An LGBTI guide
for healthcare professionals

OPEN UP THE DOORS

OPEN DOORS

"Open up the doors - Short guide for healthcare professionals – is easy to use, understandable and comprehensive guide for health care professionals that aims to make medical care for LBGTI people more inclusive and affirmative. It is designed to lower down the inequalities in access to healthcare for LGBTI population as that group have a special medical needs and requires unique attention especially in psychiatric health and cancer seeing programs. The guide contains the basic knowledge on LGBTI health, explains difficult definitions of terms related to LGBTI in an intelligible way, and give practical advices for health professionals how to provide holistic "patient-centered care for all LGBTI individuals". The guide might be used by small private practices as well as major universities, universities that may shape health care systems in particular countries. The guide is an interesting source of professional knowledge for both those who have LGBTI patient as well as those who are not familiar with LGBTI patient's health care and wish to improve their interpersonal skill. Open up the doors - Short guide for healthcare professionals – is a must-have book for all health care professionals that will definitely bring the health care of LGBTI patients in XXI century."

Krzysztof Nowosielski, MD Prof. gynecologist, sexuologist

Introduction

The LGBTI community is much more diverse than it is commonly believed. Letters L, G, B, T, and I are usually used together as an acronym that suggests homogeneity. Meanwhile, each letter represents a wide range of people of different age, ethnic and national background, socioeconomic status, religion, beliefs and identities. Common for all Lesbian, Gay, Bisexual, Transgender and Intersex people are the experience of stigma and discrimination, the difficulty of living at the intersection of many cultural backgrounds and the struggle to be a part of each. Moreover, there is also an issue aof a long history of discrimination and visibility of the LGBTI people's needs in the area of health care.

Lesbian, gay, bisexual, transgender, and intersex (LGBTI) people, like all others, want to have access to welcoming and respectful health care services. Unfortunately, there are still many barriers leading to discrimination and limited access to competent healthcare. Even if a health provider offers bias-free services, various past experiences may lead some LGBTI people to expect negative treatment, and therefore they may try to delay or even avoid it.

Due to some specific factors related to structural violence and discrimination affecting LGBTI people, they more often experience higher rates of depression, suicidal behaviour, smoking, substance misuse, HIV infection and other health concerns. At the same time, social beliefs and prejudices may lead to inappropriate medical workup, causing delayed diagnosis or misdiagnosis.

For that reason, it's essential to create health care environments that are sensitive to LGBTI people needs and are able to provide them with inclusive and affirming healthcare. Although such a process doesn't require much effort or financial resources, some special focus and determination are necessary. This short guide was developed for all healthcare providers: those managing health facilities and having power to introduce changes on institutional level as well as those who would like to make their practices more inclusive and affirmative. Suggested solutions could be adapted to every kind of health organisation: from a small private practice to a major university hospital. Through this effort, access to patient-centred care for all LGBTI patients will be provided.

LGBTI definitions, concepts and terminology

The acronym LGBTI stands for Lesbian, Gay, Bisexual, Trans and Intersex people. It is widely used and is recognized by the community itself and outside of it. There are other acronyms in use, such as LGBT+, LGBTQI+ etc. Their usage depends on the community in focus and the scope of identities it covers. To start off, it is essential to understand the concepts of sexual orientation, gender identity, gender expression and sex characteristics. All people have these features, but they all vary widely in society.

A term	A definition
Sexual orientation	Refers to each person's capacity for profound affection, emotional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender.
Gender identity	Refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.
Sexual identity	Refers to how one thinks of oneself in terms of sexuality (romantic and sexual attraction).
Sex characteristics	A combination of bodily characteristics including primary sex characteristics (present at birth), secondary sex characteristics (appear during puberty) and often tertiary sexual characteristics (mostly learned).
Sexual behaviour	A general set of behaviours aimed at satisfying individual sexual needs of a person.
Gender expression	Refers to a person's outward presentation (e.g. behavior, mannerisms, dress). Gender expression may or may not be in line with person's gender identity.

Terms and cultures regarding gender identity, sexual orientation and sex chaacteristics are constantly changing and can vary in different countries.

Sexual orientation

Sexual orientation tells us how a person characterises their sexual and emotional attraction to others. Some of the commonly used terms are:

- **Lesbian** – is a term used to describe a woman who is emotionally, romantically and/or sexually attracted to other women.
- **Gay** – is a term used to describe a man who is emotionally, romantically and/or sexually attracted to other men.
- **Bisexual** (person) – is a term used to describe a person who is emotionally, romantically and/or sexually attracted to people of more than one gender.

The list above is in no way exhaustive. There are also people who describe their sexual orientation in other ways. In some societies people may call themselves heterosexual even though they are attracted to and have relationship with people of the same sex. This may be due to many reasons such as fear or cultural context. There is a growing body of evidence that sexual orientation develops and evolves during the entire lifetime. It is also important to distinguish sexual orientation from sexual behaviour . Some people may be homosexual but not acting on this desire or bisexual in a relationship with one person of the same or other gender.

Sexual behaviour

When speaking about sexual behaviour, we list two main categories:

- **MSM** (men-who-have-sex-with-men) is a term used to refer to men who have sex with other men but do not necessarily identify as gay or bisexual.
- **WSW** (women-who-have-sex-with-women) is a term used to refer to women who have sex with other women but do not necessarily identify as lesbian or bisexual.

