

GMC Apology



My story – Dr Alexander

Over the years I have personally encountered a number of episodes of homophobia which have had a significant impact on both my life and my clinical practice.

When I qualified in 1987, I was 25 years and very firmly in the closet. To have come out at that stage would have been career suicide. The AIDS epidemic was in full swing and there were people dying with HIV on a regular basis. To have come out at this time would have risked being reported to the GMC and being struck off.

Initially when I was a houseman and then Senior House Officer (SHO) in Anaesthetics, I was very firmly closeted and did not see much in the way of homophobia. If I did, I would have been far too terrified to have said anything.

In the early 1990s, I went out of Anaesthetics and into General Practice and became a GP trainee in Hampshire. Whilst a GP trainee, one of the senior partners, who was ex-army, told me that rather than an attitude problem, I had a serious personality problem. As far as he was concerned there was no place in general practice for a single man. I was sent to see the regional adviser in general practice to discuss my career choice and once again the point was made that there was no place in General Practice for a single man and that I needed to consider my career choice very carefully. The same point was hammered home when I did a practice swap for a week with another trainee – that once again, there was no place in General Practice for a single man. I did the second part of my trainee year in an inner city practice and at that practice being single did not appear to be an issue.

In those days, there were no mobile phones and “the wife” was part of the team. When on call she would be required to answer the phone and take the calls off the patients. When applying for a job, the wife would be interviewed over sherry as part of the team.

After a somewhat bruising year in General Practice, I decided that I needed to return to anaesthetics and have another attempt at the Part II FRCA. I went back to Anaesthetics in Salisbury and the consultants in the department were very supportive, however some of my junior colleagues were less supportive.

At a departmental barbecue/summer party, one of the female registrars, asked me, in front of most of the other juniors in the department seated around the table,

'So Dr Alexander, tell us all, are you gay?' This was extremely embarrassing to say the least. The departmental secretary who was seated near to me carefully moved the large bowl of trifle that was in front of me out of my reach as she felt that judging by the look on my face, I was going to pick it up and throw it at said registrar. Needless to say, this was the topic of conversation for some time afterwards and I was told to expect an apology from the registrar. Needless to say, that never happened.

I then went back to the North as an anaesthetic registrar which was generally fairly friendly and supportive, but I learned to develop a very strong defence mechanism and become as good as I could professionally so that nobody could find fault with my work and if they did have a problem it was with me not my work. The other thing I did was "not to mix business and pleasure." I rarely went out on any departmental gatherings apart from the odd drink, and only if I was extremely certain as to who was going. It is something that has persisted through to this day - I only very rarely go to any work functions and only if I am very certain as to who else is going. I also remain relatively closeted at work; I rarely mention my partner at work and if I do go to work functions, I do not normally take him with me.

During this time I developed an interest in Obstetric Anaesthesia as it was generally a more open environment, and I found the midwives and Obstetricians much easier to work with, rather than some of the Surgeons in theatres which could at times be a somewhat homophobic environment. Some of the worst theatres for a "macho male" environment were the cardiothoracic theatres where bullying, racism and homophobia was rife. I was asked by one of the Consultant Anaesthetists in front of a full theatre if I was gay. I did not reply but refused to work with him again. One of the more laddish theatre technicians managed to defuse the situation by asking if said Consultant was "looking for some cock again"! I gather he was taken to one side and reminded that if he did it again, there would be trouble... not that it stopped him.

After I gained CCT, I became a Consultant in the Midlands which was a very difficult time. Although a big teaching hospital, the hospital and the area had a distinct "small town mentality" and were quite hostile to anyone who had not trained locally. Sexist, racist and homophobic comments were common and although little was directed at me it was a distinctly uncomfortable working environment. I was regularly asked about "wife and family" as attempts were made to pigeonhole me and for a time I tried "going straight and acting straight" in order to fit in. During my three and a half years in that job I found that, as an outsider, every move I made was scrutinised and I was pulled up over every minor incident. If you did not fit in, your life was hell, and after three and a half years I moved back to the North where

the atmosphere was much less toxic and more accommodating. I always felt that homophobia was behind the difficult time I had there.

Back in the North West, life was much easier and more pleasant. I started to be more open about my sexuality and acquired a partner, but as time went by and the department increased in size and the demographics of the department changed, homophobia started to rear its head again.

Several years after I had started back in the North West, I was made aware of a complaint put in by one of my colleagues over our departmental clinical director to one of the divisional medical directors, criticising my management of 4 patients; in doing so they had also criticised the obstetric management of these patients. The cases were all looked at and revisited by myself and the Obstetricians with the divisional medical manager concerned. After thorough investigation, it was found that there was no case to answer. The results of the investigation were that there was a combination of homophobia, professional jealousy, and mischief-making behind the complaint, and that the Obstetricians concerned and I would receive a written apology. Needless to say, we are still waiting for that apology, but the person concerned and I have never spoken since.

There has been an undercurrent of homophobia in the department for a number of years and one particular incident was at the departmental barbecue. The barbecue was advertised for partners and families and so it was decided that I would take my partner who is also a hospital Consultant. Shortly after we arrived, my partner found himself in conversation with the husband of one of my female consultant colleagues who introduced himself. When my partner replied that he was my partner and that he was a consultant elsewhere rather than in the department, the reply came "I didn't think we had things going on like that going on round here".

My partner was visibly shaken and we made our excuses and left shortly afterwards.

As demographics have changed, the incidence of cultural homophobia has increased and this would appear to have been allowed to go relatively unchecked. One morning, one of the theatre technicians who was openly gay and I were positioning the first patient on the operating table when a West African surgical junior looked across at the pair of us as we positioned the patient and declared in front of the full operating theatre that in his country, "we would be put up against a wall and shot." This caused considerable offence to a number of those who were in theatre at the time and when it was reported to management, the reply came

back that we had misunderstood the comment and that he was only expressing an opinion!

For a number of years I had a regular theatre list on a Wednesday, and worked with most of the surgeons in that specialty over the years. However, as the years went by, it became increasingly obvious that, unlike a number of my colleagues, I had never been invited to any of the Christmas parties or departmental gatherings. This came to a head relatively recently when the theatre staff asked if I was going to the Christmas party for that specialty. I replied that I did not know anything about it and no, I had not been invited. The theatre staff then pressed one of the Consultants who was organising the party if I could be invited. The official reply came back that there were no places left, and then word leaked out that one of the theatre technicians and I had been left out because the person organising it was not happy with us going because we were gay. The person concerned had deeply-rooted religiously-motivated prejudice and what times I had worked with him, he had often been quite difficult!

Over the years I have noticed that a lot of homophobia can be fairly subtle and low-level, and unless you are attuned to it, it can pass you by. I am well aware that there are still highly-prejudiced colleagues who “steer clear of me” because I am gay.

Currently, 14 operating theatres in my hospital are an LGBTQ-free zone in that there is nobody on the theatre staff who is openly gay. On that size of workforce, one would expect some people to be gay but at the moment they clearly do not feel comfortable about being out and proud. Several openly gay people have recently left for jobs elsewhere as they were finding themselves passed over for promotion and being “given a hard time”. It is noticeable that none of them had any problems getting jobs elsewhere. In many cases, they have flourished elsewhere.

I hope this article proves useful and gives an insight into the homophobia that still exists in certain parts of the NHS.