in healthcare

Most participants said that they would talk to their GP about being LGBT if it was relevant. However, a minority said that they would not do so under any circumstances. This was often related to past experiences of discrimination.

“The idea of coming out here is anathema to me because of what I’ve experienced in past years.” (Ruth, lesbian woman, 81)

Those participants who would ‘come out’ in healthcare often indicated that doing so would be dependent on context – they would be unlikely to simply do so for no reason.

“Obviously I wouldn’t sort with a GP practice kind of go in and announce it. It would more tend to come up in the conversation of, you know, if it, where it was relevant (Margaret, lesbian woman, 67)

Medical relevance

Participant suggested that being LGBT was potentially relevant in general practice in two ways. The first was if they felt being LGBT was directly related to their medical care. This was usually when approaching healthcare for sexual health issues (for gay and bisexual men) or gender transition (for trans people).

“Personally I think it’s important to be out to my GP so that he knows that if there’s anything, uh, particularly on the sexual health side.” (Barry, gay man, 67)

“[My GP] said ‘What’s the problem?’ I said ‘well there’s, blah blah blah, I’m transgender, I want to, y’know, get some treatment for that, HRT.” (Laura, trans woman, 60)

Older lesbian participants struggled to think of situations where sexuality would ever be relevant to their health needs, although some pointed out that when they were younger, sexuality might have been raised when the GP asked them about reproductive health.

While sexual health and gender identity care were typically felt to be the most relevant issues for discussing LGBT status, they were also often seen as falling outside the remit of general practice. Gay and bisexual participants typically indicated that they would usually take any sexual health concerns to a sexual health clinic rather than to their GP. Trans participants reported that their care needed input from both their GP and from gender identity services. However, this was often problematic, with poor join up between services:

“The GP I’ve got at the moment, he’s uncertain as to whether he can prescribe the hormones and all this sort of thing. It’s the usual thing with GPs, you find the odd one knows something about it and is supportive. Most of them just don’t understand and don’t know quite where their responsibilities lie and so on.” (Caroline, bi trans woman, 67)

Talking about gender

The second situation when participants suggested they might come out within healthcare was when talking about gender. Lesbian and gay participants often suggested that they would come out by referring to their partner's gender, while trans participants often needed to update gendered information relating to name, title and gendered records.

“The question of how [my GP] knows it and how anyone knows that I'm gay is always the same eventually I refer to my partner and say the word “he”. So that's how it's done.”

(David, gay man, 69)

“I did my deed poll and then it's, it's admin going through all the changes. One of the first was things like banks and financial stuff. Going to my GP and went along with my deed poll ‘There you are, this is me, I'm Miss Sophie [surname] now.’ ‘Oh right, okay, we'll get your records changed’ (Sophie, trans woman, 63)

There were relatively few bisexual and non-binary participants in this study. These findings may be less appropriate to them, and possibly highlights some particular problems they might experience. The assumption that information about a current partner's gender establishes someone's sexuality may overlook bisexual experiences. Computer systems do not necessarily take into account non-binary or genderfluid identities.

Given the distinct contexts in which participants talked about being LGBT (medical information and making social reference to gender), there were sometimes difficulties where information originally presented in one context was then reinterpreted in another context. For example, if a man who was in a same-sex relationship had symptoms that could indicate HIV, it might be appropriate for his GP to take his sexuality into account. However, this could involve taking social information (‘This man's next of kin is his husband’) and reinterpreting it in a medical context (‘This patient may be at risk of HIV’). This was a particularly sensitive issue for some older gay male participants, who had previously experienced being refused healthcare due to assumptions about HIV risk. Similarly, trans participants pointed out that updating their details might mean they were not correctly offered screening:

“Their computer systems don't allow for, for example, monitoring of somebody who is trans. Like myself, I am now on the system as female but there are some male conditions, prostate cancer for example, that I could suffer from. And vice versa, y'know, ovarian cancer in trans guys. And I'm not sure - don't think for one moment that the systems allow for that.” (Helen, woman with trans history, 68)

Mental health and the role of the voluntary sector

There was some uncertainty about interactions between mental health, being LGBT and using general practice. Participants often suggested that some older LGBT people might be at increased risk of issues such as loneliness or depression, but were often uncertain whether the NHS offered suitable support.

“The LGBT user is more, is most affected by mental health issues. More so than the general community. And similarly with HIV and in older age. If you don’t have a partner, that exacerbates the, the feelings of isolation and loneliness, and the, you know, the rates of suicide. You know, not only young men but older people.” (Maurice, gay man, 72)

“I’m not sure I would actually be very happy in asking [my GP] for a counselling service. What I’ve actually looked at this morning funnily enough is the LGBT counselling service. [...] I would probably prefer to go via the LGBT, because I wouldn’t have any qualms obviously right from the start. We’ve not even got to go through that bit, have we of, of ‘this is my sexual identity, these are my issues.’” (Julie, lesbian woman, 65)

As Julie’s quote indicates, some participants had access to specific LGBT counselling services via voluntary services. Other participants highlighted the role of voluntary community groups and online forums for tackling isolation and accessing health information.

