Disclosure of Sexual Orientation by Medical Students and Residency Applicants


Abstract

The authors report on sexual orientation disclosure issues considered by lesbian, gay, and bisexual students and physicians during their medical school and residency selection process.


Prior studies indicate that sexual orientation disclosure and acceptance are important issues for lesbian, gay, and bisexual (LGB) applicants to medical school and residency.1–3 We report the findings of a small survey on these concerns among LGB medical students and physicians.

Method

We created a voluntary, anonymous, eight-item, multiple-choice, self-administered, written on sexual orientation disclosure and acceptance. We distributed the survey to 45 attendees of the 2002 New York Gay and Lesbian Physician (NYGLP) residency selection forum and to 15 attendees of the 2003 Lesbian, Gay, Bisexual, and Transgendered People in Medicine (LGBTM) meeting at the American Medical Student Association (AMSA) Convention. The Lifespan Institutional Review Board approved the study for exempt review.

Results

Nineteen medical students and 14 attending physicians at the NYGLP forum and eight medical students at the LGBTM meeting completed the survey. No participants attended both meetings. Seventy percent of the 41 respondents were male; their median age was 27 years; and 88% were homosexual, 10% bisexual, and 2% transgendered.

Ninety-five percent of all respondents did not disclose their sexual orientation when applying to medical school. Of these, 54% believed it was not relevant to the selection process, 17% were uncomfortable revealing that information, and 15% were concerned they would not be accepted into medical school if they did.

During the residency selection process, 52% of medical students were unsure about, 33% planned to, and 15% did not plan to disclose their sexual orientation. Of those unsure, 37% were not certain if it was appropriate to do so, 33% would decide once they knew more about the program, and 22% once they met people at the residency program. Of those who planned to disclose, 26% wanted to determine if the program would accept their sexual orientation, 26% wanted to “find out the environment for people like me,” and 22% wanted to increase LGB visibility in the residency selection process. Of those medical students who did not plan to disclose, 60% were concerned they would not be accepted, 30% believed it was not relevant, and 10% were concerned that their medical school officials would be contacted.

Fifty-four percent of the attending physicians had disclosed their sexual orientation during the residency selection process. Of these, 31% wanted to “find out the environment for people like me,” 23% wanted to determine if the program would accept their sexual orientation, and 15% wanted it to be known that they were LGB. Seventy-two percent of those who did not disclose believed it was not relevant, 14% were concerned about being accepted into the program, and 14% were not comfortable with such a disclosure.

Discussion

For these respondents, the need to disclose appeared more important for residency selection than medical school. The difference in choosing to disclose might be due to the greater importance of being accepted as LGB in residency than in medical school. Medical students became more comfortable with their sexual orientation during medical school. Also, they might have developed relationships with other LGB people that encouraged such disclosure.

Acceptance of being LGB—from others, the program environment, or themselves—was a prominent theme in deciding whether to disclose. Our results indicate that LGB residency applicants evaluate residency programs on their perceived acceptance of LGB people. This finding suggests that residency programs should anticipate these concerns and foster accepting and affirming environments. The results also suggest that medical schools should provide guidance to LGB students on integrating their acceptance and disclosure concerns while they select a residency program. Through these processes, we hope future LGB applicants may find these issues to be irrelevant in charting their medical careers.

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References