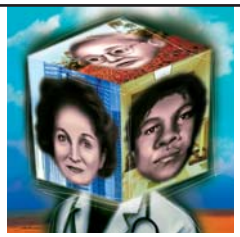

A queer practice

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Working in an inner-city, 'queer' general practice throws up its fair share of challenges. Dealing with patients composed mainly of gay men, with sundry others including lesbians, heterosexual female sex workers, male sex workers, methadone patients (of all sexual persuasions), and transgender individuals, means we see the human species in all its wonderful diversity. We even see 'normal' straight blokes, although they are often of the 'metrosexual' variety. Most days though, I feel like I'm on the set of 'Queer Eye for the Straight Guy' (if you don't know what this is, ask your teenage daughter - she's bound to know all about it! Gay is currently very cool).

We are a practice of eight doctors, with most of us working part time and doing sessions elsewhere as well. I also do one session a week with the Victorian Infectious Diseases Service based at the Royal Melbourne Hospital, and another at the Melbourne Sexual Health Centre. I obtained specialist qualifications with the Australasian College of Sexual Health Physicians, and sit on two of their professional committees, as well as retaining my FRACGP. Last year I also took on an academic role with the University of Melbourne, so my time in the clinic has been reduced significantly.

Given our large contingent of young adults, including gay men, sexual health concerns make up a sizeable portion of our work. We deal with an array of sexually transmissible infections (STIs) and see a significant proportion of Victoria's gonorrhoea and syphilis cases. Of course, HIV/AIDS is a major part of our workload with diagnosis and treatment being a daily activity. This brings its own stresses – telling a young man he has HIV is always difficult, and dealing with the ramifications for his health and relationships means that counselling is an integral part of our day-to-day work.

We take our public health duties seriously, and many consultations provide an opportunity to arrest the bacterial STIs in their tracks. Partner notification (also known as contact tracing) is one of the principal duties of doctors working in this field. Many patients, however, don't know the names (let alone the contact details) of their anonymous partners, so there is not much else that can be done in these cases. For those in relationships, treatment of the partner(s) is imperative and usually easily accomplished. This is more difficult though, when the diagnosed condition is HIV and the partner needs to be informed. We work closely with the Victorian Government's three partner notification officers who provide excellent support for what can be a stressful and unpleasant job.

The medical management of HIV/AIDS is arguably the most rapidly changing area of medicine, with some 16 drugs currently licensed in Australia for the treatment of HIV. More are in the pipeline and will be released soon. This has meant that those of us who have been working in the field for many years have the luxury of learning about each new drug as it comes onto the market. I pity the new generation of general practice and infectious diseases registrars who must learn about these complex drugs with their panoply of side effects and numerous interactions, some of which are potentially fatal. The upside though, is that HIV/AIDS is becoming a manageable chronic condition, albeit with no cure in sight. It is hoped that it will soon become a condition akin to diabetes mellitus, where life long treatment is the norm and premature fatalities can be prevented. The lifespan of people with HIV/AIDS has increased dramatically since 1996, and the need for palliative care (including euthanasia) has diminished accordingly over the past seven years. I'm not complaining though! A return to the high death rates of the early 1990s would be extraordinarily difficult for all of us working in the field, not to mention for the gay community at large.

Of course, gay men are not solely defined by STIs and HIV/AIDS. We see the same range of general (as opposed to genital) practice conditions that we would see in other young adults. Sporting injuries, asthma, relationship issues, and drug and alcohol problems occur in gay and straight alike. The gay and lesbian community however, have higher levels of drug taking (including tobacco and alcohol) than the general popula-

tion. There are many theories about this, but it is possible that the stresses of living in a homophobic world contribute to these problems. Issues of discrimination, 'coming out' to family, work colleagues and friends, and the high levels of violence suffered by gay men and lesbians have all been associated with higher usage of alcohol and drugs.

There are some drugs that are used more commonly in the gay than straight communities including amyl nitrate ('poppers'), anabolic steroids (popular among the gym and dance party scenes), and the party drugs ecstasy, crystal meth, GHB, and ketamine. Doctors working with gay men are used to dealing with the effects of these substances, and our medical records are filled with notations about 'amyl burns', 'anabolic induced gynaecomastia' (also known colloquially as 'bitch tits' or 'bitchies'), and 'postparty come down'. Perhaps we have become a bit blasé about these drugs and their potential for harm. The majority of people who use them of course suffer few serious adverse effects at all, but a minority have serious health problems that may affect their work, relationships, and mental and physical health.

Depression rates are higher in gay men and lesbians, and suicide rates are said to be 2-7 times higher than in the general population. Our clinic provides a lot of counselling and antidepressant medications, and we spend a great deal of time just listening and dispensing encouragement and advice. Issues to do with one's sexuality or gender go to the very core of what it is to be human, and uncertainty or confusion can lead to much harmful thought, anxiety and depression. If that is then mixed with rejection from family and/or friends, hostility from a backward looking federal government, or hatred from a homophobic church, the results can be devastating to the psyche and the spirit. The queer communities have lost too many of their youngest and brightest to suicide.

Another group with whom we work closely is the transgender community. The development of this community is, in my opinion, similar to that which occurred with the gay and lesbian communities in the 1970s. A growing advocacy movement led by transgender individuals is starting to make inroads into the human rights issues associated with being transgender. Most states and territories now have antidiscrimination legislation, but the federal government is lagging in this regard. We assess people who come to us wanting sex hormones, and then provide them on prescription. We also offer referral to psychiatrists, but many transsexuals are not keen to take up this offer as they generally do not have a mental illness as such, and certainly don't see themselves as having an illness. Transsexualism is more often seen nowadays as just one part of the human condition, in a similar vein to the way homosexuality was seen after it was removed from the list of psychiatric illnesses in 1973. We also arrange breast surgery (augmentation for male-to-female, and mastectomies for female-to-male) and facial surgery with helpful plastic surgeons for those transsexuals who wish to avail themselves of surgery.

In summary, my life as a GP working with queer communities is varied and rich (though not financially), and is somewhat akin to that of a Vietnamese doctor working in the Vietnamese community, or a country GP working in a rural community. One gets to know one's 'constituents' well, through professional – and often social – contact. Drug and alcohol issues loom large, and much of our work involves counselling, and, in some cases, advocacy. We can cure some things (gonorrhoea and chlamydia) and control others (herpes simplex and HIV), and can always achieve a great deal just by being there and by not discriminating. Each person before us has intrinsic worth, and at their core, they have the same wants and needs as any other – good health and happiness. It is generally a delight to be able to help people in their quest for these simple things.

Further reading

Victorian Ministerial Advisory Committee on Gay and Lesbian Health. What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians, 2002. http://www.dhs.vic.gov.au/phd/macglh/downloads/difference.pdf

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