“The main thing [in setting up a support group for older lesbians] is to break down isolation. Um, that’s, well, to promote a sense of community. Because there’s a lot going on for the younger lesbians but for older lesbians, there’s very, very little apart from focused interest groups like walking, but for just a general group. A lot of lesbians just aren’t that keen on walking, so something that they can come to.” (Jan, lesbian woman, 60)

“[I was able to] talk with people online, in that [trans] forum which I knew was a safe and secure place to do that sort of thing, and also be directed to other resources elsewhere. Both official resources, stuff on Department of Health websites and guidelines both for patients and for medical practitioners. I was able to download stuff like this.” (Sophie, lesbian trans woman, 63)

However, access to voluntary sector groups was very variable. Participants often indicated that groups were facing funding challenges and reliant upon a small number of volunteers, and some referred to groups that had closed. Others were not aware of LGBT groups in their area, especially if they lived away from larger cities. Online groups were less accessible to some of the oldest participants, and were suggested by others to sometimes be unreliable.

Recommendations

Better recording of LGBT status within health and social care has previously been identified as being important in order to understand health outcomes for LGBT people. However, it is important that there is careful consideration given to what information is collected and how it is used. Anonymous monitoring data; data about 'risk factors'; and data about personal relationships serve different functions. Confusing different types of information about gender identity and sexuality may be unhelpful, and potentially perceived as stereotyping.

Addressing health equality for LGBT people needs to move beyond 'tackling discrimination'. Of course, direct homophobic, biphobic and transphobic discrimination within public services should never be tolerated. However, there is also a need to address subtler barriers such as lack of awareness or awkwardness. It should not be assumed that all LGBT people who experience discrimination will complain: some may respond pragmatically, for example by avoiding certain staff. Health services therefore need to proactively engage with LGBT service users to identify problems and solutions.

Short general practice appointments, limited continuity of care, and an uncertainty about when and how GPs can help with mental health needs are not conducive to creating an environment where older LGBT people (or anyone else!) can talk openly and honestly about their needs with professionals. While there are potential benefits to LGBT-specific initiatives such as training and certification schemes, improving care for older LGBT people therefore needs to be considered alongside much broader discussions around continuity of care, early intervention, mental health support and better join-up between services.

Voluntary and community services can potentially help support older LGBT people with issues such as loneliness or depression, helping reduce use of GP services. However, access to LGBT services may be variable, particularly in rural areas. Participants often described groups that were covering large geographic areas, struggling with funding, and relying on a small number of key volunteers. There may be a case for further investment in LGBT community organisations.

In line with other research, there are specific problems relating to access to trans health care, in particular long waiting lists and uncertainty and disagreement regarding responsibility for hormone prescription. The NHS as a whole needs to work jointly to address these gaps in provision and to ensure all trans people have access to care.

Selected Further Reading and Resources

If you are interested in research on this subject, you may find the following documents of interest:

Barker, M., Richards, C., Jones, R., Bowes-Catton, H., Plowman, T., Yockney, J., & Morgan, M. (2012). The Bisexuality Report. Open University, Milton Keynes:

https://www.staffs.ac.uk/assets/OU%20The%20Bisexuality%20Report%20-%20Bisexual%20inclusion%20in%20LGBT%20equality%20and%20diversity%202012_tcm44-79466.pdf

Colgan, F., Hunter, C., & McKearney, A. (2014). 'Staying Alive': The Impact of 'Austerity Cuts' on the LGBT Voluntary and Community Sector (VCS) in England and Wales. TUC, London:

<https://www.tuc.org.uk/sites/default/files/StayingAlive.pdf>

Guasp, A. (undated). Lesbian, Gay & Bisexual People in Later Life. Stonewall, London:

https://www.stonewall.org.uk/sites/default/files/LGB_people_in_Later_Life_2011_.pdf

McNeil, J., Bailey, L., Ellis, S., Morton, K., & Regan, M. (2012). Trans Mental Health Study, 2012.

https://www.gires.org.uk/wp-content/uploads/2014/08/trans_mh_study.pdf

River, L. (2011). Appropriate Treatment Older lesbian, gay and bisexual people's experience of general practice. Age of Diversity, London:

<http://www.ageofdiversity.org.uk/sites/default/files/AppropriateTreatment.pdf>

If you would like support, the following resources may be helpful:

Age Concern offers advice and factsheets for LGBT people around ageing

<https://www.ageuk.org.uk/information-advice/health-wellbeing/relationships-family/lgbt-information-and-advice/>

Many parts of the country have LGBT support groups. Sometimes these are small and informal. There are some websites which maintain directories of support groups. You could also try looking on social media, checking out local community directories and noticeboards, or seeing if your local Council or Community Voluntary Service knows of local LGBT groups.

The LGBT Consortium directory of LGBT groups in the UK:

<http://www.lgbtconsortium.org.uk/directory>

Equality Network directory of Scottish LGBT groups:

<https://www.equality-network.org/resources/directory/>

TranzWiki directory of trans support groups:

<https://www.tranzwiki.net/>



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