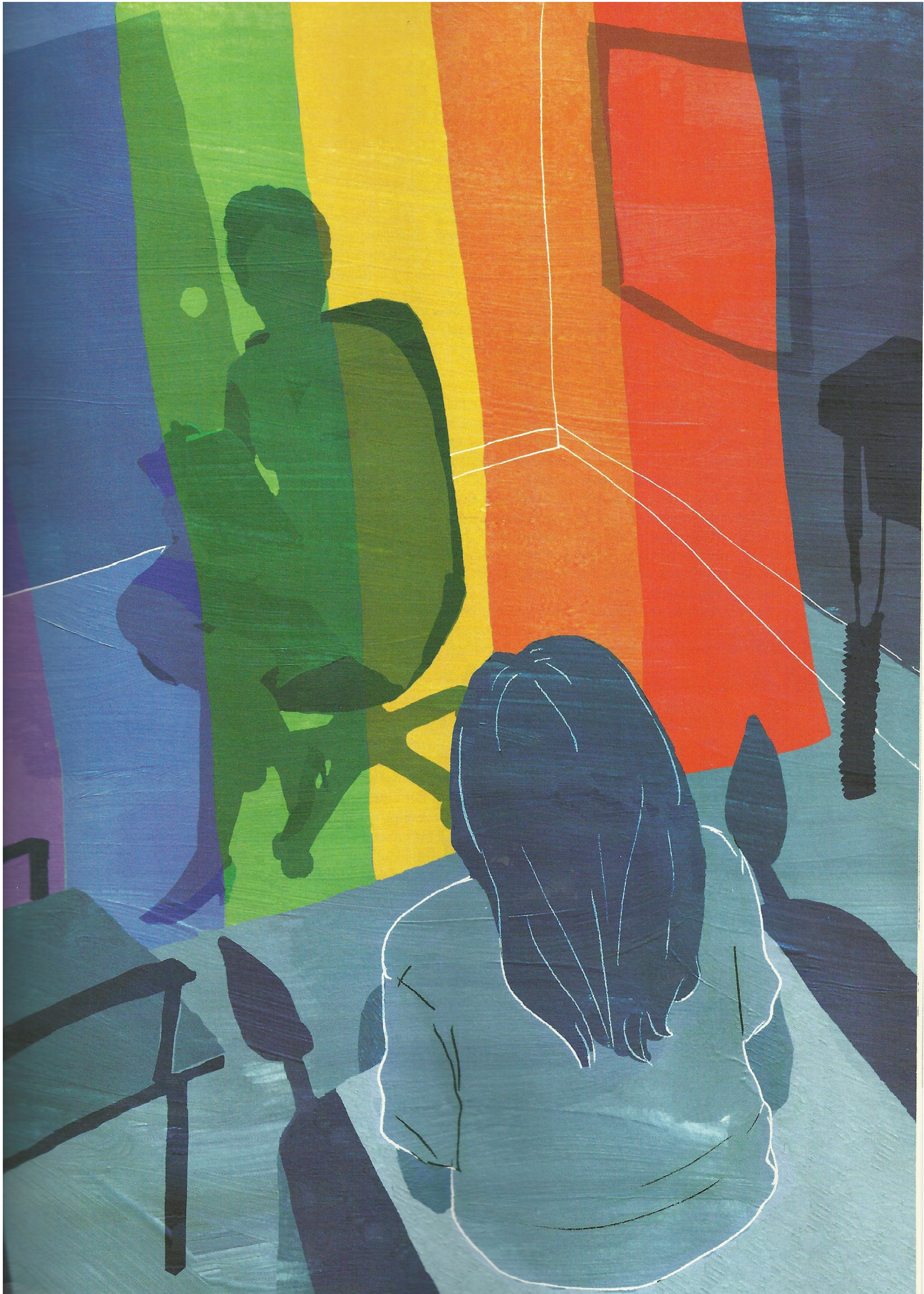
"So, you are a virgin?"

Erica Lenti is among the thousands of LGBT patients who experience routine shame and silence at the doctor's office. Inside the slow struggle to revolutionize Canada's narrow an[d] outdated system of care

Illustration by MELANIE L[...]



It was in a tiny examination room, as a strange woman in white stared between my legs, that I learned I was having the kind of sex that didn't count. That day, I reached the height of my physical discomfort: lying on my back with my feet hoisted in stirrups, covered only by a short paper gown. It was the middle of the day during the unusually warm spring of 2013 in Toronto, but the room was freezing. The pale blue walls seemed to accentuate the frigidity of the makeshift metal bench-turned-bed, which chilled my exposed back.

It was a conventional ultrasound, the technician promised. She would be internally checking my ovaries for cysts or tumours using a long, plastic probe capped with a condom and smothered in lube. It was a procedure she did every day for decades, she told me. But first, she needed to know if I was sexually active.