Terms listed above are mostly used in epidemiology to describe target populations for disease control and prevention, e.g. in many countries MSM are the focus group for HIV prevention campaigns. We strongly discourage using them in communication with patients as they could be incomprehensible. Also, it is worth noting that these terms do not sufficiently describe variations in sexual behavior, do not cover a wide spectrum of identities and might imply overlooking other categories in research[1].

1 Young RM, Meyer IH. The trouble with "MSM" and "WSW": erasure of the sexual-minority person in public health discourse. Am J Public Health. 2005;95(7):1144-1149.

Gender identity

Gender identity is a broad term, referring to the overall functioning of an individual and expressing their sense of belonging to a given gender. Gender identity can correlate with a person's sex assigned at birth or can differ from it. Here are a few important terms that may help to understand the spectrum all people are placed on.

- **Gender** refers to a social construct which places cultural and social expectations on individuals based on their assigned sex
- **Cis**gender refers to a person, whose gender identity is in line with the gender assigned at birth, and in accordance with social expectations regarding further biological, mental and social development.
- **Trans**gender refers to people whose gender identity is different from the one assigned at birth.
- Some people have a gender identity that falls outside of the traditional gender binary of male and female. For example, they may identify as none, both or as another gender, or their gender identity is not fixed and may fluctuate over time Some people use the terms genderqueer or genderfluid to describe themselves.

A transgender man (trans man) is someone who was assigned female at birth and who identifies as a man (some may be using terms such as female-to-male, FTM, AFAB – assigned female at birth, or transmasculine, but we strongly advise you not to use them in communication with patients).
A transgender woman (trans woman) refers to someone who was assigned male at birth and who identifies as a woman (some may be using terms as male-to-female, MTF, AMAB – assigned male at birth, or transfeminine, but they are not suggested to be used in communication with patients).

Transgender people may be of all possible sexual orientations, among others, heterosexual, homosexual and bisexual.

EXAMPLES

- Adam identifies as a man. He is emotionally and sexually attracted to other men. We can say that Adam is a gay man.
- Tadek identifies as a trans man. He is sexually and emotionally attracted to people of the same gender, but also to other people of other genders. Tadek is a bisexual man.
- Zoltan identifies as a man. His gender identity is male. At birth, Zoltan was assigned as a female. Zoltan did not go through a medical gender reassignment. Zoltan is a trans man.
- Maria identifies as a female, while she was born with an assigned male sex. Maria had her gender reassigned both medically and legally. Maria is a trans woman.
- Oscar identifies as a man. He was assigned a male sex at birth. Oscar is cisgender.
- Max identifies as non-binary. Max was assigned a female sex at birth, but does not identify with female gender, nor with male.

The examples enumerated above are designed in such a way as to help you better understand the complexity of gender identities. However, the best way to learn about someone's gender identity is to ask how they identify themselves.

Sex characteristics

There are two types of sex characteristics recognised in clinical practice:

- Primary sex characteristics (such as the gonads and external genitalia, the chromosomes, metabolic features and hormonal system)
- Secondary sex characteristics (such as muscle mass, hair distribution and stature)

Intersex It is an umbrella term for people who are born with a body that does not fall under the medical and social classification of the female or male body, who were born with a body having both male and female sex characteristics, ambiguously male or female, or neither male nor female. The innate diversity of sex characteristics can be immense and includes internal and / or external genitalia, chromosomes and / or hormonal system that do not meet social or medical expectations, as well as other sex characteristics such as muscle mass, body hair or posture. One in 2000-4000 newborns has genitals that are a combination of male and female sex organs. Clinical classification uses the term "Disorders/Differences of Sex Development"(DSD).

EXAMPLES

- When he was born, Bart's sex characteristics could not be clearly classified. It was not easy to classify them as either male or female. Bart's parents together with doctors decided to assign him as a female. Today, despite the fact that his reproductive organs resemble those of a female more than male. Bart identifies as a man. Bart is an intersex person.
- When she was born, Magda's body was classified as female. However, as she reached puberty, she developed sex characteristics traditionally assigned to male. Magda identifies as a female. She is an intersex person.

Preferred terms

It is not possible to guess someone's gender identity based on the person's name, or how that individual looks or sounds. It may not be easy to deduct person's sexual orientation. However, there are some useful methods of addressing LGBTI people that are inclusive, accepted by the community and helpful in daily practice.

- Respect a person's name and pronoun (even if different than in official documents provided).
- If you don't know a person's pronoun, avoid using gendered expressions e.g. sir, madam.
- If you are not sure how to address your patient – the best way is to ask. It will show your care and respect.

LGBTI people health disparities and needs

There are no LGBTI specific diseases and illnesses that are assigned to sexual orientation or gender identity. However, LGBTI people are more likely to experience some health needs, problems or face specific inequalities that are not common among non LGBTI people. The main reasons behind this issue are:

- limited access to healthcare
- discrimination and minority stress
- lack of knowledge

According to two independent organisations: the American Gay and Lesbian Medical Association and the Centers for Disease Control and Prevention, the health needs of the LGBTI population may differ from those that a heterosexual population has. It does not mean that the differences will be observed in each case and that the issues listed below only occur in the LGBTI population.

