A WORD FROM MEMBERS OF THE LGBTQ COMMUNITY

Ophthalmologists open up about their experiences.

BY STEPHEN F. BRINT, MD; DANIEL CHURGIN, MD; WANDSY VELEZ, MD; AND SCOTT WALTER, MD

FOUR DECADES' WORTH OF MEMORIES

Stephen F. Brint, MD

When I agreed to share my thoughts in this article, I immediately began to reminisce about my 4 decades of experience in ophthalmology. What could I possibly share that wouldn't be discussed by the other contributors to this article? When I applied to medical school in 1968 and residency programs in 1972, there were no questions about sexuality. Everyone had their own private life, and sexual preference was a "don't ask, don't tell" topic. In many ways, that made practicing medicine easier for me because I was simply an ophthalmologist rather than a gay ophthalmologist. Not having a label applied to my sexual orientation gave me the freedom to be who I wanted to be without hiding who I was.

SEPARATE LIVES

I figured out that I was gay as an undergraduate student, but at that time, no one came out as gay. When I moved to New Orleans for medical school, I kept my private life and friends separate from my academic life. No one ever asked if I were gay, and I did not offer to share that information.

After my ophthalmology residency, I started a solo practice. As the practice grew, I was fortunate enough to be among the first surgeons in the United States to use foldable IOLs and other state-of-the-art technologies. In fact, I was the first surgeon in the United States to perform LASIK in 1991. Other than a few patients' interest in setting me up with their daughters, my sexual orientation never came up. I had my private life, and I had my separate, public life as an ophthalmologist. When the question was asked, "How is your wife doing?" I would simply say something like, "I don't have a wife," or "I'm still single."

After practicing in Louisiana for about 6 years, a certified public accountant named Mark Brown came in for a refractive surgery consultation (radial keratotomy in those days), and he changed my life forever. We have been partners for almost 36 years now (Figure 1). Eventually, he became our practice administrator.

Figures 1 and 2 courtesy of Stephen F. Brint, MD

Figure 1. Dr. Brint (right) and his husband, Mark Brown.

THE WANDERING EYE SOCIETY

Mark travelled with me to most of the ophthalmology meetings I attended, and all of our close friends knew that we were partners. In the late 1980s, Mark and I were invited to attend a function put on by The Wandering Eye Society, a group of gay ophthalmologists from all over the country. It was a social society, and whichever member lived in the conference's host city would open their home to the society for a lavish cocktail party.

We were active in The Wandering Eye Society for several years. Eventually,

DID YOU **KNOW?**

A recent Gallup survey found that 5.6% of American adults—an estimated 18 million people—identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ), a significant increase from the 4.5% recorded in 2017.[1] The researchers speculate that the rising numbers are due, in part, to society's increasing acceptance of the LGBTQ community and younger generations' choice to live openly with a sexual orientation other than heterosexual. The researchers also suspect an unwillingness of older generations to identify as LGBTQ means this percentage may actually be an underestimate.

1. Jones JM. LGBT identification rises to 5.6% in latest U.S. estimate. *Gallup*. February 24, 2021. Accessed May 25, 2021. news.gallup.com/poll/329708/lgbt-identification-rises-latest-estimate.aspx

Figure 2. Dr. Brint (front right), his husband Mark (front left), and colleagues during an early international WaveLight investigator dinner in Nuremberg, Germany.

however, I became more involved in teaching and lecturing, and I did not have as much time to attend those events anymore. I took an active leadership role with the AAO, and the time commitment meant that most extra social plans fell by the wayside.

ACCEPTANCE

Mark and I were always accepted by the ophthalmology community (Figure 2). I'm sure there were exceptions but none that were visible to us. I remember one time, however, when the wife of one of the ophthalmologists we are friends with asked some of the other wives, "Did you know Stephen is gay? Do you really want to associate with him?" Their response was, "Of course, we know he's gay. We love him, and we love Mark."

My sexual orientation has also never mattered to the industry partners I worked with. I can remember having breakfast at an event when one of the reps, whom I had assumed was homophobic, said to me, "I think you and Mark should adopt a Chinese girl like we did." I just about passed out.

CONCLUSION

I didn't make a conscious decision to come out or about how open I should be in my professional life about being gay. I simply focused on building relationships with patients that revolved around topics other than sexual orientation. I chose to keep my personal and professional lives separate for fear that the former might have a negative impact on the doctor-patient relationship.

I've thought about if I would change my approach if I were in practice today, and my honest answer is that I don't believe I would. People's sexuality does not affect how they practice medicine or care for patients, and I believe that to be true regardless of the era we're living in.

Knowing how to connect with patients, with industry, and with colleagues is an essential skill, and it can easily influence how well a person does in life.