The question was a no-brainer: I was 19, and had been with my girlfriend for more than a year. I answered yes, and she proceeded with the exam—until she found herself struggling.

"Are you sure you're sexually active?" she asked. "Because it doesn't feel like you are.

"You know, have you had penis-in-vagina sex?"

My cheeks burned red. My palms got sweaty. My mouth went dry. I was beyond embarrassed: I was humiliated, undermined—and I felt wrong.

I began stammering, confident that what I was doing *was* sex. It only involved women, but there was no other way I could define it.

The technician rolled her eyes and put down the probe before coming to her own paradoxical conclusion: "So, you *are* a virgin?"

It was jarring to think my sex was insignificant in the medical world, but my experience is not uncommon. Many Canadian health care providers still rely on the traditional, heterosexist definition of sexual activity, involving both a man and a woman engaging in penetrative intercourse. As a result, lesbian, gay, bisexual, transgender and queer (LGBTQ) patients with sexual experiences that fall outside of that definition are often ostracized—compromising both their physical and emotional health. Or, as female-to-male trans-identified Chris Smith* puts it: "I constantly feel like I need to prove [myself] to my doctor and I shouldn't have to."

During all of my visits to the doctor's office, I've never known how to answer the elusive question, "Are you sexually active?" As the years passed, confusion and uncertainty morphed into shame and humiliation. That's because there still isn't a standard definition for the term "sexually active"—and doctors are not in a hurry to create one. Instead, they rely on outdated and exclusive concepts of sexuality, leaving non-conforming patients like me scratching their heads. In some cases, the consequences can even be dire: Sexual experiences are ignored because they aren't part of what most doctors presume is "sex." Sexual health care, if ever provided, is minimal. Even worse are the medical risks that go unaccounted for, and by extension, untreated.

In fact, many LGBTQ Canadians say their doctors seem dumbfounded at the idea of queer sex ed. Toronto-based sex writer Kate Sloan, for instance, says her doctor failed to offer her advice on staying safe when she became sexually active with a woman at 16. "She never mentioned dental dams or anything," Sloan says.

Underlying that failure to educate is medical peril: Among the most common are the risks for gay men contracting HIV and other STIs. The Fenway Health Institute found gay and bisexual women are 10 times less likely than straight women to receive adequate screenings for cervical cancer and the human papillomavirus (HPV), due to misconceptions that women who have sex with women are not at risk for the illnesses. Male-to-female transgender persons are known for not receiving regular prostate exams, though many still have prostates. Those who identify as LGBTQ are twice as likely to smoke. There are also mental health risks, such as an increase in depression, anxiety, and suicidal tendencies in LGBTQ teens—none of which get regularly addressed by doctors.

Unfortunately, while anecdotal evidence is rife, little statistical information exists about how well the Canadian health care system meets the medical needs of the LGBTQ community. While the Canadian Community Health Surveys of 2003 and 2005 found that bisexuals are more likely to have unmet medical needs and lesbians were less likely to consult with family doctors, there are limited findings about gay men and none about transgender persons.

The most prominent, if only remarkable movement to improve care for LGBTQ Canadians came in the mid-'80s, when AIDS activists called for more inclusive health care after years of federal denial of the illness. Still, People With AIDS coalitions, not doctors' offices, served as home bases for medical care. HIV/AIDS remained taboo—and LGBTQ persons who contracted it were stereotyped. Even today, HIV/AIDS is a touchy subject for the LGBTQ com-

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* *name has been changed to protect identity*

munity: Gay men still cannot donate blood unless they have been abstinent for five years, and HIV continues to be dubbed a "gay disease" by many.

In particular, Health Canada, whose mission is for "Canada to be among the countries with the healthiest people in the world," has made few strides to improve the overall LGBTQ health care. While it provides a June 2013 online tip sheet that outlines techniques to use while treating lesbian patients with cancer, it is archived on the website. Among the tips is a reminder to doctors that lesbians "experience pain and problems as would any heterosexual." Similar tip sheets for gay, bisexual or transgender patients do not exist.

After two unreturned calls, Health Canada finally said it could not provide a comment on the state of LGBTQ health care on a national level as it "does not deal with this matter."

Provincially—the level at which health care is regulated—the outlook is even bleaker. In more conservative provinces, such as Alberta and Manitoba, there are little to no major organizations devoted to gay or lesbian health. Finding a doctor equipped to tackle LGBTQ-related health issues there is no small feat—especially with a shortage of doctors and no databases to find ones who are queer-friendly.