The specific health needs of LGBTI people may include situations related to:

- some cancers
- sexually transmitted infections
- mental ill-health
- addictions
- gynaecological and andrologica diseases
- cardiovascular diseases
- obesity
- social isolation
- medical and surgical gender transitions

LGBTI people often encounter discrimination and prejudice in their everyday lives and healthcare system is not an exception. Also, in this sector they face isolation and limited understanding of their needs and experiences. Homo and bisexual people are 1.5 times more likely to report poor experience of primary care, as compared with the general population. Among the most common reasons are: no confidence in doctor, very poor communication and overall dissatisfaction with care.

Lesbian and bisexual women

Physical health

There is some evidence on the specific health disparities and health needs of lesbian and bisexual women.[2] Numerous studies proved that homo- and bisexual women face substantial health inequalities in both physical and mental health. The current evidence shows that lesbian and bisexual women more frequently report fair or poor general health in comparison to heterosexual women.[3] When it comes to cancer – the reported cervical cancer rates of bisexual women were more than twice that of other women.

Also, a higher rate of polycystic ovaries (80% vs. 32%) as well as higher rates of polycystic ovary syndrome was found among lesbian compared to heterosexual women.[4] Lesbian and bisexual women show a substantially higher risk of gaining weight, when compared to heterosexual women.[5]

Mental health

There are also significant differences when it comes to mental health of lesbian and bisexual women, as compared with their straight counterparts. For example, bisexual women report poor mental health and psychological distress more often than heterosexual women – enduring emotional or psychological conditions are reported almost twice as often as for straight women.

2 Elliott, M.N., Kanouse, D.E., Burkhart, Q. et al. Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey. J GEN INTERN MED 30, 9–16 (2015)

3 Fish, J., Bewley, S. Using human rights-based approaches to conceptualise lesbian and bisexual women's health inequalities. Health & Social Care in the Community, 18(4) (2010)

4 Meads, C., Carmona, C., & Kelly, M. Lesbian, gay and bisexual people's health in the UK: a theoretical critique and systematic review. Diversity and Equality in Health and Care, 2012(9)

5 Eliason, M., Ingraham, N., Fogel, S., McElroy, J., & Lorvick, J., et al. A systematic review of the literature on weight in sexual minority women. Women's Health Issues, 25(2) (2015)

Suicide and deliberate self-harm are also a serious problem for this group. Lesbian and bisexual women are almost two times more exposed to the risk of suicide attempts compared to the heterosexual women. In a study conducted in 2012 with a sample of over 6 thousand women, 5% had attempted suicide in the past year, and 20% had deliberately harmed themselves during the same period.[6]

There is also a strong scientific evidence that bisexual women are significantly more likely to report poor physical health, exhibit an increased risk of substance dependence and the use of drugs, than lesbian woman. Lesbian women are also at three times higher risk of developing alcohol and drug dependence compared to women in general.[7]

Sexual health

The stereotype of women as less interested in sex, and of WSW as not having "real sex" leads to small amount of medical literature related to sexual health of lesbian and bisexual women. Furthermore, this belief results in less testing for STI on this group and even misdiagnosing some diseases, for example identifying urine infection where there could be gonorrea infecting urine infection where they could be gonorrea infecting the uretra, because gonorrea is only tested on cevix due to a heteronormative conception of sex.[8]

