

## Emergent Themes from Gay/Bisexual Male Group

### Primary Themes

- Struggles with document completion and contemplation, and conversation parameters
  - Many levels to consider
  - Need to be “intentional”
  - Need to “do some [self] work even before discussions”
  - Even easy issues haven’t been discussed, let alone hard issues (e.g., specifics of care provision; asking people to do “difficult things,” deal with their own mortality)
  - Most conversations have been about wills—more tangible considerations
  - No real discussion with anyone (although two respondents reported having had discussions)
  
- Struggles with considering who to include; who will be there
  - Don’t know who to include in EOL documents
  - Haven’t thought through who would care for me
  - “line in the sand:” diaper-changing (for both self and what to expect of others)
  - Don’t know to whom “I would turn”
  - Default is that “friend will be there”
  - No one is there; will need to hire caregivers
  
- The role of HIV/AIDS
  - Never expected to live this long
  - Experience in caregiving
  - Context is colored by loss and experiences with AIDS
  - Similarities in need—no anger today as there was with HIV
  
- Family as default care providers
  - Will rely on siblings
  - Experience with care for parents and connections with siblings (“could leverage to future caregiving”)
  - Family will be there (even if “not the family we would want”)
  - Unclear how to integrate biological family with chosen family around issues of care
  
- Ambiguous role of friends
  - Have put together “a mini-network”
  - Friends are going through “similar things”
  - Friends have their own lives; fortunate to have help from neighbor

- Need to develop (or have developed) friendship with younger persons (who have to be educated, develop trust)
- Trust
  - Concern about “being screwed over” by younger persons, nieces or nephews (as caregivers)
- Compartmentalization of Identity
  - Gay men have compartmentalized lives based on disclosure issues and need for secrecy, complicating integration (of social network) and end of life planning
  - Partly based on cohort experiences (rooted in historical experiences of this age group)
- Feeling alone/depressed
  - Tied to AIDS: “everyone gone”
  - Abandoned by family
- Community support
  - Need community agencies (Qmunity)
  - Social and health services
  - Systemic intervention (needs to be better organized, structured)
  - Absence of appropriate (sensitive) facilities (e.g., LGBT senior housing)
  - Need to make existing resources safe and inclusive of LGBT persons
- Role and need for education
  - Need broader, deeper education of LGBT issues
  - Need to educate younger gay men about experiences of older cohort
  - Need to politicize issues (e.g., CARP)

### Secondary Themes

- Many issues not unique to LGBT persons
  - “work of the LGBT community benefits everyone”
  - Death-denying culture
- Right to die
  - Plan to end their life when time arrives (“I might go down to Oregon”)
- Return to closet
  - Unwilling to do so, but see how that might be a solution for some
  - Fear of mistreatment by service providers

## Role of Technology/Internet

- For our site development:
  - Another site may not be all that useful
  - Site does not have to be LGBT-specific
  - Information needs to be credible
  - Limit the number of links so as not to be overwhelming
  - Need to bring younger LGBT people into this; transgenerational interactions
  
- Hesitance to use computer