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RE: A letter to the Editor of *ASTRONews*, concerning LGBTQ and diversity

Dear Dr. Mohideen,

I enclose an essay, which I have written to you concerning a problem with your otherwise excellent Summer 2018 edition of the *ASTRONews*. The problem is the complete exclusion of LGBTQ people from the issue's thoughts and reflections on diversity in radiation oncology. I find this omission at best sad, at worst, another blatant statement of overt discrimination.

I trust that you and your associates will read my opinion, and take seriously my call for a statement of inclusion of LGBTQ people in ASTRO's statement of "Diversity and Inclusion." Please make inclusion of LGBTQ colleagues part of your core value.

Respectfully,



Margaret M. Barnes MD

The Invisible Minorities: The exclusion of LGBTQ in the *ASTROnews* Diversity issue

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I started my residency in Radiation Oncology in 1982, and have been a member of ASTRO, first as a resident and then as an Active Member since that time. In the past 36 years, I have seen much evolution in our field, some fantastic advances and some technologically phenomenal changes. There is one way in which our specialty and its leadership have not progressed, and that is the formalized acceptance of sexual minority colleagues and patients. ASTRO published two recent quarterly *ASTROnews* issues: one concerning the radiation oncology workforce and the second, diversity in radiation oncology. (1, 2) Both of these publications, while trying to be inclusive and progressive, were deficient and showed bias. Neither of these journals had one word or reference to the Sexual and Gender Minorities (SGM). In the supposedly comprehensive report on minorities in our workforce, there is no mention of the more common moniker of Lesbian-Gay-Bisexual-Trans-gendered-Queer (LGBTQ)!

As a lesbian, I first came out in medical school in the late 1970s. During my residency at the National Cancer Institute, and in my years of teaching for the University of Pennsylvania, I was open about my sexuality to colleagues, residents, and patients (when appropriate). I have continued to be open about my minority status as a lesbian and have found acceptance and rejection of my status to be less predictable than I had hoped. I have seen the enthusiastic ups and the horrific downs of being LGBTQ in the United States in the last 50 years. I even served honorably as a closeted doctor in the US Army Medical Corps during the harrowing and cruel years of "don't ask, don't tell" to pay back my Army Health Professions scholarship. There was then, as there is now, a large number of LGBTQ people in the medical and nursing corps of all the military services.

I have heard some overt vehemently hostile language directed to and about LGBTQ

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people—from colleagues and patients—while I was in the military, in academic medicine, and in community practice. I do believe that acceptance is much better now for LGBTQ people—at least for many middle and upper class SGMs. Legalized marriage, our country's biggest concession to LGBTQ equality, however, has not eradicated all forms of SGM discrimination. LGBTQ people remain the invisible minority in medicine, and discrimination against us is still present in many forms in large segments of the USA. (3)

I am not an expert in Gender Studies and have no specific training in the philosophical, economic, or psychological literature about LGBTQ or SGM populations. I am, as a homosexual woman, a well-read and thoughtful member of one of the most maligned and misunderstood minorities around the world and throughout time. I feel quite capable of discussing the real ongoing discrimination of my people.

Here are some facts that I believe all healthcare providers should know about their LGBTQ colleagues, family members, friends, neighbors, and patients. In thinking of the impact of discrimination, one must contemplate both the effects on the group of minority people (the LGBTQ community) and the person. The collective experience may be different from that of the personal experience, but these two are inseparable. Included in these facts are data specific to LGBTQ medical students and physicians.

WE DO NOT HAVE ACCURATE INFORMATION

- Despite the fear of reprisals, the US Census of 2010, which preceded the acceptance of legalizing "gay and lesbian marriage," showed a growing number of households willing to report same-sex relationships. The estimate created by the government of the number of "same-sex" households in 2010 was an underestimate, at 3.5%. (4)

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The data about the incidence of transgendered persons remains less available. We simply do not have any accurate demographics about the larger US SGM population.

- LGBTQ people want to be part of the larger society, but many still fear reprisals in many ways. In many states, there are no legal protections in employment and housing for LGBTQ people. Researchers are assessing the mere act of questioning LGBTQ people about their sexual orientation and report that such questioning is by itself problematic. (5) The thousands of years of documented punishments and overt and covert discrimination, which LGBTQ or SGM persons have each endured, has caused many individuals to avoid the scrutiny and consequences that honesty in responses (to even the most benevolent questioning) might trigger.
- The fact is that stigma exists for LGBTQ persons. LGBTQ persons perceive this hateful stigmatization often from their earliest self-awareness of their gender or sexual differences. The constant stigmatization of the SMG has lead researchers to explain why there are reports of higher suicide rates in SGM adolescents and higher rates of specific health issues in LGBTQ adults. One social theorist, I.H. Meyer, reports that members of stigmatized groups “experience excess stress and negative life events due to their minority status in addition to the general stressors experienced by all people.” (6) Over a lifetime, such pressures result in additional burdens of both physical and mental health problems.