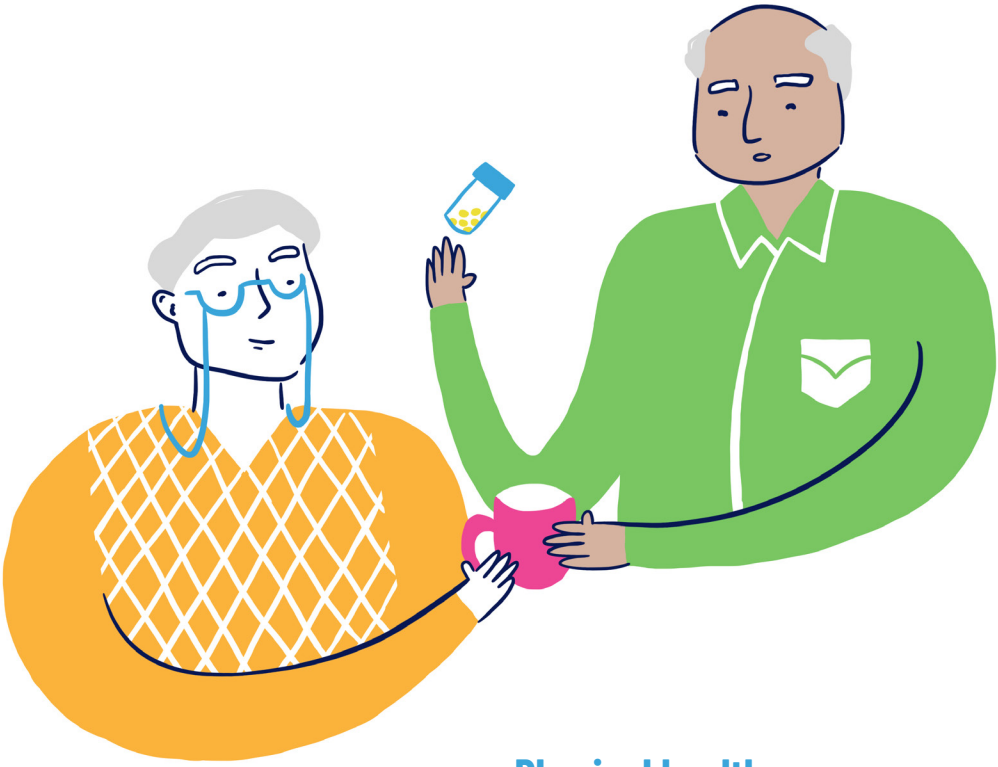
Family health

Pregnancy and fertility are areas in which lesbian and bisexual women may actively seek healthcare. There are several ways in which lesbian and bisexual women can get pregnant and start a family. In Europe, some specific regulations can differ in each country. Nevertheless healthcare professionals may encounter patients either expecting a baby or already taking care of a baby in a same-sex couple. Lesbian and bisexual women can experience a large dose of humiliation and discrimination seeking access to assisted reproduction techniques, during pregnancy and childcare. A mother who is not a biological parent may be excluded from talks or not finally allowed to make binding decisions. Pregnancy also means having regular healthcare services. Experiencing discrimination in such situations may strengthen women's belief in healthcare services that are generally unfavourable towards queer people. As a result, it can discourage them from seeking various healtcare and prevention services

6 Colledge, L., Hickson, F., Reid, D., Weatherburn, P. Poorer mental health in UK bisexual women than lesbians: evidence from the UK 2007 Stonewall Women's Health Survey. Journal of Public Health, 37(3) (2015)

7 Elliott, M.N., Kanouse, D.E., Burkhart, Q. et al. Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey. J GEN INTERN MED 30, 9–16 (2015)

8 Fernandez-Garrido, S. (2017). Diagnóstico participativo de las problemáticas que presentan las personas TLGBQI en salud sexual, reproductiva y derecho al ejercicio de la identidad en el municipio de Madrid. Medical Anthropology Research Center. P. 136



Gay and bisexual men

There is extensive research available, which examines the health needs of gay men. Yet, this research is predominantly concerned with the sexual behaviour of gay men. This might be linked to the common perceptions and underlining the fact of WHAT they do, instead of WHO they are. Focusing solely on the sexual activity may suggest that being gay is all about sex, while forgetting about the cultural and societal aspects of life. This is likely to influence young people's perception of themselves and decrease their self-esteem.

Physical health

Gay and bisexual men's health problems may include issues common to all men, such as cancers (testicular, anal and prostate), erectile dysfunction and premature ejaculation. However, due to the social stigmatisation, it might be more difficult for this particular group to address these issues openly with their healthcare providers. According to a study, over 10% of gay men had long-term conditions or a disability that restricted their everyday lives and ability to work. Gay men may also have higher rates of drug, tobacco and alcohol use. Generally, gay and bisexual men more commonly report fair of poor general health compared to heterosexual men and are twice as likely to report a diag-

nosis of anal cancer, with those living with HIV at highest risk.

It has been proved that there is an increased risk of cancer among gay men, such as lung cancer or liver cancer. It is mainly due to the lifestyle and social conditions of this group. Gay men are also more likely to develop testicular cancer because the social campaign and preventive messages calling for more frequent testing do not include them as a target population.

Mental health

When it comes to mental health, some studies have shown that gay men have problems with depression more often that heterosexual men. A similar pattern was identified in case of anxiety disorders. Other important problems include suicidality (gay and bisexual men are at up to four times higher risk of suicide attempts over a lifetime compared to men in general), addiction (alcohol, smoking) and drug dependence (2.4 times higher risk). Studies also show that homophobia and high levels of minority stress, leading to low self-esteem for those discriminated against, have a significant impact on the likelihood of using psychoactive substances by homosexual men. Similarly, to bisexual women, men also report poorer mental health than gay men.

Sexual health

Gay men (included in the epidemiological term MSM – men having sex with men) are at risk of sexually transmitted infections. These include infections which could be effectively treated (gonorrhoea, chlamydia, syphilis, pubic lice), as well as conditions with more demanding treatment modalities (HIV, hepatitis B or C, human papillomavirus). Safe sex, including the use of condoms and PrEP (Pre-exposure Prophylaxis), are key measures preventing sexually transmitted diseases (note that PrEP protects against HIV infection only). Epidemiological data suggests a higher incidence of sexually transmitted infections among MSMs in many countries, which is also due to greater awareness of the problem and more frequent testing for these infections. MSMs are not the only group exposed to sexually transmitted infections.

The stereotype considering women less interested in sex and WSW not having "real sex" leads to small amount of medical literature related to sexual health of lesbian and bisexual women. Further, this belief results are less testing for STI on this collective and even misdiagnosing some disease, for example identifying urine infection where there could be gonorrea infecting the uretra, because gonorrea is only tested on cervix due to a heteronormative conception of sex.

Family health

Gay and bisexual men can also become parents in several ways e.g. surrogacy, adoption etc. Similarly, to the challenges experienced by lesbian and bisexual women, men can also face problems and discrimination in healthcare system while trying to provide care for

their family member. With a growing number of gay parents, it is essential for all healthcare professionals to create an inclusive and caring space for every family, especially due to the fact that in some countries LGBTI families can face more discrimination and challenges than in others.

