

# Should doctors ask patients about their sexual orientation?

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Asking about patients' sexual orientation is not routine, even among medical professionals who specialize in sexual health.

About half of the medical professionals surveyed by John Hopkins Medicine researchers said they asked patients directly about sexual [orientation](#), according to a study published July 31 in *The Journal of Sexual Medicine*, while about 40 percent said sexual orientation is irrelevant to patients' care.

The survey's co-author, Dr. Amin Herati, urology professor at the Johns Hopkins School of Medicine, said that men who mostly have sex with men are at higher risk of some [sexually transmitted infections](#), so if doctors don't know men are gay, for example, their care might not include that consideration.

The researchers suggested that the 84 [medical professionals](#) surveyed were more likely to ask about sexual orientation because all are members of the Sexual Medicine Society of North America.

Asking about a patient's sexual orientation has risks and benefits, said Naomi Goldberg, policy and research director at the Movement Advancement Project, a think tank that works toward equality for LGBT people.

Overall, she said, the benefits of tailoring care toward patients outweighs risks, but the way that someone's orientation is sought is important.

"Any time you ask about sexual orientation or gender identity, that's sensitive information that needs to be treated carefully," she said.

And that information should be safeguarded, she said.

As far as how to ask, questions regarding [sexual orientation](#) could be included on intake forms, she suggested, along with other questions ascertaining age and ethnicity. Boxes could include whether patients think of themselves as lesbian, gay or trans, for example. They could also ask what gender they were assigned at birth and how they identify now.

"If someone currently identifies as a woman and checks 'woman,' and may not check 'trans,' and if you ask what sex were you assigned at birth and she checks 'male,' then a physician might be able to have a discussion" more specifically tailored to her health, for example.

Goldberg pointed out that with more information, for example, a doctor might bring up the possibility of using PrEP, the pill that can reduce the risk of HIV infection. Also, knowing that LGBT people might be more at risk for depression could help doctors better monitor mental health.

"Those are the kinds of things that might get left out because doctors may make assumptions about their [patients](#)," Goldberg said.

She noted that for many people, clinics and community centers that are LGBT-focused are a way to seek care in a safe space, but not everyone has that option.

A report released this week by the Movement Advancement Project shows that these centers are often understaffed and underfunded, but serve more than 40,000 people each week across the 40 states surveyed.

"Going to an LGBTQ community center or somewhere like Howard

Brown (in Chicago) that's focused on LGBTQ people, that is a really nice option for some people," Goldberg said, adding that those who live elsewhere in the state have fewer options. "We need to also make sure that the [primary care physicians](#) at your local community health clinic or at the local hospital are also aware of the issues."

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