WE LACK MUCH KNOWLEDGE ABOUT MEDICAL LGBTQ TRAINEES

- There is an unknown number of SMG medical students, residents, and physicians in the national medical community. These people are each bearing the stigma burden

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that is the consequence of their minority status, regardless of their scholastic and professional accomplishments. Presented below is some of the data from the medical literature about the real inequities and stressors that exist for SMG medical students and residents.

- Lapinski and Sexton (2014) invited 4,112 osteopathic medical students to participate, in their survey. Of the 1,334 responders, 85 % identified as heterosexual, no transgender student participated, but 15% of the responders were LGB students who "indicated a higher level of depression, slightly lower levels of perceived social support, and more discomfort with the disclosure of sexual orientation. The majority of LGB medical students rated their campus climate as non-inclusive. (3)
- Another study of 4,673 first-year medical students self-reporting their sexual orientation, had 232 (5%) identified as a sexual minority. These sexual minority medical students had higher risks of depression symptoms, anxiety symptoms, and low self-rated health. These students also were more likely to report social stressors, including harassment, and isolation. (7)
- Researchers from the Yale University School of Medicine published about their study entitled, "The Diversity in Medical Career Development Study," that stigmatization cause LGBT medical students, residents, and physicians to experience excess stresses from discrimination throughout medical training and practice. This minority stigma insidiously negatively effects even the specialty choices that are available to sexual minority medical trainees. (8)
- In the sociological literature that discusses excess stressors on minority individuals, there has developed a dichotomous model of the minority individual as either a

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"victim or a resilient actor." Very few people in the medical profession would consider themselves a victim. The role of the resilient person is the role the objectively successful minority individual would most likely internalize. The resilient actor, the person who confronts the roadblocks, masters the stresses, and fulfills the "American Dream" of overcoming hardship and attaining success, is generally the role assumed subconsciously by many LGBTQ people in medicine. However, there is peril in expecting all minority persons to be super-resilient and capable at coping with the cruelty of prejudice and ignorance.

The average LGBTQ person in the United States experiences most, if not all, of varied forms of harassment. Common experiences are bullying in childhood, hearing anti-gay slurs and derogatory jokes in-person and in the media, being physically abused (occasionally even murdered), being abandoned or disowned by all or some of one's family, being ex-communicated by many churches, to mention a few. All of these harassments are damaging, socially isolating, and depersonalizing. Some LGBTQ people, just like other minority people, cannot always be resilient and hardy. We, in medicine, cannot thoughtlessly believe that failure to cope or failure of strength in the face of adversity is a personal short-coming, when it is indeed a failing of society, or in this case, medicine. (3)

CAN MEDICINE MAKE THINGS BETTER FOR THE LGBT COMMUNITY?

I believe that medicine needs to correct these persistent institutional prejudices. We must create an equal playing field for our LGBTQ junior colleagues, just as we are trying to eliminate the institutional biases confronted by our junior colleagues of color, religious

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minorities, and women.

In a thoughtful essay on academic medicine's role in supporting LGBT rights, Anne Dohrenwend, Ph.D. writes "...a commitment to the just treatment of all patients and a commitment to a holistic conceptualization of the patient have led those at the helm of academic medicine to steer research, curricula, and publications toward identifying and addressing what has been termed health disparities. That is why academic medicine if it is to be true to its ideals, will work to end the oppression suffered by the GLBT community."(9) This essayist offered ten possible interventions that academic medicine could make to support the rights of SMG colleagues and patients. One of these recommendations, pertinent to my discussion, is:

"Encourage the hiring of GLBT faculty, just as ethnic diversity in hiring is encouraged.

Likewise, efforts to recruit and retain GLBT students should be encouraged and monitored. Diversity helps to ensure that people from all types of lifestyles find a voice for their needs and a slice of power in program development. A diverse staff signals to patients that everyone will be treated with respect."(9)

WHAT SHOULD ASTRO DO?

I applaud ASTRO's leadership, especially Dr. Mohideen, the editor of *ASTROnews*, in creating the insightful reports on the radiation oncology workforce and diversity. Rather than chastise the ASTRO for the glaring omission of LGBTQ people, I would like to propose a meaningful and necessary corrective action.

I would like to see a full article in the ASTRO diversity report about LGBTQ radiation oncology residents, attending physicians, and medical physicists with their pictures and their stories, side by side with the stories of other ASTRO minority members. Regrettably, ASTRO

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missed the opportunity to have such an LGBTQ inclusive statement this past year. It seems only appropriate to rectify this omission and have the *ASTRO website* and *ROHub* each have a clear and unambiguous statement that:

“The American Society of Therapeutic Radiation & Oncology is supportive and inclusive of our LGBTQ colleagues, and actively promotes the science and care of LGBTQ providers, patients, and their families.”

On the cover of the Summer, 2018 issue of *ASTROnews* is the claim that “Diversity and Inclusion” are “An ASTRO Core Value.” If diversity and inclusion are core ASTRO values then the leadership of ASTRO must formally embrace my above statement. The real work is then for ASTRO's membership to live up to the ideals of such a statement of inclusion.

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