In more liberal areas, some small gains have been made. Organizations in Ontario, such as the Sherbourne Health Centre and Rainbow Health Ontario (RHO), were created in 2003 and 2008, respectively, to improve education for health care providers. Funded by the Ontario Ministry of Health and Long-Term Care, RHO is a networking and resource hub that provides free training to health care providers across the province. While RHO has worked for six years to reverse the stigma LGBTQ Ontarians face in their doctors' offices, its efforts are often curtailed, as training is optional for doctors who are already licensed. As RHO's communications coordinator Donna Turner says, transforming the state of health care in Canada is "an uphill battle." "How do you reach every health care provider in the province?" she asks. "It seems almost impossible."

My ultrasound technician would not be the last health care provider to embarrass me. The more I sought care, the more doctors alienated me for my sexuality. Every encounter left me questioning my identity: If a medical professional couldn't validate my sexual experience, how could I?

Just a week after my ultrasound, I was referred to a gastroenterologist—a doctor who specializes in the digestive system—to deal with ongoing stomach ailments. I learned from past encounters how to answer all the usual questions; and when prompted, I would tell my doctors I was sexually active with women only. The clarification, I soon found, was one I wouldn't be pressed for; the onus was on me to clear the air.

But, in this case, when I did clarify, the gastroenterologist fumbled, dropping his papers and pen. Picking them up, he sat for a few minutes, unsure what to write down—lesbianism, it seemed by his reaction, was a sort of urban myth that he was sure he would never encounter in his years practicing medicine. When he finally scribbled something down, he looked anywhere but at me. His cheeks remained bright pink until the appointment ended.

It was neither the response I anticipated, nor wanted.

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Perhaps it wasn't entirely his fault: my medical records, after all, didn't list my sexual orientation—its documentation is optional in Canada, and though I repeatedly informed my GP that I was having sex with women, it was never recorded. Still, the reaction seems unwarranted: a 2012 Forum Research poll found at least five percent of Canada's population identifies as LGBTQ—I doubt I was the first gay patient he ever treated.

In fact, there are plenty of patients just like me—and their experiences have been just as unsatisfactory. For one London, Ont. student, sexual orientation is a touchy subject, and hers is still a mystery to her doctors. Ashley Veens, 20, says her GP has refused to acknowledge any sex outside of male-female penetration while asking about her sexual activity, so she's never disclosed her sexual history as a lesbian. "I have never had a doctor ask me ques-

tions regarding sexual orientation," she tells me. "I feel like regardless of the gender of my partner, doctors should still do key tests that every heterosexual person is asked to do when they lose their virginity."

That lack of acknowledgment is even worse for transgender Canadians. Though Smith's doctor has been aware of his gender identity for more than two years, few conversations are had about it, says the 19-year-old university student who identifies as both queer and a transgender male. "Ever since I've been out to her as trans, she hasn't asked me about anything to do with my sexual activity or sexual health at all," he says. "My health card still says that I'm female but my body doesn't appear that way. I worry about how that will affect the treatment I receive."

"We often have to go through the basics with doctors. Like, 'What is a lesbian?' It's really basic, but sometimes they don't even know."

Sloan, too, whose doctor failed to provide tips on safe sex with women, went through a similar struggle to have her sexuality recognized. When Sloan, who identifies as bisexual, became sexually active at 16, her GP assumed it was with a man. It was only when Sloan interjected—"That's not the kind of sex I'm having"—that her GP ended her monologue on pregnancy risks. Instead, her doctor, a woman, became flustered and visibly surprised. "When you're 16 and you're just coming out, telling a doctor about your [sexual activity] is a hard thing to do with an authority figure," Sloan, now 21, says. "I was already embarrassed as is."

Sloan adds that when she later entered a long-term relationship with a man at 18, her sexual health care improved, became more normative—and the awkward tension died down. Indeed, when my own sexuality is not the focus of my appointments, my health care is much more efficient. It's a paradox: to get better care is to avoid disclosing my sexual orientation, but to not disclose is to put my health at risk. For me, and many other LGBTQ patients, it's a lose-lose situation.

In such a progressive country, why is sexuality still an elephant in the doctor's office? Why do health care providers fumble and dismiss sexual experiences because they stray from the "norm"? One recent nursing school graduate chalks it up to a lack of training.

Mish Waraksa, who finished her nursing degree at Ryerson University last spring and now works at a hospital in Toronto, says her education lacked practical training in working with LGBTQ patients, leaving health care providers in the dark about how to treat them.

"One of the biggest problems is that when LGBTQ issues were taught, it wasn't well integrated into how we are taught to practice," she tells me. "Some nurses may be aware of LGBT patients, but still approach every patient from the default assumption that they're heterosexual." If the patient doesn't feel safe enough to come out, she adds, the subject of sexuality—and variation of care—won't be broached.

Waraksa's concern rings true: According to a 2007 Research and Development (RAND) study, only 35 percent of LGBTQ youth disclose their sexual orientation to their doctors. A survey conducted by New York's Department of Health and Mental Hygiene in 2008 yielded similar results, with only 39 percent of men who have sex with men disclosing their sexual history to their doctors.

