

Policies send chilling message to LGBT community

As an osteopathic medical student, I am frequently asked about my training by friends and family, as well as by students who are considering careers in osteopathic medicine. Of course, the question most frequently asked is “What’s the difference between an MD and a DO?” In response, I proudly describe the uniqueness of osteopathic principles and practice. However, there is another distinction, which I hesitate to share: Osteopathic and allopathic medical schools provide dissimilar protection for students and physicians against discrimination based on sexual orientation and gender identity.

The nondiscrimination policies of US medical schools are governed by the accreditation standards of the Liaison Committee on Medical Education (LCME) and the AOA Commission on Osteopathic College Accreditation (COCA). The LCME accreditation standard MS-31, as published in June 2007, states the following:

In the admissions process and throughout medical school, there should be no discrimination on the basis of gender, sexual orientation, age, race, creed, or national origin.

How to submit letters

Readers can submit letters for publication in *The DO* by sending e-mail to psinco@osteopathic.org. Alternatively, readers can write to Letters to the Editor, c/o Patrick Sinco, managing editor, American Osteopathic Association, 142 E Ontario St, Chicago, IL 60611-2864.

The DO reserves the right to edit and shorten letters.

The COCA accreditation standard 5.2.2, which became effective in July 2007, states the following:

Recruiting and selection of students for admission to a COM (college of osteopathic medicine) must not discriminate on the basis of race, color, gender, religion, national origin, age or disabilities.

Thus, based on the wording of these accreditation standards, allopathic medical students enjoy the support of their profession in combating discrimination against students who identify as gay or lesbian, but osteopathic medical students do not have similar support from their profession.

The Association of American Medical Colleges’ Group on Student Affairs conducted surveys during the 2005-2006 academic year that found the “undeniable” existence of incidents of “discrimination and mistreatment” of lesbian, gay, bisexual and transgender (LGBT) students at allopathic medical schools. Researchers documented discrimination regarding sexual orientation faced by applicants to residency programs. Numerous studies have demonstrated the barriers that LGBT patients face in seeking healthcare, especially in rural areas of the United States—areas in which osteopathic physicians are relatively abundant among healthcare professionals. The American Academy of Pediatrics’ Committee on Adolescence reported in 2004 that youths who are not heterosexual are often subjected to harassment and violence and are more likely than their peers to be depressed, attempt suicide and abuse substances, including tobacco.

Healthy People 2010, a national public health initiative of the US Department of Health and Human Services, cites the elimination of health disparities among different segments

of the population as a critical step toward improving the health of all Americans. This document identifies six demographic factors as the sources of such disparities: gender, race or ethnicity, education or income, disability, rural geographic location, and sexual orientation.

Eliminating these disparities is a challenge that can be accomplished only with the contribution of the osteopathic medical community. Do we train osteopathic medical students to consider LGBT-specific health issues when taking patients’ medical histories? Do our hospitals provide visitation privileges to the partners of LGBT patients? Do we support laws prohibiting the denial of health insurance on the basis of sexual orientation or gender identity? All these positions are publicly advocated by the American Medical Association. In contrast, the AOA has no official policy positions specifically related to LGBT patient healthcare. This silence promotes the health disparities observed in LGBT patient populations.

Although LGBT students and physicians make many important contributions to the osteopathic medical profession as members of osteopathic medical schools and resident training programs, the AOA is seemingly blind to their presence within its ranks. The inadequacy of protection from discrimination discourages faculty at osteopathic medical schools and other training sites from addressing LGBT healthcare issues in curricula or from mentoring osteopathic medical students who are interested in working with this underserved population. The absence of the topic of sexual orientation from the AOA’s nondiscrimination policies sends a chilling message—whether intended or

not—to LGBT students applying to osteopathic medical schools: “The osteopathic medical community does not recognize you.” The conspicuous difference between the LCME and AOA accreditation standards is a distinction that dampens osteopathic medicine’s public image as a leader within US healthcare.

Addressing issues of discrimination in the LGBT community can be an opportunity for the osteopathic medical profession to demonstrate leadership and dedication to the health of all Americans. To do so, we need to begin a dialogue with LGBT osteopathic physicians and students as a way of understanding the challenges they face in pursuing their careers and caring for their patients. Most urgently, we need to include the topics of sexual orientation and gender identity in the nondiscrimination policies prescribed in

COCA accreditation standards.

In his September 2005 address to the Gay and Lesbian Medical Association (GLMA), 2004-05 AMA President Edward Hill, MD, said, “I know that GLMA members and LGBT physicians have been treated unfairly by the AMA in the past. There is simply no excuse for discriminatory actions or exclusions based on sexual orientation or gender identity—none.” If the allopathic medical profession can argue that there is “no excuse” for discrimination based on sexual orientation or gender identity, what is the response of the osteopathic medical profession to this kind of prejudice? Lesbian, gay, bisexual and transgender students and physicians already serve as distinguished members of the osteopathic medical profession. Now it is time for the osteopathic medical community to acknowledge them.

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A student at the Touro University College of Osteopathic Medicine—California in Vallejo, Hopping was quoted in “Out But Not Loud: Even As Acceptance Grows, Gay DOs, Students Remain Wary,” which appeared in the May issue of The DO. The article is available on DO-Online, which is located at www.do-online.org.

The opinions expressed in “Letters to the Editor” are those of the authors and do not reflect the viewpoints of the editors or the official policy of the AOA. “Letters to the Editor” is intended to be a forum for communication on issues of interest to the osteopathic medical profession and on articles that have been published in *The DO*.