Trans people

In 2018 the World Health Organisation released the International Classification of Diseases – ICD 11 (that will be in force by January 2022) that removes trans identities from the mental health disorders chapter. The 5th edition of the Diagnostic and Statistical Manual of Mental Disorders, amended in 2013, replaced "gender identity disorder" with the diagnosis "gender dysphoria". Although social attitudes are slowly changing and becoming more accepting towards trans people, there is a strong assumption that there are only two genders and that either male or female is assigned at birth and cannot be reassigned. Trans people still face significant discrimination e.g. in employment, relationships, access to goods and services, in housing and access to healthcare.

Gender nonconformity refers to the extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex.

Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth.

Only some gender nonconforming people experience gender dysphoria at some point in their lives. Available treatment should help with alleviating this experience.

Regardless of the location, trans people experience significant health inequalities globally. Due to the persistent lack of knowledge and prejudices trans men (transgender people who were assigned female at birth but identify with the male gender) are rarely screened for breast cancer and cervical cancer. Trans women (transgender people who were assigned male at birth but identify with the female gender) are rarely examined for a prostate cancer. There is also some evidence for problems with possible reduction of bone density, and cardiovascular diseases.[9][10][11]

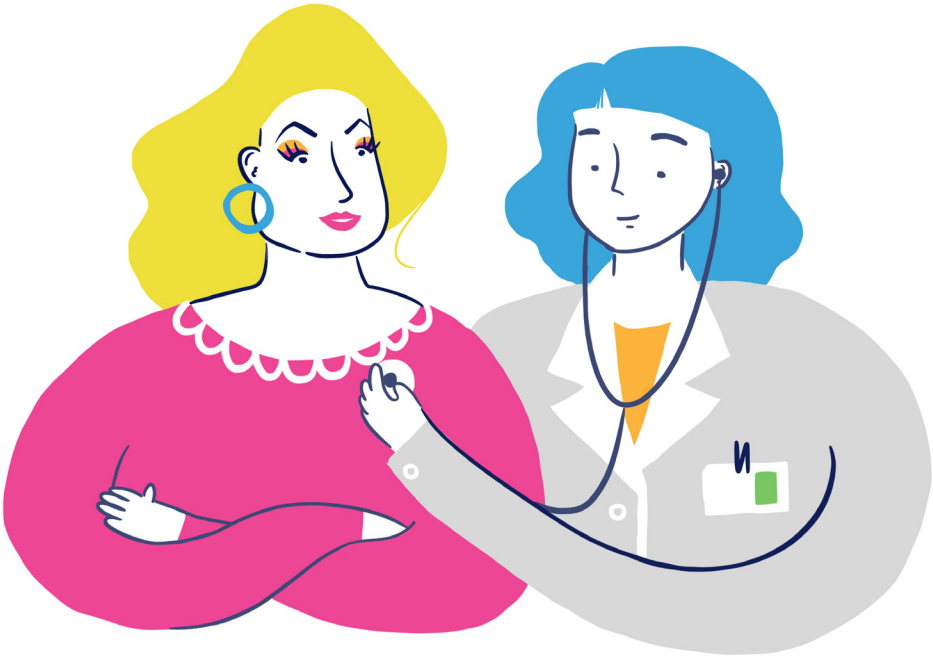
Transgender adolescents

Transgender youth can often experience intense distress that affects both self-perception and the way of functioning among peers. Adolescents who experience their primary and/or secondary sex characteristics and their sex assigned at birth as inconsistent with their gender identity may be intensely distressed about it, especially due to changing body shape, body hair, menstruation, genitals, breast, voice etc.

9 Rothman, M. S., & Iwamoto, S. J. (2019). Bone Health in the Transgender Population. Clinical reviews in bone and mineral metabolism, 17(2), 77–85. https://doi.org/10.1007/s12018-019-09261-3

10 Irwig, M.S. (2018). Cardiovascular health in transgender people. Reviews in Endocrine and Metabolic Disorders volume 19, 243–251

11 https://www.reuters.com/article/us-health-transgender-stroke-risk/hormone-therapy-poses-stroke-risk-for-transgender-women-idUSKBN1JZ2Q1



Dysphoria can affect many aspects of the body, but for adolescents, the following are of special importance:

- changing body shape
- body hair or lack of it
- menstruation or lack of it
- genitals
- breast
- voice

Transition's health

Transition refers to a series of steps people may take to live in the gender they identify with. Transition can be social, legal or medical. It can include a process of coming out, living according to one's gender, change of a name, change of legal documents, and medical treatments – hormones and/or surgeries
The process of medical transition involves specific health issues for transgender people. Trans women may have complications resulting from microsurgical techniques used during surgery, as well as stenosis and urethral fistula. Trans men may experience both problems with genital function and urination problems. Both might experience side effects of hormonal treatment.

Mental Health

Available research indicates considerably higher rates of mental distress among trans people compared to cis people. Rates of depression (depressive symptoms), social dysphoria and anxiety are significantly higher than in the general population. Additionally, studies conducted in Europe, the United States and Canada showed increased

rates of suicidal thoughts and suicide attempts among trans people.[12] The main factors indicated by trans people were : gender-based victimization, discrimination, bullying, violence, being rejected by the family, friends, and community, harassment by intimate partner, family members, police and public, discrimination and mistreatment at health-care system.[13] Interestingly, transition is shown to greatly reduce rates of suicidal thoughts and suicide attempts, according to the Trans Mental Health Study (UK, 2014). Also, calling a transgender person by their preferred name can reduce the risk of suicide by 65%.[14]

Sexual health

Trans people can be heterosexual, homosexual or bisexual or use other terms for their sexuality. Research indicates that there are no significant differences in the incidence of sexually transmitted infections compared to non-trans population. However, due to the low level of inclusivity of preventive programs, it is recommended to pay special attention to the prevention of sexually transmitted infections among transgender people.

