

On Being Gay in Medicine

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EDITOR'S NOTE: Mark Schuster was the featured speaker at the Children's Hospital Boston GLBT & Friends Celebration in June 2010. We reprint his remarks here.

The first time I stood before a large audience to speak was when I was 13 years old. It was at my Bar Mitzvah. I walked up to the podium, looked out over the sea of faces, and thought to myself, I am a homosexual standing in front of all of these people. And I wondered what would happen if I told them. That was in 1972, and even mentioning the word homosexual, unless paired with an expletive or derogatory adjective, would have been unacceptable at my synagogue. It would have been unacceptable in my home, my school, or any place I knew. I could not have conceived of telling my doctor. I assumed that I would never say out loud that I am a homosexual. The idea that I would someday be able to stand in an auditorium, stand anywhere, just a few miles from where I live with my husband, our two sons, and our dog, with everything but the white picket fence, was not something I could imagine.

Today I stand on a different stage. The Children's Hospital Boston GLBT and Friends group asked me to share my story as part of its celebration day. How I got here, what I learned along the way, especially at Children's, and how the world changed—these are what I will talk about.

A decade after I considered turning my Bar Mitzvah into a public confessional, I entered medical school at Harvard. Some students had started a gay group the year before. They had scoped out the territory, searched for role models, and come up nearly empty. In a creaky old closet, tucked way in the back, they found a world-renowned senior physician at Children's. He advised against starting the group, offering that it was much better to be secretive about being gay so that no one would bother you. I've heard that same advice many times from men and women from earlier generations who had fewer options in their day.

Around the same time, a Harvard physician I later met was just coming out. He was spotted at a social event with someone his hospital's Chairman of the Board suspected was gay. The Chairman reported to the hospital that he thought the physician was gay too and said that people like that should not be allowed to work there. Fortunately, the CEO ignored the Chairman.

There was a junior faculty member at Beth Israel Hospital who was out and actually willing to talk with gay students. When I made my pilgrimage to meet her, even she advised me to remain closeted until after I got my first semester grades. She explained that the school would want to kick me out if they learned I was gay, and they could use poor grades as an excuse.

That's not to say that there was silence about gay people. We did learn about them in an elective course on "special" populations. One week we learned about prostitution; another, about drug addicts. In between, we learned about homosexuals. A real live one showed up to tell us what it was like. He was articulate and our own age and seemed just like all of us. Indeed, I knew him. We had gone to college together and he was a student at Harvard Law School. I sat in awe of his bravery and prayed no one had seen him say hi to me.

I came out to classmates I felt close to. They were mostly supportive. One time I was talking with a classmate about a guy who had asked me out on a date. She confessed that she had thought that being gay meant simply that men had sex with men; it had never occurred to her that they might actually go to a movie or fall in love. Her honesty gave me a window into what many peers believed, as I would learn repeatedly over the years when people let down their guard.

During medical school, I was on the admissions committee. Two people interviewed each applicant and then presented to the rest of the committee. There was an applicant who was outstanding in every category; I gave him a 10 out of 10. The other committee member who interviewed him, a doctor at Children's, gave him the worst score we'd seen. His record at one of the top schools in the country meant that he would have had to have confessed to murder, or worse, preferring Yale to Harvard, to get such a low score. We waited to hear the explanation. He said that he just didn't feel "comfortable" with the applicant. The committee was baffled. I wasn't, because I had met the applicant. He was a man who was effeminate. I didn't know if he was gay, but I did know that he was someone who was likely to have been called names or to have been roughed up because people thought he was. The doctor who had interviewed him already had a reputation at Harvard College, where he helped premeds put

together their applications for medical school. Gay students knew to avoid being assigned to him. As it turned out, with no articulated explanation for the low score, the committee was unconvinced and went with my score. The applicant was admitted, got an MD/PhD, eventually came out as gay, and has gone on to do important work in transgender studies. I wasn't sorry that the doctor who had interviewed him left Children's before I began residency here.

