

# Gay and Lesbian Patients With Cancer

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**T**he disease trajectory in cancer involves a complex system of treatment choices, multiple treatments over an extended period of time, and significant physical and emotional side effects that impact people from all demographics. However, little published research has explored the cancer care experience of gay and lesbian patients, an invisible minority who have been discriminated against by society and within the healthcare system. Many gay and lesbian individuals have had negative experiences in the healthcare system (Klitzman & Greenberg, 2002); as a result, this study sought to identify whether those patients have similar issues when diagnosed with cancer.

Homophobia and discriminatory practices among healthcare providers have been reported in the literature. Gay and lesbian patients do not always disclose their sexuality to healthcare providers (Rankow, 1995). Studies suggest that some lesbian patients have difficulty disclosing their sexuality to physicians (Matthews, 1998), but most do not experience discrimination (Sinding, Barnoff, & Grassau, 2004).

In a study of lesbian and bisexual women with breast cancer, 72% disclosed their sexual orientation to their cancer care providers; those who did not noted that the care provider did not ask (Boehmer & Case, 2004). The passive nondisclosure was attributed to fear of homophobia, being single, and a belief that sexual orientation is private. Reasons given by women who actively disclosed included perceived safety of the environment and preparatory work by patients who sought care from providers believed to be positive and understanding. All participants in the study reported that they needed to remain vigilant in their encounters with healthcare providers and that their interactions were fraught with apprehension.

In a comparative study of heterosexual and lesbian women with breast cancer, lesbians reported higher stress associated with diagnosis and treatment, lower satisfaction with care provided by physicians, and a trend toward lower satisfaction with emotional support from healthcare providers (Matthews, Peterman, Delaney, Menard, & Brandenburg, 2002). Fobair et al. (2001) found that, in addition to differences in received medical care and social support, lesbians experienced

**Purpose/Objectives:** To describe the cancer experience of gay men and lesbian women.

**Research Approach:** Descriptive, qualitative analysis.

**Setting:** Ambulatory cancer center in a midsized Canadian city.

**Participants:** 3 gay men and 4 lesbian women with cancer.

**Methodologic Approach:** In-depth, face-to-face interviews were conducted with a semistructured interview guide. Transcribed interviews were analyzed, and themes were identified within and among individuals.

**Findings:** Coded transcripts of the interview data yielded four themes: Disclosure related to individuals' experiences in revealing their sexual orientation to cancer care providers, Response to Partner described the role of partners in the care continuum and healthcare providers' responses to the presence of same-sex partners, Support From Others addressed the lack of support groups for gay and lesbian clients, and Body Image concerned the alterations to physical appearance resulting from cancer and its treatments and the unique role that image plays in gay and lesbian communities.

**Conclusions:** Overt homophobia or discrimination within the cancer care system was not experienced by this study's participants. Participants valued the central role of their partners in coping with cancer. Some gaps in the cancer care system related to support groups were identified.

**Interpretation:** Although the participants did not experience overt discrimination in the cancer care system, nurses should continue to ensure that sensitive care is provided to the gay and lesbian population.

more distress about altered body image than heterosexual women.

## Methods

A qualitative approach was used in the present study to elicit the subjective experiences of the participants. Interpretive phenomenology was the guiding methodology because the aim of the study was to understand the cancer experience from the perspective of the participants. Phenomenology, which builds on the work of Heidegger (1962), has been used widely in qualitative research. Bracketing (holding the researcher's preconceived beliefs and opinions about the topic in