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Diversity

Commentary

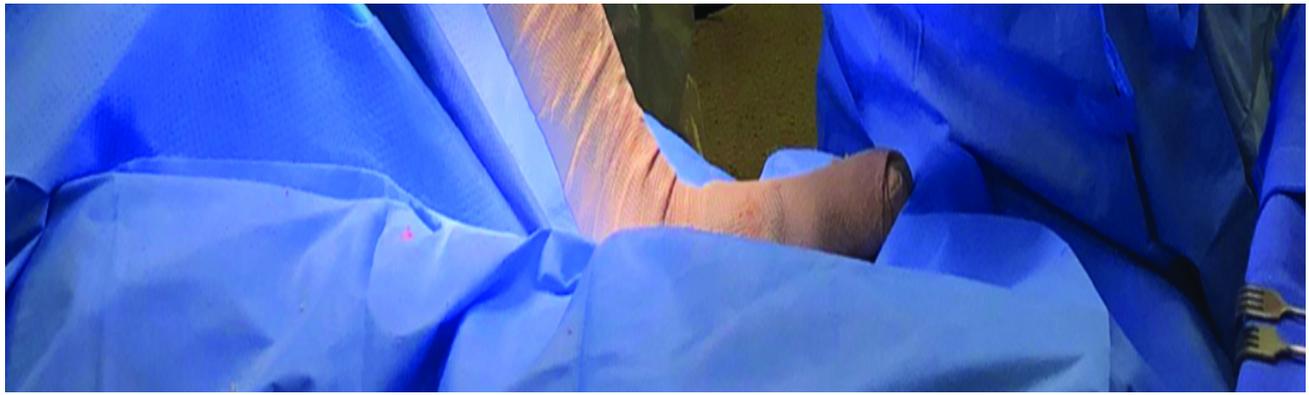
Sound Off: Being 'Out' in Ortho Can Relieve Anxiety

When I was a medical student, I finally accepted myself as lesbian and was “out” in the lesbian, gay, bisexual, transgender, queer (LGBTQ) community. Soon after, I joined the military and realized I could not be out and keep my job. To top it off, I fell in love with orthopaedics, one of the least diverse of any specialty, making it even more difficult for me to be out. Orthopaedics was among the specialties least welcoming and inclusive of sexual and gender minorities (SGMs), according to a study assessing prestige and specialty choice among medical trainees.

I chose to live a double life. I grew my hair out, put on makeup, and wore more feminine clothes. I wasn't alone. In a study of general surgery residents, LGBTQ residents reported concealing their identities when applying for residency, as they felt uncomfortable openly discussing their partner with co-residents and attendings or bringing their partner to department events. Even when the residents interviewed experienced discrimination, they did not report it for fear of reprisal or the belief that no disciplinary action would be taken. As a resident, I worried whether I would be able to take my partner to graduation. These

types of fears among the LGBTQ community contribute to anxiety and depression and can hamper the ability to have successful relationships.





Dr. Bellamy performing a robotic-assisted total knee arthroplasty

Courtesy of Jaime Bellamy, DO, FAAOS

Being a part of the LGBTQ community during training was exhausting. I reluctantly laughed at derogatory jokes at the expense of the LGBTQ community. The worst comments I heard typically were use of the word “gay” as a synonym for “dumb,” or some people using the word “FAG” to refer to the “Foot and Ankle Guy” to be funny. These jokes are never funny. Feeling marginalized negatively affects self-worth, confidence, and belonging, which can lead to unhealthy behaviors.

For an LGBTQ trainee, there is a constant anxiety of not knowing who will or will not approve of who you love or of having to come out again, whether to patients or staff, or when moving on to new rotations or new attendings.

I found that I was more comfortable with someone else outing me rather than outing myself. I wanted people to find out without my presence so they could react privately. However, I didn't fear being treated unfairly because I believed in the fairness of our residency program.

Most LGBTQ trainees choose not to share their personal lives out of fear—of rejection, poor grades/evaluations, or potential effects on career advancement. Medical students listed privacy, social or cultural norms, lack of support, and fear of discrimination as the most common reasons for concealing their sexual identities. For me, I had a greater fear of disappointing my attendings and registering that disappointment on their faces. At first, I felt uncomfortable inviting my wife to residency events. That changed only when I went to an event without her and an attending asked where she was.

I didn't know anyone in orthopaedics who was part of the LGBTQ community during my residency. I had to *believe*

that I could be LGBTQ and an orthopaedic specialist, even though I couldn't *see*

it. In another survey of LGBTQ medical trainees, the overwhelming majority expressed the value and importance of visible LGBTQ mentors in enhancing trainees' academic productivity and personal development. There is a small network of people who are LGBTQ in orthopaedics and even fewer who are out. How can students and trainees benefit from having LGBTQ mentors if these potential mentors are afraid to come out?

Residency programs can adopt several practices, such as implicit or unconscious bias and "safe zone" training, to create better environments for SGMs. Leadership must be the model of fairness and equity for change to last. Small changes like establishing all-gender bathrooms and expanding categories on admission forms beyond "male" and "female" send a message of acceptance to SGMs. Because SGMs experience health disparities, a welcoming environment for students, residents, and staff ultimately benefits SGM patients, who often delay seeking healthcare.

Allies can show support for the LGBTQ community by recognizing occasions that are important to them, such as National Coming Out Day (Oct. 11), Transgender Day of Remembrance (Nov. 20), and Pride Month (June). Being conscious of what you say—or don't say—is a simple way to offer support. Do not assume everyone is heterosexual; use words like "partner" when referring to a spouse in conversations with trainees and patients. List your pronouns on your email signature line or social media bios. Talk about injustices against LGBTQ communities that are reported in the news. Never make disparaging remarks or joke about SGMs. A true ally acts by speaking up when these types of comments are made.

Residency programs and professional societies also can improve visibility of mentors by creating an "OUT list." It is a voluntary, public listing of students, residents, fellows, and attendings who are openly out, as well as allies, which can facilitate networking. Social media are additional avenues to network with like-minded people or mentors. A handful of students have reached out to me on Twitter seeking advice about orthopaedics, expressing their relief at seeing someone like them in the specialty. There also is a strong LGBTQ community on #GayMedTwitter, where we connect with people from all over the globe who share similar interests.

Residency is hard enough without the added anxiety of being an SGM in a less-inclusive field. Do your part to help make SGMs more comfortable. Start by creating a more inclusive environment for trainees and increase the visibility of SGMs in your department by promoting them to leadership and academic positions.

Orthopaedic surgeons of the LGBTQ community must be brave and come out. My optimistic vision for the future is that those of us in the LGBTQ community will not be afraid to be ourselves—the future of diversity in orthopaedics depends on us.

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