12 Bauer, G.R., Scheim, A.I., Pyne, J. et al. Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada. BMC Public Health 15, 525 (2015)

13 Bauer, G.R., Scheim, A.I., Pyne, J. et al. Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada. BMC Public Health 15, 525 (2015)

14 Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth. The Journal of adolescent health : official publication of the Society for Adolescent Medicine, 63(4), 503–505

Family health

Transgender people can become parents in many ways. Some have their biological children or choose to adopt, other decide to adopt a partner's child, while others decide to use the in vitro or sperm donor method. Some trans men can also get pregnant. As of 2017, after the ruling of the European Court of Justice, forced sterilisation is considered as a violation of human rights. In some countries, transgender people decide to have a biological child. For example, in Sweden, as of 2019, Trans men who give birth are designated as "father" and trans women who beget a child as "mother". Additionally, it is worth noting that not only heterosexual transgender people decide to become parents.

Country legal regulations

The Council of Europe demands that its member states provide for legal gender recognition, but only 30 countries in Europe have robust legal procedures, and only 5 currently do not demand that trans people undergo sterilisation or medical interventions, divorce, or a psychological/psychiatric diagnosis or assessment. These abusive requirements, or the lack of legislation altogether, means that most trans people are stuck with documents that do not match their gender identity. 33 countries in Europe require a mental health diagnosis before adapting identity documents. Such a requirement violates the right of every person to self-determine their gender identity. A mandatory diagnosis further drives stigma, exclusion and discrim-

ination as it relies on the false notion that being trans is a (mental) illness . In Europe, there are 9 countries that do not require mental health diagnosis in a legal gender recognition reassignment process – Ireland, Malta, Greece, Belgium, Luxembourg, France, Norway, Portugal and Denmark.

Intersex people

Intersex health is the least researched part of the LGBTI health spectrum. However, thanks to the existence of some primary evidence and growing movement of outspoken intersex people, the societal awareness about the intersex issues is growing. First, it is essential to point out that just like male and female bodies intersex bodies are, generally speaking, healthy. Being intersex or having an intersex body does not mean that the body is not functional, or it needs to be "fixed". It means that one has a body with sex characteristics different than the common dual distinction on female and male. Similarly, to the so-called female or male bodies intersex bodies can face some health problems. Modern medicine still lists intersex categories in the diagnostic manuals such as ICD-11 under "disorders of sex development" , that are considered pathologizing by the major intersex people associations.[15]

Bodily integrity

Body integrity is one of the major issues relevant to the health of intersex people. Intersex people face violations of their human rights, including the pathologization of natural biological features, medical procedures performed without personal, prior and based on reliable information consent, and violations of bodily integrity. They experience psychological trauma and distress, marginalization and stigmatization. This may lead to undergoing subsequent procedures, hormonal treatments and to permanent damage to health, dropping out of from schooling, abandoning a professional career, as well as poverty (including homelessness) as a result of pathologization and related trauma. Some serious family problems may also appear, as well as, loss of confidence and an increased risk of suicide. Substantial number of intersex people may avoid any contact with healthcare, even for not intersex related issues.

Ethical accountability for surgery

Surgical interventions at early stages on intersex children are increasingly criticised by associations of patients and bioethics committees, which consider these procedures to be in violation of children and human rights. The answer to these practices seems to be postponing the decision to undertake those surgical interventions, which are not absolutely necessary due to health risk. Conducting surgeries on genital organs at an early stage of life raises the risk

15 Committee on Adolescent Health Care. Committee Opinion No. 685: Care for Transgender Adolescents. Journal of Obstetrics and Gynaecology. 2017;129(1)

of confusion regarding a later sense of belonging. Based on observations of the practice, of dealing with intersex children, there is a tendency to choose a correction towards female genitals. This might be due to easier anatomical conditions for surgical intervention. Some research conducted at the Children's Health Center in Poland indicates that even if the effect of surgical treatment is satisfactory, there might be some problems with gender identification among people with the assignedfemale gender. Most scientific societies agree with the so-called "waiting" strategy (except for those cases which, due to the life-threatening conditions, require a medical intervention) and postpone the surgical intervention until a child develops their own gender identity and is capable of giving conscious consent (usually at the age of 13 to 18). Till then, hormonal therapy to stop sex development with subsequent cross-sex regiments therapy, starting at the age of 16, are recommended.[16]

Parents of intersex children are often left without any information or a clear idea about the long-term consequences of this condition on their children's physical and mental health.

It is also common to create the aura of uniqueness of this medical condition among parents and children, which does not allow any exchange of experiences between people with the same condition.

Various support groups are often under doctors supervision and do not allow the search for a non-pathological way to overcome the emerging challenges. A number of medical interventions on intersex children create mental and emotional traumas that affect their future mental development.

In a study published in 2012 in the Journal of Clinical Endocrinology & Metabolism amongst 57 intersex people who had undergone genital surgery, as many as 47% were unhappy with the outcome of the surgery, 44% experienced prolonged sexual anxiety, 70% had problems with sexual desire and 56% described symptoms of dyspareunia whilst 44% XY males feared sexual contact compared to 66% XY females.

