

# An evidence-based context to address health care for gay and lesbian patients

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The Wisconsin Medical Society mission is to “improve the health of the people of Wisconsin by supporting and strengthening physicians’ ability to practice high quality patient care in a changing environment.” Indeed, changes in health care delivery and increased attention to health disparities in our patient populations challenge us to provide the highest quality of care to all of our patients, including gay, lesbian, bisexual, and transgender patients and their families.

The purpose of this article, summarizing studies in the literature as well as recent policy statements by professional organizations, is to provide an evidence-based context for physicians to address the complex issues affecting health care and physical and psychological well-being for our gay and lesbian patients, families, and their children.

In November 2006, voters in Wisconsin will face the following referendum: “Only a marriage between one man and one woman shall be valid or recognized as a marriage in this state. A legal status identical or substantially similar to that of marriage for unmarried individuals shall not be valid or recognized in this state.”

There are considerable medical and psychological health con-

sequences to such an amendment, especially to children and families. National organizations devoted to the health and well-being of children have strongly supported children and families with gay or lesbian parents, including: American Academy of Pediatrics, American Academy of Family Physicians, American Medical Association, American Psychiatric Association, American Psychological Association, American Psychoanalytical Association, Child Welfare League of America, Northern American Council on Adoptable Children, National Education Association, National Association of Social Workers, AMA Council on Scientific Affairs, and others.

Several of the numerous studies and reviews in the literature, along with relevant statements and policies of professional organizations, are summarized and referenced below.

## US Government Data

### 2000 US Census

The 2000 US Census revealed that same gender couples are raising children in at least 96% of all US counties. Nationwide, 34% of same sex female partner households, and 22% of same sex male partner households had children under the age of 18 living with them (compared with 46% of married heterosexual households with minor children living with them). The Midwest had the second highest percentage of same sex couples parenting children. (More information can be found at [www.census.gov/prod/2003pubs/censr-5.pdf](http://www.census.gov/prod/2003pubs/censr-5.pdf); and [www.census.gov/population/www/cen2000/samesex.html](http://www.census.gov/population/www/cen2000/samesex.html).)

An analysis of the 2000 US Census data (by the National Latino/ a Coalition of Justice) revealed there are more than 100,000 Hispanic same-sex households nationwide; that same-sex couples in which both partners are Hispanic earn less income and are less likely to own a home than white non-Hispanic same-sex households; that about 2/3 of same sex couples in which both partners are Hispanic are raising children; that male same-sex couples in which both partners are Hispanic are over 3 times more likely to be raising children than white non-Hispanic male same-sex couples; that female same-sex couples, where both women are Hispanic, are twice as likely as their non-Hispanic counterparts to be raising children. (More information can be found at [www.thetaskforce.org/downloads/HispanicStudy/HispanicLatinoSSHH.pdf](http://www.thetaskforce.org/downloads/HispanicStudy/HispanicLatinoSSHH.pdf).)

*Government Accountability Office*  
The Government Accountability Office has identified a total of 1138 federal statutory provisions classified to the US Code in which marriage is a factor in determining or receiving rights, benefits, and protections. These include: hospital visitation privileges, bereavement rights, giving permission for surgical procedures on minor children, sick leave provisions, health insurance coverage for dependents, social

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security survivor benefits, family leave benefits, and nursing home rights to room together. Wisconsin law provides nearly 200 similar benefits that are denied to same-sex partnered households. (More information can be found at [www.gao.gov/new.items/d04353r.pdf](http://www.gao.gov/new.items/d04353r.pdf).)

