

# Hidden Patients, Hidden Partners: Prostate Cancer Care for Gay and Bisexual Men

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Research and clinical practice efforts to improve outcomes for men with prostate cancer have largely ignored the unique social support circumstances of gay and bisexual men (GBM), leading to a gap in the literature regarding social support needs of GBM with prostate cancer. Capistrant et al. (2018) addressed this gap by using survey data to examine social support and quality of life in GBM with prostate cancer. Their work provides insights about how nurses can make changes through research and clinical care to better treat GBM with prostate cancer.

Men treated for prostate cancer often experience disease- and treatment-related sequelae that negatively affect their quality of life, mental health, and sexual function (Ussher et al., 2016). Social support buffers this effect for many men (Mehnert, Lehmann, Graefen, Huland, & Koch, 2010). However, research and clinical practice efforts to improve outcomes for men with prostate cancer have largely ignored the unique social support circumstances of gay and bisexual men (GBM) (Capistrant et al., 2016; Hoyt et al., 2017). Capistrant et al. (2018) addressed this gap by using survey data to examine social support and quality of life in GBM with prostate cancer. Their study highlights several pressing issues confronting GBM and can potentially be generalized regarding the needs of sexual and gender minority (SGM) patients with cancer.

SGM individuals may be at higher risk for cancer, engage in more health risk behaviors postcancer, have less access to care, and experience worse cancer-related outcomes than their heterosexual and cisgender counterparts (those who partner with members of the opposite sex and whose sex assigned at birth matches their gender identity, respectively) (Choi & Meyer, 2016). Studies of GBM with prostate cancer, specifically, highlight that GBM report worse quality of life,

worse satisfaction with treatment, and worse psychological and cancer-related distress after treatment than heterosexual men (Ussher et al., 2016). To compound this problem, clinicians may not competently facilitate disclosure of SGM identity; nondisclosure has been linked to poor satisfaction with care and health outcomes (Durso & Meyer, 2013). Caregivers and support partners of GBM with cancer are often not acknowledged and are rendered invisible in care (Bare, Margolies, & Boehmer, 2014), which has led to a population of hidden patients and partners.

Capistrant et al. (2018) have taken a first step toward making these patients and their support networks visible. As their study highlights, social support may look different for GBM with prostate cancer compared to heterosexual men. Although 46% of GBM in the study's sample had a spouse/partner who was involved in their care, many GBM are single and/or do not have children (Capistrant et al., 2018). In addition, social support for GBM is less likely to come from biologic family because of lack of acceptance; therefore, many find support from chosen family instead. Chosen family refers to a network of friends who provide social support. According to the study, 40% of respondents reported receiving support from chosen family, but only 34% reported receiving support from biologic family members.

Chosen family and non-marital caregivers are often not acknowledged in healthcare settings or not treated as equal participants in medical decision making (Kamen, 2018). Chosen family caregivers are not biologically related or necessarily married to the patient; if these caregivers are also SGM, they may have

**KEYWORDS** prostate cancer; gay and bisexual men; homosexuality; social support; sexual minority

**ONF, 45(4), 435–438.**

**DOI** 10.1188/18.ONF.435-438