



## Invisible Minorities

**W**hat do you think is the most important issue for gay and lesbian adolescents and young adults with cancer?

This question was posed to me at the Stupid Cancer OMG Summit in Las Vegas, NV, an annual conference for young cancer survivors. I was sitting in the exhibit hall where I was promoting my latest book *This Should Not Be Happening: Young Adults With Cancer* and recruiting people to interview for another book that I am writing.

The young man who asked the question had an engaging smile and an aura of curiosity that made the question seem genuine and not a test; however, it may have been just that. Without hesitating I replied, "Isolation." He nodded his head (I think I passed the test!) and, for the next 45 minutes, we talked about his experience as a young person with cancer and his role as an advocate for teenagers with cancer. He talked with emotion of the challenges that this disease poses to those who are on the cusp of becoming adults with all the attendant challenges of choosing a career path and deciding what and who they want to be. He shared with me that his cancer occurred at a time in his life when he was discovering that he was gay, and something that he said to me took my breath away.

"For a while, I thought that the cancer made me gay." It took me a while to respond to this statement. Where does this kind of thought come from? Is the possibility of being gay so bad that he saw it as another awful side effect of cancer? I asked him about his experiences as a teenager, a gay teenager just discovering himself, within the cancer system that helped to keep the cancer at bay (for more than 10 years and counting). He told me that he was not "out" with his oncologist, although he thought that it would be okay for him to know. But his visits for follow-up care are so brief that he has never had the time to share this.

He described how a nurse practitioner questioned him at length about who he is sexual with, and he felt violated by the intrusiveness of the questions from someone that he didn't know well. Then he worried about how much would be shared with other staff and why they needed to know in the first place. I heard myself apologizing for these experiences, and I vowed that I would never give a talk about adolescents and young adults with cancer without including content about this minority population of patients who often are invisible to us and who are sometimes hurt by our insensitivity or ignorance.

I am not for a single moment suggesting that outright homophobia (the irrational dislike or hatred of gay, lesbian, bisexual, or transgender individuals) is rampant among oncology nurses, but I do know that heteronormativity is pervasive in our society and, by default, in the institutions where we work. Heteronormativity is defined as "relating to, or based on the attitude that heterosexuality is the only normal and natural expression of sexuality" (Merriam Webster, n.d.). This is acted out constantly in everyday society by the assumption that everyone is heterosexual and that anything else is not normal. It is manifested every time we ask a patient if he has a girlfriend or wife or if a female patient is married (although this is changing with the ability of same-sex couples to marry in increasingly more states, as it has been for years in Canada). It happens when hospital staff tell the partner of a gay or lesbian patient that only family members can stay with the patient in the emergency department when that person has described themselves as a friend of the patient, or can't find the tick box on a form for nonheterosexual relationships as a choice.

Language is important, and the language we choose to use can isolate our patients and their loved ones. Assuming

that our patients are heterosexual, particularly our younger patients who may not be comfortable disclosing their sexual orientation because they have not told their parents or other family members, creates a distance between us. And that distance creates secrets and half-truths that get in the way of healing, hope, and the holistic care we pride ourselves on providing. By using neutral language—partner instead of girl- or boyfriend—we open the door to inclusion and acceptance that allows for honest assessment and realistic interventions. The excuse of treating all patients the same is not helpful because our patients are NOT all the same. They are unique and special and oftentimes exceptional, and this needs to be acknowledged. The evidence is clear. Who you are attracted to is not a choice; it is hardwired into our brains and hearts and requires neither treatment nor abhorrence. It just is—for our gay and lesbian patients just as it is for each of us. We should not isolate these patients by our ignorance or oversight. Inclusive and neutral language is an important start to acceptance and will not hurt anyone, gay or straight. But ignoring this simple fact can and does.

## Reference

Merriam Webster. (n.d.). Heteronormativity. Retrieved from <http://www.merriam-webster.com/dictionary/heteronormativity?show=0&t=1400846451>

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