## Policies

### *American Academy of Pediatrics*

The American Academy of Pediatrics (AAP) July 2006 special article, "The Effects of Marriage, Civil Union, and Domestic Partnership Laws on the Health and Well-being of Children," included extensive analyses by multiple committees and sections, concluding: "More than 25 years of research have documented that there is no relationship between parents' sexual orientation and any measure of a child's emotional, psychological, and behavioral adjustment. These data have demonstrated no risk to children as a result of growing up in a family with one or more gay parents. Conscientious and nurturing adults, whether they are men or women, heterosexual or homosexual, can be excellent parents. The rights, benefits, and protections of civil marriage can further strengthen these families." The article also describes far-reaching consequences and legal challenges to statewide bans on civil unions and same sex marriage that have passed in many states. In domestic violence cases in Ohio, judges have dismissed or reduced charges against men who have abused women in domestic partnerships deemed "approximating the significance or effect of marriage", citing the amendment's prohibition against recognition of these relationships. (*Pediatrics*. 2006;118;349-364.)

The AAP's June 2004 Clinical Report: Sexual Orientation and Adolescents states: "Pediatricians should be aware that some youths

in their care may have concerns about their sexual orientation or that of siblings, friends, parents, relatives, or others. Health care professionals should provide factual, current, nonjudgmental information in a confidential manner. All youths, including those who know or wonder whether they are not heterosexual, may seek information from physicians about sexual orientation, sexually transmitted diseases, substance abuse, or various psychosocial difficulties. The pediatrician should be attentive to various potential psychological difficulties, offer counseling, or refer for counseling when necessary. The AAP reaffirms the physician's responsibility to provide comprehensive health care and guidance in a safe and supportive environment for all adolescents, including nonheterosexual adolescents and young people struggling with issues of sexual orientation." (*Pediatrics*. 2004;113:1827-1832.)

The AAP's May 2004 Clinical Report: Fathers and Pediatricians: Enhancing Men's Roles in the Care and Development of Their Children states: "Over the last 30 years, fathers' roles in caring for their children have been expanded by rapid and profound socioeconomic changes and by society's evolving perceptions and expectations of fathers' roles. A father may be a biological, foster, or adoptive father; he may be a step-father, grandfather, adolescent father, father figure, or coparent father in a gay relationship; and he may be custodial or noncustodial, resident or nonresident, near or far." (*Pediatrics*. 2004;113:1406-1411.)

The AAP's December 2003 Clinical Report: Families and Adoption: The Pediatrician's Role in Supporting Communication states: "Adoptive families are changing. Increasing numbers of single-parent families, blended families, fami-

lies with gay or lesbian parents, and families with older parents are providing homes to children through adoption. Pediatricians have an important role in assisting adoptive families in the various challenges they may face with respect to adoption. Parents need ongoing advice with respect to adoption issues and need to be supported in their communication with their adopted children." (*Pediatrics*. 2003; 112:1437-1441.)

The AAP's February 2002 Technical Report: Coparent or Second Parent Adoption by Same-Sex Parents states: "A growing body of scientific literature demonstrates that children who grow up with 1 or 2 gay and/or lesbian parents fare as well in emotional, cognitive, social, and sexual functioning as do children whose parents are heterosexual. Children's optimal development seems to be influenced more by the nature of the relationships and interactions within the family unit than by the particular structural form it takes."

The AAP Committee on Psychosocial Aspects of Child and Family Health) stated: "Children who are born to or adopted by 1 member or a same-sex couple deserve the security of 2 legally recognized parents. Therefore, the American Academy of Pediatrics supports legislative and legal efforts to provide the possibility of adoption of the child by the second parent or coparent in these families."

### *American Academy of Family Physicians*

The American Academy of Family Physicians' (AAFP) 2002 Congress of Delegates stated that the AAFP would "establish policy and be supportive of legislation which promotes a safe and nurturing environment, including psychological and legal security, for all children, including those of adoptive parents, regardless of the parents' sexual orientation."

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### *American Medical Association*

The American Medical Association (AMA) Policy D-65.995 Health Disparities Among Gay, Lesbian, Bisexual and Transgender Families states: "Our AMA will work to reduce the health disparities suffered because of unequal treatment of minor children and same sex parents in same sex households by supporting equality in laws affecting health care of members in same sex partner households and their dependent children." (Res. 445, A-05).