A year later I was doing my rotations. On my adult neurology rotation, a young woman came to the emergency ward with urinary incontinence and other symptoms and signs of a herniated disc. The myelogram confirmed the diagnosis. The neurosurgeon was eager to operate. The neurology team was delighted that she was a great teaching case. But she proved a richer teaching case than we anticipated. The neurosurgeon abruptly canceled the operation. It turned out that the radiologist had reversed his reading. When pressed as to why he no longer saw what even a third-year medical student could see (that would be me), he confessed that the neurosurgeon had pressured him to change his read. When our team met with the neurosurgeon, he was direct. He had seen what he assumed to be a lesbian novel at the patient's bedside, and he wasn't going to operate. His rationalization was that she might have inserted something into her urethra that caused her incontinence. He had no research or case studies to support his theory. He had no explanation for why a lesbian would do this. He had no explanation for why it wasn't showing up on x-ray. He made it clear, though, that he wasn't going to operate on a lesbian.

Then I heard a voice shout, "So, she's a lesbian, what does it matter!" And then I realized that the voice was mine. There was a moment of silence as everyone turned to look at me, jaws agape. The neurosurgeon burst forth with questions. How do you know? Did she tell you? What did she say? Indeed, she hadn't said anything. It was just that she and the woman by her side during all of this were the most obviously devoted couple I'd met in any of my rotations yet. The neurosurgeon held firm. To their credit, the neurology team got orthopedics to perform the surgery.

On another rotation, I was on a consult service that helped diagnose a man with AIDS. His case hit home. He had just moved across the country with his boyfriend, who was a first-year Harvard medical student. The pulmonary fellow on our team, a generally kind man, grumbled to me that he hated having to go into this patient's room. And so we didn't go in much. The patient's intern also avoided him, even managing to find herself too busy to perform a timed blood draw one night for a key lab test. I was still there writing my consult note, so after several attempts to gently remind her to take a break from having a light evening and chatting with staff, I just did it myself. This patient was not unlike any number of patients at hospitals around the country, wondering why the clinicians who were supposed to provide care and comfort appeared to be avoiding and even judging them. He eventually died. His surviving boyfriend, the medical student, joined some other medical students and me at the 1987 National March on Washington for Lesbian and Gay Rights. While

there, our visit to the AIDS quilt, a collection of panels that each represented someone who had been lost, was particularly poignant as we remembered my former patient and so many other patients and friends.

Later, during residency, we had a child in the neonatal intensive care unit with two moms. The primary nurse assigned to him was incoherent on rounds. She couldn't contain her distaste for the boy's parents. She didn't want either mom around, including the one who had given birth. The charge nurse pulled her off the case. This was the same neonatal intensive care unit in which staff also found it hilarious that a female utilization review administrator used to be a man; they snickered and whispered within earshot when she was there. I encountered the same infant again a few months later on the wards when he was admitted with bronchiolitis. There the nurses and physicians treated the moms with all the respect that every parent should receive.

After my third year, I entered a joint masters program at the Kennedy School of Government. Having benefitted from the peer support of the medical school gay group, I teamed up with some other students to start one at the Kennedy School. We organized a public screening of a documentary about the life of Harvey Milk, an early gay rights leader who was assassinated. I agreed to do the introductory speech for the evening. When I mentioned this to my boyfriend, a junior faculty member at the law school who was concerned about getting tenure, he told me that word would certainly get back to the medical school and I would not get a residency. That gave me pause. He also told me he would have to break up with me because he wouldn't be able to be seen with me once I came out publicly. That was eye-opening in so many ways, and basically guaranteed that I would go ahead and introduce the evening. We had tried to meet with the dean to invite him to make some remarks at the event, but he wouldn't even talk with us. Through his assistant, he declined to attend the event, but he did send a letter for us to read. It talked about the joys of running for public office. It mentioned nothing about being gay or our new student group. His letter became an object lesson for the school, with the audience laughing vigorously at the words so carefully chosen to avoid giving any hint of support for our group.

