



Finding a Doctor to Trust: The Journey of a Sexual Minority Patient

Anson Au, MSc

(Fam Med. 2018;50(7):546-7.)
doi: 10.22454/FamMed.2018.338801

I'm ... ill," John confessed to me in the late hours of a Sunday night. "You should ... you know ... look into it." His voice, quivering for the uncertain future, conveyed a flash of understanding. I never did understand sexually transmitted diseases or infections. How could intimacy transmit anything but emotion? The diagnosis eventually exacerbated his existing depression, partly linked to his repressed sexual minority status—all secrets piled atop one another to be kept from the conservative judgment his Korean family was sure to unleash.

As an East Asian man, I understood. I wished John well, vowed to keep in touch, hung up, and drew a breath that I can still recall. It was protracted and savory, as if sweetened by the knowledge that I could run out of them. A war raged inside me. I was confused, hurt, panicked, and backed into a corner.

Raising the issue of a sexually transmitted disease or infection would force to the surface a separate conversation that I had hidden for so long—my sexuality. To start off, I counted the people I could tell on my hand, but dismayed as each finger curled after the other. The anathema looming on the horizon in John's family was true in my own family as well. As much as I needed social support, I would be better off dead than having a destroyed social life.

Holding myself together, I went to see my family doctor on my own. It was my physical check-up anyway, so it was as good a time as ever to address the issue. Dr Chang had been my family doctor all my life. From boyhood to adulthood, he'd been there for me as my healer. Given our extensive continuity, I placed a lot of trust in him, trusting in his confidentiality, as much as his ability. But as a natural corollary of this trust, the way we spoke with each other and the topics we broached had gradually adopted a warmer tone closer to something I'd expect from home. The professional doctor had essentially become a family friend.

Dr Chang raced through the usual battery of questions, and I raced alongside him; him eager to finish, and myself eager to be cured. When we arrived at the sexual activity section, I sat up, all my senses sharpened. I already knew what I was facing. Staying up the past few nights browsing obscure pages of medical forums and WebMD had cemented the pessimistic assumptions about my condition.

But he didn't ask me if I engaged in any sexual activity. He instead asked another question: "You don't have a girlfriend, do you?"

Surprised, I stammered, "Er, no." "Then you don't have sex," he stated matter-of-factly. He calmly typed something quickly on his keyboard,

but no faster than the wild beating inside my chest.

"How's your mother doing?" "Oh, she's away now." I laughed nervously.

"Your father's doing the cooking now, then, eh?" Dr Chang laughed.

I swallowed, before breaking the conversational rhythm. "I'd like this procedure to test for STDs."

"Why would you need that?" the doctor asked with a smile. I could tell the question was rhetorical. "If you haven't had sex and there's no inherent health problem, you don't need this test. It'd be uncomfortable. You'd regret the procedure!"

I froze. And I understood. He was a family friend now. Or rather, he'd been a family friend for a long time, and during that time, he'd formed normative assumptions about my sexual identity and my private life, as a family friend might. And even if I told him, would he inadvertently or purposely reveal such details to my family when they came to visit him, in the same way he'd asked about my mother with me?

I thanked him for his time, and left.

The encounter shaped how I approached my next steps. I decided to see a walk-in clinic instead, run

From the Department of Sociology, University of Toronto.

by a doctor who I'd never seen before. After seeing Dr Chang, I had grown wary of continuity, implicitly seeking out lack of it instead. A doctor whom I'd never met was a slate bereft of assumptions; a blank slate that allowed professionalism to completely wash out the identity issues of my personal life in the patient-physician interaction. My encounter with the walk-in doctor was quick. I didn't care to learn or remember his name. I certainly didn't want him remembering mine. This time, the doctor let me speak first. I unloaded my recent history, my encounters, my worries.

I had to get tested first and wait for the results, and so I did, although I had already made up an answer in all the time I was left alone. After another week, the results came back. All clear, they read. The world began to spin again. My life regained its color. I was negative, safe, not going to die. But the situation gave me

pause. While I was happy to be free of disease, I had uncovered that I was bound in many other ways, even with my doctor.

For the longest time, time itself (continuity) was why I trusted Dr Chang. It was valuable having a doctor with extensive knowledge about my medical history. But just as I grew to let down my guard, so did he—enough to make assumptions informed by personal conservative opinions that silenced me. Even without continuity, I trusted the walk-in doctor in a flash—not just for his anonymity, but for his willingness to listen; he remained silent, so that I wouldn't have to be. His sterility of assumptions about the things I didn't say, like my sexual orientation and identity, impressed upon me a sense of care for my social well-being, as much as my physical well-being. This was key. I wasn't just a body with a problem, but a set of lived circumstances now

jeopardized—failing to realize this was why I couldn't trust Dr Chang. I needed my doctor to know the concerns of my medical history, but I needed more his empathy for concerns about my future, particularly as a sexual minority whose health problems potentially add more secrets to the pile, and more faces to an identity I suppress by living as a shadow.

ACKNOWLEDGMENT: All names in this essay have been changed for confidentiality.

CORRESPONDENCE: Address correspondence to Mr Au, Department of Sociology, University of Toronto, 725 Spadina Avenue, Toronto, ON, Canada, M5S 2J4. anson.au@mail.utoronto.ca.