OPEN FROM DAY 1

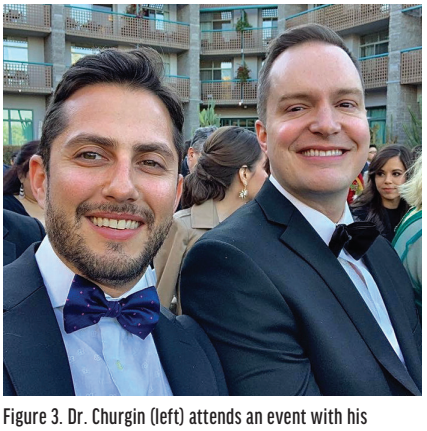
Daniel Churgin, MD

Writing an article like this is complicated. Every time an LGBTQ person discloses their sexuality, it's intimidating and opens them to vulnerabilities. Putting this out there makes me fearful about my practice, referrals, patients, and online reactions. In the spirit of holding a torch that has been passed down by others, here is my story.

Until now, no one has ever asked me about my experience as a gay ophthalmologist, but it's an important question because it's not often discussed. I came out as an undergraduate and was active in LGBTQ groups. To disclose or not to disclose is an ever-present question for LGBTQ applicants, regardless of the level of training. I decided to apply to medical school as openly gay, and, while there, I fought uphill battles to advocate for LGBTQ inclusion in our curriculum. Those in charge of the curriculum weren't exactly anti-LGBTQ, but we were invisible in the curriculum nonetheless.

When I decided to apply for ophthalmology in 2011, I started seeking LGBTQ mentors in the field, and I could find only *one*. It was important to me to learn from him, so I flew across the country to do a rotation with him. Support from your own community can be an enormous bolster, and his strong letter of support helped me to match successfully.

I made the decision, again, to be openly gay in my application to residency—a risky decision I didn't take lightly. I had a few awkward experiences on the interview trail, but mostly interviewers skipped over my sexuality. I vividly remember one residency director, however, who pulled me aside and told me that I would be at home and accepted in their residency as a gay man—a gesture that brought me to tears, privately, after my interview. I had 18 interviews, and almost everyone danced around my sexuality except this one person.



Courtesy of Daniel Churgin, MD

Figure 3. Dr. Churgin (left) attends an event with his husband, Morgan.

As time went on and the acceptance of LGBTQ people in society increased, I became more vocal about being gay and made an effort to mention my same-sex partner (Figure 3) during fellowship interviews. Over time, it had become a litmus test to make sure I was a good fit. I had an overwhelmingly positive experience, and the retina community was accepting.

I was open about my LGBTQ status when I applied for my first job as an attending, and I sought out a practice where diversity is celebrated as an advantage. In my practice, I am openly gay, but I rarely talk about it with patients. I don't lie if patients ask, but I avoid talking about myself. Most of the time I am an invisible minority, still hiding to some degree—still a work in progress.

I have knowingly experienced outward discrimination due to being gay only once as a medical student. But how many times have I been the recipient of unspoken discrimination or microaggression? In my gut, I know I have experienced avoidance, bias, or being passed over for an experience.

To those who are LGBTQ and applying for retina positions: Be honest about who you are, and find a work family that celebrates you.

It can be hard to identify LGBTQ patients in ophthalmology, but, most importantly, if patients disclose that they are in an LGBTQ relationship, following up with a positive remark such as, "That's great. How long have you been together?" can be empowering.

Another piece of advice: Don't be afraid to ask about their experience because it will make them feel accepted, seen, and supported. It's not off-topic, and it is important. Remember that, when an LGBTQ person shares their sexuality with you, they are probably experiencing fear, and it is your opportunity to alleviate that fear.

Another way to support patients or colleagues is to address national events. During my third year of residency, the Pulse Nightclub shooting occurred in Orlando, and I was devastated by the slaughter of men and women within my community. The day after the shooting, a colleague came in early and plastered a rainbow flag on our door. I walked in and was speechless on seeing this act of solidarity.

Ophthalmology is not a place where people often discuss sexuality. Most of us live quiet, private lives. *Hidden* is a good term for most LGBTQ ophthalmologists. This atmosphere, I think, is why we don't have an organization of LGBTQ ophthalmologists or any obvious LGBTQ representation in leadership and at academic meetings. I would love to see a shift in this paradigm, and we need to organize a network of support. For the majority who aren't a part of the LGBTQ community, I hope these stories start a conversation.

A GLOBAL EXPERIENCE

Wandsy Velez, MD

I have been in practice for 30 years now—10 in a multispecialty practice and 20 in a solo practice. I didn't disclose my sexual orientation when I was applying for a fellowship or when I was looking for a job because I didn't think it was relevant to my skills and knowledge as a retina surgeon.

Because I live on a small island with conservative religious beliefs, I disclose my orientation only to those I know or those I believe will not discriminate against or judge me. These are often people from the United States.