Legal and ethical framework

The Council of Europe and the United Nations are calling for an end to medically unsound plastic surgery and surgery on intersex children. In 2015, Malta was the first country in the world to introduce a ban on unjustified surgical interventions on children until they are to give their own consent. In 2018 the French Conseil d´Etat conducted a revision of the bioethics law. The revision discusses the serious nature of surgical interventions performed on intersex infants and minors based on cosmetic and psychosocial grounds. The revision specifically addresses the mutilating nature of the current medical treatments. The Conseil d´Etat stated that there is no certainty as to whether the surgical outcomes are better and

16 Committee on Adolescent Health Care. Committee Opinion No. 685: Care for Transgender Adolescents. Journal of Obstetrics and Gynaecology. 2017;129(1)

the psychological impact is less severe, when the surgery is performed at a young age. It also stated that only those interventions, which are necessary to avoid a clear risk to a person's life or to alleviate physical suffering, can be carried out without personal consent. Finally, it colcluded that if the only reason for the medical intervention is to "normalize" the appearance of the child's genitals towards male or female, the intervention must wait until the person concerned can express their wishes and participate in the decision-making process.

Mental health

Increased sense of isolation, as well as suicidal thoughts and attempts are observed in intersex people, and can result from discrimination and stigmatisation. Many intersex people develop Post Traumatic Stress Disorder (PTSD) due to their traumatic childhood experiences.

Practical tips on how to avoid discrimination

As we mentioned before LGBTI people are more likely to experience some health problems or face specific inequalities that are not common among non LGBTI people. This is mainly due to[17]:

Limited access to healthcare

Meaning that LGBTI people are less likely to have health insurance, mainly because of rejection by their families at an early age, unemployment or homelessness crisis. Moreover, universal health insurance doesn't cover services they need (e.g. plastic surgery).

Discrimination

Meaning that they may experience discrimination at the hands of health workers while seeking care. Prior poor experiences with healthcare workers often lead to patients delaying or even giving up on medical care and seeking it.

Lack of knowledge

Meaning that LGBTI people may seek care from providers who don't have knowledge or experience in gender and sexual diversity. Such experience is often challenging for both, patients and healthcare providers. Additionally, it can lead to various misunderstanding and barriers in getting good care.[18]

17 Guidelines for care of lesbian, gay, bisexual, and transgender patients, GLMA, 2006

18 Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for Les-

Let's have a look at some real-life examples that demonstrate how discrimination (and related bias) and lack of knowledge could affect the access to health care for LGBTI people[19]:

"I have never seen any literature, posters or any information in my surgery about gay issues and I have never been asked or given the opportunity in conversation or otherwise to disclose my sexual

I feel horrible when they refer to me as 'she' only because it is in my documents... There was a situation. I went to see an eye doctor, and they referred to me as 'she', 'she', 'she', 'she'. I felt horrible, I hate to hear this. Hence, I try not to go

I am appalled at how little sexual health advice and support there is for lesbians. I recently had a check and had no idea I could contract so many STDs through lesbian sex. There is little education and support for lesbians.

I worry about how I will be treated when I enter a hospital in the future both by staff and other residents/ patients as I would wish to be open about my sexuality and expect an affirming reaction to my sex characteristics."

bian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide, 2014

19 Health4LGBTI Training. Reducing health inequalities experienced by LGBTI people: what is your role as a health professional?, Health4LGBTI project, European Union, 2018

False assumptions

It is not possible to recognize someone's gender identity, sex characteristics or sexual orientation based on their name, appearance, or the sound of the voice. Using the wrong pronoun, name, gender or a false assumption about sexual orientation, can cause embarrassment and make a patient suffer indignity. Therefore it's always best no to make any assumptions about someone's sexual orientation, gender identity or sexual characteristics based just on their looks.

Do not assume that all patients are heterosexual or cisgender people. To make it easier, you can take advantage of a few questions. Asking them you will not provide you more accurate, but also show your support and acceptance for sexual diversity among people.

Not suggested	Suggested
Are you married?	Do you have a partner?
Do you have a girlfriend (to male)/ boyfriend (to female patient)?	Are you in relationship? Do you have girlfriend or boyfriend? Are you in one or more relationships?
Have you ever had sex with women (to male)/ man (to female patient)?	Are you having sex? Who are you having sex with?

Sensitive language

Many health providers don't have knowledge or experience in communication with LGBTI people. Therefore they may use a language that is stigmatizing or too medical (e.g. homosexual instead of gay or transvestite instead of trans person with LGBTI people and incorrect pronouns for trans and intersex people). It can seriously affect the communication between patient and health care provider.[20]

If you called patient with wrong name or pronoun – don't worry. Such things can be learned. It's best to quickly apologize: I apologize for using wrong pronoun (or name) – I'm learning how to be respectful and sometimes I do mistakes.

20 Health4LGBTI Training. Reducing health inequalities experienced by LGBTI people: what is your role as a health professional?, Health4LGBTI project, European Union, 2018

Not suggested	Suggested
Are you man or woman?	What's your name? What's your pronoun(s)?
I would like to be respectful. How do you prefer to be called?	Do you access gender reassignment treatment?