A few months later it was time for me to pick medical school rotations for the summer, so I met with my attending from my pediatrics rotation at Children's, who was also a member of the admissions committee for the pediatrics residency. He had decided that he should be my advisor. He told me that I was definitely going to get into Children's for residency so I should take the opportunity to do adult rotations because I'd get plenty of pediatrics for the rest of my career. He told me who should write my recommendations, with him being at the top of his list. At the end of our conversation, I told him I had one more thing I wanted to talk about. I told him I was gay. I felt I had to. He was inquisitive about his advisees' personal lives, often asking us who each other was dating, and I didn't want him to hear from someone else and think I didn't trust him. Plus, my most important example of leadership, which was

presumably something that residencies looked at, involved the Kennedy School gay group. He looked stunned. He said nothing for a long time. Then he asked if I had told anyone else at the hospital. I said that I hadn't, and he told me not to tell anybody. I left, not sure of what to make of our meeting.

After the summer, I came back to meet with him to finalize my residency applications. The only new grade that had come in at that point was an A+ on my end-of-the-first-year masters project. I went back over my list of recommenders because I thought I should add an attending from the summer. That's when he informed me that he would not be writing me a recommendation. This time I was the one who was stunned. I hadn't seen it coming. It wasn't lost on me that without a letter from the attending of my only pediatric rotation, I wouldn't be able to become a pediatrician. That boyfriend who had told me that word would get back to the medical school and keep me from getting a residency was right. What he hadn't anticipated was that I would be the messenger.

So now I was in a bit of a tight spot. I had been scheduled to take my final masters courses that fall, but I canceled them and looked for open pediatric rotations. Luckily, the two I found on short notice had wonderful attendings, Ken McIntosh and Bill Berenberg. Without their recommendations, I could not have applied in pediatrics anywhere. This makes the fact that my endowed professorship is named for Dr. Berenberg a particularly special privilege.

It may seem odd that I didn't complain to anyone, but there was no one at the medical school or the hospital to whom I or my gay classmates thought it was safe to complain. There were no policies to protect us; no grievance boards; no mechanisms in place. Times have changed, but I still have undergrads ask me if they can come out in their medical school applications and medical students ask if they can come out in their residency applications. Yes, times have changed, but they have not changed enough.

I wound up matching at Children's and went through residency afraid that if the faculty found out about me, I could be mistreated or marginalized. I felt like I understood why the Children's professor had said several years before that it was better to be secretive so that no one will bother you. But I didn't agree with him. I told myself that I would never again hide my orientation in an application or work in a place where I feared being out.

Residency left little time for a social life, but I did get out every now and then. One night I was in a line for an AIDS fundraiser. Suddenly there were shouts and we found ourselves being chased down the street by a group of guys with baseball bats yelling, "Faggots, go home!" After they'd made their point, they cleared out, leaving a man lying unconscious in the street. I ran back to help him. A nurse from Children's also appeared. The man was cut and bloody. He was responsive to pain but not arousable. We tended to him until the ambulance came. From what I later read in the local gay newspaper, he remained cognitively impaired.

After residency, I moved to L.A. for fellowship and stayed for 16 years. I was open in my daily life. It was nice. I overheard fewer fag jokes, no one was trying to fix me up with their sister, and I became a resource for people of all ages who were coming out and scared. I brought my boyfriend Jeff, now my husband, to work events. I apparently was the first person to bring a same-gender partner to such things. A senior faculty member came into my office one day, closed the door, and commented on my bringing Jeff to events. He then awkwardly told me that he was gay and had a partner. I never did see him bring his partner to a work function, but I think it pleased him to know that things were different for the next generation.

Years passed and I found myself looking at job opportunities on the east coast. An institution I was excited about invited me to interview. Before I'd even visited, the chair offered a recruitment package that blew me away. Everything sounded great. I asked on the phone whether there were domestic partner benefits. It was a perfunctory question, because given the city, I assumed the answer would be yes. By that point, most Fortune 100 companies had them. Turns out they didn't, but they said they'd cover Jeff's benefits to accommodate me. I explained that I appreciated the gesture, but I wasn't interested in working in a place that didn't have partner benefits for everyone. That was on a Friday. On Monday they called back with news. They had committed to starting domestic partner benefits with the new year. This was remarkable. This was an institution at which the residents, who were unionized, had recently included such benefits on their list of demands, only to have the administration refuse to come to the bargaining table unless that demand was removed. In the end, after visiting, I decided not to accept their offer, but they nevertheless followed through and implemented partner benefits. A simple nudge from outside an institution can sometimes have more impact than repeated requests from within.