AMA Policy H-60.940 Partner Co-Adoption states: "Our AMA will support legislative and other efforts to allow the adoption of a child by the same sex partner, or opposite sex non-married partner, who functions as a second parent or co-parent to that child." (Res. 204, A-04).

AMA Policy H-65.976 Nondiscriminatory Policy for the Health Care Needs of the Homosexual Population states: "Our AMA encourages physician practices, medical schools, hospitals, and clinics to broaden any nondiscriminatory statement made to patients, health care workers, or employees to include 'sexual orientation, sex, or perceived gender' in any nondiscriminatory statement."

AMA Policy H-65.990 Civil Rights Restoration states: "The AMA reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges, and responsibilities commensurate with his or her individual capabilities and ethical character because of an individual's sex, sexual orientation, gender, gender identity, or transgender status, race, religion, disability, ethnic origin, national origin, or age." (BOT Rep. LL, I-86; Amended by Sunset Report, I-96; Modified: Res. 410, A-03)

AMA Policy H-160.991 Health Care Needs of the Homosexual Population: "Our AMA: 1) believes that the physician's nonjudg-

mental recognition of sexual orientation and behavior enhances the ability to render optimal patient care in health as well as in illness; 2) is committed to taking a leadership role in: a) educating physicians on the current state of research in and knowledge of homosexuality and the need to take an adequate sexual history; these efforts should start in medical school, but must also be part of continuing medical education; b) educating physicians to recognize the physical and psychological needs of their homosexual patients; c) encouraging the development of educational programs for homosexual patients to acquaint them with the diseases for which they are at risk; d) encouraging physicians to seek out local national experts in the health care needs of gay men and lesbians so that all physicians will achieve a better understanding of the medical needs of this population."

The AMA adopted H-180.980 Sexual Orientation as Health Insurance Criteria: "The AMA opposes the denial of health insurance on the basis of sexual orientation" (Res. 178, A-88; Reaffirmed: Sub. Res. 101, I-97)."

In June 2006, the AMA passed Resolution 6 (A-06): "Resolved that our American Medical Association encourage all hospitals to add to their rule and regulations, and to their Patient's Bill of Rights, language permitting same sex couples and their dependent children the same hospital visitation privileges offered to married couples."

### *Wisconsin Medical Society*

The Wisconsin Medical Society adopted Resolution 8 at its annual meeting on April 16, 2005, stating: "RESOLVED, that our Wisconsin Medical Society oppose efforts to change the Wisconsin constitution to bar any civil union other than heterosexual marriage because of the

negative health care effects it may have on our gay and lesbian patients and their families and dependent children, such as: hospital visitation privileges, bereavement privileges, giving permission for procedures for minor children in those families, and insurance coverage for dependent children in these families."

### *Wisconsin Chapter of the American Academy of Pediatrics*

The Wisconsin chapter of the American Academy of Pediatrics passed the following resolution (September 6, 2006): "Be it resolved, that the Wisconsin chapter of the American Academy of Pediatrics opposes the referendum to amend the State of Wisconsin constitution regarding the definition of marriage because the proposed amendment is not in the best interest of children."

### *Summary*

There is extensive, credible evidence in the medical literature, and overwhelming consensus among professional medical organizations, that disparities in health care provided to gay and lesbian patients and their families must be addressed and changed. As physicians, we continue to assess the latest medical evidence in order to provide the highest quality health care to all our patients. We will tell the truth when attempts to discriminate, whether legislative or societal, harm our patients or hamper our ability to care for them. Examples from Michigan, Ohio, and Nebraska, where constitutional amendments banning same sex civil unions or marriage have passed, are noteworthy, with increasing legal challenges to domestic partnerships. These discriminatory laws and amendments have jeopardized health care decision-making, hospital visitation rights, health insurance, and legal protections for gay as well as heterosexual couples. In Wisconsin, we can and must do better than that as we strive to improve the health of all of our citizens.

# Wisconsin Medical Journal

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