At the same time, my partner for 20 years was not keen on disclosing her orientation mostly because of family issues. I respected her wishes but also supported her once she was ready to open up to her family in her own time, which was just a few years ago.

In Puerto Rico, almost everyone in the lesbian community knows each other, and now I see more lesbian and gay patients than ever before. Unfortunately, the same is not true of the transgender community. There is now one center in Puerto Rico, Centro Ararat, that serves the transgender community by offering the necessary hormone therapies and treating underlying disease.

To move our medical community further toward inclusion, we must ensure that our office personnel are highly educated about discrimination laws. We must also change our electronic health record systems and become more inclusive regarding gender.

The LGBTQ community is not well represented within the field of retina or ophthalmology, but at 59 years young, I am willing to challenge these stereotypes.

A BALANCING ACT

Scott Walter, MD

In the competitive specialty of ophthalmology, and the hypercompetitive subspecialty of retina, the question has always been how much of yourself to put out there if it isn't relevant to your qualifications as a retina surgeon. Being open about your sexual orientation gives dimensionality to who you are as a person and may help others connect better with you, but it's also a liability, opening the door to potential discrimination.

At every stage of my schooling and career, I knew I had to be careful about how I expressed my sexual orientation on my applications. I carefully buried hints in my residency application, which only one faculty interviewer picked up on. But it really meant something when that person told me the institution was open-minded and was actively recruiting a gay faculty member; sure

Courtesy of: Kevin Caldwell

Figure 4. Dr. Walter (left) and his husband, Bradley Harper, at the 2019 Retina Society meeting in London.

enough, that's where I matched. It was nice to join an institution that not only values diversity on paper but also would place someone like me in a position of authority and influence.

By the time I was applying for fellowships, I was engaged, and it was becoming more important to be out during the application process. I made a point of mentioning my fiancé to test the waters, to make sure I would be able to include him in the life of the department.

I was married by the time I was applying for retina jobs, and it was incredibly important to find a good fit for both of us. Most private retina practices understand that the spouse is an important factor, but few have experience with gay applicants. It was interesting to see how practices handled that. Those that went out of their way to make sure we would both be happy were obviously much more attractive to me than practices that were more hesitant to meet my husband.

Joining a practice out of fellowship isn't just another 2- or 3-year commitment—it's a marriage. You're joining a group with the intention of being a long-term partner, and you need to be sure there isn't any internal homophobia or prejudice that would jeopardize your happiness and the success of the partnership.

LEADING THE WAY

LGBTQ mentorship in retina is an important aspect that I underestimated as I worked my way through training. There weren't any visible LGBTQ people in the field of retina ahead of me. Of course I had many wonderful academic mentors throughout residency and fellowship; I didn't have anyone as a social mentor in that respect, however, so I had to figure out a lot on my own.

But the truth is, I wasn't alone. When I matched in ophthalmology, a mutual friend introduced me to a gay medical student 2 years below me, and that friendship ultimately influenced him to apply to Bascom Palmer, where we both did our residency; he is also a successful retina surgeon now. Another retina fellow in my year was gay, and now we share many patients who snowbird between Connecticut and Florida, where he practices.

Mentorship and personal connections can be powerful for advancing your career. Whether it's securing a competitive residency position or building your own productive practice, it's helpful to learn from others who have gone before you. It's important to have visible LGBTQ mentors so that people working their way through the ranks have someone to turn to for help.

CONNECTING WITH PATIENTS

In clinic, I focus primarily on what's happening in my patients' lives, not mine. When I've established a good rapport with my long-term patients, I usually come out naturally in the course of conversation, and this openness often serves to further the doctor-patient relationship. Through my interactions with patients in my community, I am slowly weaving threads of LGBTQ awareness and acceptance into the social fabric of medicine and of society.

I have also come to realize that there are a lot of LGBTQ patients—sometimes we just don't see it unless we are a part of that community. A lot of older patients have lived their entire lives in the closet or don't express their sexual orientation freely. But many older patients have come out to me, and for them it's liberating finally to have a provider with whom they can identify. It's important to have providers who represent the diversity in our communities, and that goes for gender, race, sexual orientation, and every other category of diversity.

A LONG WAY TO GO

Women in ophthalmology have come so far now, and they've organized well to promote subsequent generations of women. As a result, they've become a visible contingent of the academic world, but we still have a long way to go on the LGBTQ side. I don't know of any openly LGBTQ leaders in retina, and it would be great to have a few of us who are frequent presenters at meetings and in positions of influence and leadership. I have tried to participate in online fellows' forums and stay involved in state and local societies. I'm not doing it specifically to be *the LGBTQ person*, but I am there so that, when someone's looking to connect, I'm visible enough that people can find me. ■

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