Not long after, Gary Fleisher, our physician-in-chief, approached me about a search that was opening up for the position I'm now in. As I explored, I was surprised at how different the place seemed from when I was a resident and how comfortable I felt. My family wasn't just something that was acknowledged but rather it was embraced. I was treated like any other recruit for a division chief position, with our hospital president Sandi Fenwick, Gary Fleisher, and others offering to help my spouse find a job and advising on how to find a preschool for our kids. There was something very natural about it. It was good to have my family structure treated as unremarkable.

It especially felt good after I got here and received a call from the head of our residency admissions committee, Sam Lux. He wanted to talk about an applicant I had interviewed. Sam feared that the applicant wouldn't rank us #1 if his partner didn't have an adult fellowship lined up in Boston. I was charged with making this happen. I asked for the partner's name so that I could call the fellowships. It was an unmistakably male name. I felt like there had just been an earthquake and that no one had felt it but me. As

it turned out, his partner was so strong he didn't need my help, but Sam wasn't taking any chances. He was going on about how I had to call people at the Brigham and MGH and convince them to get their fellowship committees to meet early. Sam was so wonderfully oblivious to the pronouns. His nonchalance told me so much and drove home most clearly how different things were. I could not believe that in a mere two decades we had gone from "I've decided not to write you a recommendation" to "Your job is to get this guy's partner a fellowship."

I felt that way again a few months ago. I serve on the medical school promotions committee, which provides the final review before portfolios are passed on to the dean. On our docket was a faculty member from Children's who has emerged as one of the leading researchers on the health of lesbian and gay youth. Committee deliberations are confidential, but I think I am within bounds to say that the enthusiasm for her accomplishments again gave me a sense of belonging, and another moment of realizing that what had once seemed impossible had actually come to pass.

Things really have changed. They have changed in so many places. And for that I am grateful. I have seen the Supreme Court rule that sex between people of the same gender is legal. I have seen gay marriage become a reality in Massachusetts. I have seen more and more states pass laws against discrimination in the workplace on the basis of orientation. I have seen gay youth come out in high school. I have seen gay college students baffled by the obsession of my generation with whether and when to come out and even the need to define ourselves by our orientation. I have seen it and thought back to myself as a young man who wondered why he was applying to medical school when he kept hearing that he would have to choose between being a doctor and being openly gay—and I have felt both vindicated and happy.

It's easy for me to think that my experiences two decades ago are ancient history. For me they are. I've been lucky enough to construct a life that does not involve a daily fear of being outed, of being beaten, of being fired, or of having my children taken away from me. But many people still live with such fears. My experiences wouldn't sound so quaint to them.

I am currently serving on the new Institute of Medicine Committee on Lesbian, Gay, Bisexual and Transgender Health Issues. The public testimony has been moving. The enthusiasm that people have for the very existence of the committee and the expectations they have for our report have been humbling. Their comments have been a reminder of just how marginalized people still feel, and how alienated they feel from the clinicians whom they depend on in their time of greatest need.

I was saddened by the recent case of Lisa Pond, who lay dying at a Miami hospital from a brain aneurysm while her partner of 18 years was blocked from seeing her. I was also saddened when I learned of the child of a lesbian couple who was hospitalized with a high fever in Bakersfield, California. The biological mother was allowed at the bedside while the other mom, who had legally adopted the child, was kept out, even though two parents were allowed for other children. I was greatly dismayed when Lawrence King, an 8th grader in Oxnard, California, was shot and killed in his classroom for his presumed orientation. And even closer to home, I was more than saddened when Carl Walker Hoover, a 6th grader from Springfield, Mass, committed suicide after enduring months of anti-gay bullying. There are many more stories like these.

Today is a great day to celebrate ourselves, our patients, and our institution, and appreciate how far we have come, but there's still much more work to be done.

Thank you.