

## Survey on the STD Clinic Services

Early in 1985, Gay Health Action (GHA) with the help of the Dublin Gay Men's Collective carried out a survey on the STD clinic services in Dublin. Questionnaires were widely distributed among clinic users in the gay men's community through the Hirschfeld Centre. The purpose of the survey was to ascertain the standard of the services being provided and in particular, the level of medical care and the attitude of the staff towards the gay community. The clinics had been criticised for a long time by some doctors working within the service, notably Dr Derek Freedman. In an interview which appeared in *Out* magazine in late 1984, Dr Freedman said, 'I don't think there are adequate facilities for (STD) treatment anywhere in the Republic of Ireland. There are three clinics in Dublin and they do give a diagnostic service in conditions that I would liken most to a cattle market'.

It was no surprise then to discover that the survey indicated a high level of dissatisfaction with the service, including the fact that in many cases, proper testing had not been carried out. What follows is a synopsis of the survey results.

Eighty completed questionnaires were received and of these, fifty-two respondents had attended an STD clinic. Of the three Dublin clinics, Dr Steevens proved to be the least popular. This may be because gay men are being advised not to attend this clinic because of the low standard of medical care being provided.

Those operating the clinics do not appear to appreciate the importance of asking about sexual preference. A proper diagnosis cannot be made unless the clinic is aware of the patient's gayness. Yet, 61% of the respondents were not asked about this. This illustrates the need for clinics to ask all patients what their sexual preference is and the need for a positive attitude towards gay men in STD clinics.

The survey reported nine specific cases of negative comments being made about the respondent's homosexuality. Comments such as, 'It's not normal', 'It's just a phase', 'Try women', 'Stop having sex', 'All gays have AIDS', 'Gays have more sex and STDs', clearly illustrate the homophobic prejudices of the people operating the clinics. Clinics should adopt a more positive approach when dealing with gay men. Negative attitudes are not consistent with adequate medical care.

The survey confirms that important tests are not being carried out as a matter of course, if at all. Blood tests, urine tests and swabs should be carried out as standard practice in addition to a visual examination. It is essential that such tests are carried out as many STDs do not show any symptoms, particularly in gay men. It was found that the clinics fall down very badly on informing patients of the asymptomatic nature of certain STDs. 86% of the respondents were not given this information. As well as

treating diseases, clinics should be educating those attending about the nature of STDs and how they affect gay men.

Eighteen respondents stated that they had received medication before test results had been obtained. Prescribing medication before proper diagnosis may lead the patient to a false belief that he is being cured. This can result in his not returning for test results and the possibility of the infection not being fully cured. 51% of the respondents who indicated that infection had been diagnosed did not receive a test to confirm that infection had gone. There was therefore no guarantee that the patient had returned to good health and was not liable to pass on infection. Clinic users should be informed of the absolute necessity of test results. A cure test in all cases where infection is diagnosed should be carried out and patients should be informed of the need to have this done.

Since the survey was carried out, a group of doctors who work within the STD clinic service formed The Society for Sexually Transmissible Diseases in Ireland (SSTDI), with Dr Freedman as chairperson. GHA has had several meetings with this group and the results of the survey were passed on to them. The survey was important as this was the first time that any documented evidence of dissatisfaction with the service was available and this evidence further strengthened the arguments for reform.

The SSTDI have since reorganised and modified the testing procedures within the clinics and plan to introduce a tracing service. As a result of this, the service has become more efficient, with comprehensive testing being carried out at the clinics as a matter of course. However, the problems are by no means completely ironed out. The clinics are still operating in cramped conditions. They are over-worked and under-staffed and are unable to provide a service which efficiently caters for regular check-ups as well as the growing incidence of diseases.

The anti-gay attitudes, which the survey indicates were prevalent prior to the reorganisation of the service, have not disappeared overnight. GHA have received occasional complaints about anti-gay remarks, particularly concerning AIDS. Complaints are something that can be worked out but problems raised by AIDS are more difficult. Many gay men have reported that the HTLV-3 test (a test for antibodies to the AIDS virus) was carried out on them without their knowledge or consent. The main reason for such testing is to gather statistics about the spread of the AIDS virus. The interests of the person concerned are not fully taken into account – particularly in an environment where there are no facilities for counselling about the implications of the test.

There are only five clinics in the twenty-six counties (three in Dublin) none of which are operated on a full-time basis. The Department of Health has not as yet set aside any extra funding for the much needed expansion of the system. Although, in October 1985, the Minister for Health proposed in a statement, to reorganise the Dublin Clinics, nothing has happened as yet.