Without focused, integrated training, many health care providers are forced to look outside of their schools to gain adequate education in treating LGBTQ patients—a timely and costly effort for doctors who are already stretched thin.

That's where organizations like RHO come in. Even Turner, who has worked with RHO for more than three years, admits that reversal is a challenge. Despite providing training and resources to health care providers in Ontario—whether through their biennial training conferences, the information posted on their website or the mock patient in-take forms free for use by any physician—the RHO has faced challenges. "Doctors are a really tough crowd," Turner says. "It's really hard to get in front of them."

"We often go through the basics like, 'What is a lesbian?'" she adds with a laugh. "It's really basic, but sometimes they don't even know."

Because the training sessions are optional, Turner says, few doctors who *should* be learning about LGBTQ patient care show interest. In 2012, about 300 people turned up to the RHO conference held in Ottawa—mostly those who already understand the importance of treating the queer community. Turner says RHO has been working to provide training sessions within medical schools—so soon-

to-be doctors can learn how to treat their patients before they even have patients—but their curricula are strict and the program has had little success. So far, Queen's University and University of Toronto's medical schools, Northern Ontario School of Medicine, and Michael G. Degroote School of Ontario have invited RHO to speak to students. That's only four out of six medical schools in Ontario. "We have a long way to go," Turner says. "But I think we're making progress."

Perhaps, but until such training becomes mandatory, or medical schools become more inclusive, it seems more likely doctors—much like the ultrasound technician and gastroenterologist I visited—will continue to make the same, patient-shaming mistakes.

"I've considered switching doctors because of the treatment I've received," Sloan said. "I felt undervalued by her."

Dr. Chelsea Derry's Richmond Hill, Ont. office is a suburban queer refuge. Inside the first-floor suite, a "Positive Space" poster hangs on the wall, and a rainbow decal is stuck to the window. Patients fill out forms with the words "spouse" or "partner" in place of "husband" or "wife." Receptionists are trained to asked patients for their preferred pronouns. The office is one of few safe havens for LGBTQ Ontarians, a stark contrast from the nightmarish ultrasound office I visited just a few months prior.

Since her graduation from medical school in 2010, Derry, a self-identified queer woman and GP with a naturopathic background, has created an inclusive space for LGBTQ patients to seek the health care they need. "While I was in school, I had a few friends come to me explaining incidences they had seeking health care," she says. "It made me realize there are a lot of gaps in the system to service LGBTQ people."

Derry has already begun to fill those gaps, starting with the basics: In her office, "sex" is not narrowly defined, assumptions—like the idea that all gay men have some form of HIV—are not made, and (most importantly) patients aren't shamed for their sexual health concerns. It's a small step towards the inclusivity LGBTQ Canadians need—but there's still a long way to go.

Only 245 offices are listed in Rainbow Health Ontario's online directory of LGBTQ-friendly health care, including Derry's. Of the offices listed, most are hassle-free or walk-in clinics, where regular care cannot be provided. And with a shortage of family doctors in Canada, and long waiting lists for those who are inclusive, the search for a health care provider is tedious for LGBTQ patients.

This is part of the reason why Derry opted to advertise her office as queer-friendly: to alleviate some of the struggle LGBTQ patients face finding a doctor. But an institutional shift, she says, is the only way to make that search truly easier. Individual doctors must advertise themselves as LGBTQ-friendly, list themselves in directories and take on additional training to fill the gaps. "I'm only one person," says Derry. "I can't start a revolution."

In York Region, a more conservative area north of Toronto where Derry's office is located, doctors well-versed in LGBTQ issues are nearly impossible to find. And for more serious medical needs, like hormones for trans patients, access is limited—often because of doctors' ignorance or lack of education. For these reasons and more Derry admits the type of shift she hopes for—a world in which the need to specify the type of sex one is having is eradicated, and doctors don't assume all patients are heterosexual—is still far ahead.

A month following my ultrasound, I was back in my GP's office—this time, with a new doctor before me. While my family doctor was out delivering babies, a young colleague, I was told, would take her place. She was kind, and seemed genuinely interested in my well-being. When she eventually asked about my sexual history, she put forth a question no doctor I had ever met would dare ask: "Are you sexually active with men, women, or both?"

I answered "women," and without a moment's hesitation, she entered the response into my chart—validation that what had always been a personal source of shame was worthy of documentation. In one question, the doctor gave me some small hope that Canada's health care system is on the right track; but with memories of past appointments swirling in the back of my mind, I knew the woman before me was likely an exception to the others I would meet with for the rest of my life.

"You know, I've had doctors tell me I'm still a virgin because of my sexual partners," I later told her. "It's embarrassing."

"That's absurd," she responded. "No one deserves to feel ashamed because of their sex." THIS

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