Taking medical history

When discussing sexual history, it is important to reflect patients' language and terminology about their partners and behaviours. Many people don't identify themselves by a sexual orientation or gender identity. Yet they may have sex with people of the same sex or gender, or with more than one sex.

If patient uses any terms or behaviors with which you are unfamiliar, ask to clarify it or repeat it with your own understanding of its meaning. Thus you will make sure you have no miscommunication. Language should therefore be fluid and reflect openness and sensitivity to create space for plurality and diversity.

When assessing the sexual history of trans and intersex people, pay attention to few additional issues[21]:

- Do not make assumptions about patient's behaviors or body based on its presentation.
- Ask if patient have had any gender reassignment surgery to understand what risk behaviors might be possible.
- Take into account that discussion of genitals or sexual activity may be complicated by a disassociation with their body, and this can make the interview difficult or stressful to the patient.

Unnecessary questions

Some people (even health workers!) are curious about what it means to be gay men, intersex or transgender person and want to ask questions to satisfy their own curiosity. If you are not sure to ask something, enquire yourself: Is the question necessary to provide proper care? What do I know? What do I need to know? How can I ask that in a sensitive way?

Confidentiality

Discuss your patient's sexual orientation, gender identity or body characteristics with those who need to know it to provide them adequate care only. This is compatible with privacy policies concerning all patients.

21 Providing inclusive services and care for LGBT people. National LGBT Health Education Center, Fenway Institute, 2016

Medical records

Usually intake forms don't recognize any gender and sexual diversity. As a result LGBTI patients may be forced to explain their situation during every visit to health care provider. It can also cause misunderstandings and false assumptions. Thus, we recommend to include some LGBTI sensitive questions in intake forms, such as used pronoun(s), name or the name of the partner.

Self-reflection tool

To reflect on your personal beliefs and attitudes related to LGBTI people as well as to measure stigma within services, we suggest you to take a moment to go through the following tool. It's an example of how such a measurement exercise might look.[22]

Assessing Personal Biases

- Do you think that lesbian, gay, bisexual, transgender or intersex people should not hold certain jobs or social positions? If so, why?
- Have you ever stopped yourself from doing or saying something because you might be perceived as gay or lesbian?
- Have you ever stopped yourself from doing or saying something because you might be perceived as too masculine or feminine?
- How do you think you would feel if a family member came out as lesbian, gay, bisexual, transgender, or intersex person?
- How do you think you would feel if an established patient suddenly came out as lesbian, gay, bisexual, transgender, or intersex person?

Values and Attitudes

What are your first reactions to the following statements? How strongly do you agree or disagree and why?

- Gay, lesbian and bisexual people could change their sexual orientation if they really wanted to.
- I am comfortable talking with my patients about sexual behaviors other than penile-vaginal intercourse.
- Being gay, bisexual, lesbian, trans or intersex person is a lifestyle choice.
- I feel uncomfortable when I see two men holding hands in public.
- I would be upset if someone thought I were gay or lesbian.

22 Developed based on Training Programme for Community Health Workers (CHW) engaged in work with men who have sex with men (MSM) in Europe TESTICOM – Training and Facilitator's Manual. European Commision. 2019.

This publication was funded by the European Union's Rights, Equality and Citizenship (REC) programme (2014-2020). The content of this publication represents the views of the authors only and is their sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.

- I would be uncomfortable dating someone who is bisexual, trans or intersex person.
- If a child of mine came out as lesbian, gay, bisexual, transgender or intersex, I would think I did something wrong as a parent.

Legal, policy and operational environment

How strongly do you agree or disagree with the following statements and why?

- My health facility has policies to protect LGBTI clients/ patients from discrimination.
- I will get into trouble at work if I do not follow the policies to protect patients who are LGBTI.
- In my health facility I've never heard anyone talking badly about LGBTI people.
- Health professionals in my institution wouldn't have any difficulty to work with a colleague who is LGBTI, regardless of their responsibilities.
- Since I have been working at my institution, I have been trained in protecting the confidentiality of patients' HIV status.

Creating inclusive clinical spaces

Creating health care environments that are sensitive for LGBTI people requirements, providing them inclusive and affirming healthcare doesn't require much effort or financial resources, but needs some special focus and determination. Its implementation requires an approach based on cultural competency model. The cultural competency refers to an ability to successfully negotiate cross-cultural differences in order to accomplish practical goals and has four main components: Awareness, Attitude, Knowledge and Skills.[23]

Awareness

It is important to examine our own values and beliefs in order to recognize any deep-seated prejudices and stereotypes that can create barriers for our learning, personal development and work we are involved in. Many of us have blind spots when it comes to our beliefs and values; diversity training/education can be useful for uncovering them.

Attitude

Values and beliefs impact effectiveness across cultural issues because they show the extent to which we are open to differing views and opinions. The stronger we feel our beliefs and values, the more likely we will react emotionally when they collide with cultural differences.

Knowledge

The more knowledge we have about people from different cultures and backgrounds, the more likely we are able to avoid making mistakes. Knowing how culture impacts problem-solving, managing people, asking for help etc. can help us remain aware when we are in cross-cultural interactions.

Skills

One can have the 'right' attitude, considerable self-awareness and a lot of knowledge about cultural differences, yet still lack the ability to effectively manage differences. If we have not learnt skills or have had little oppor-

There are many simple and cost-effective solutions (sometimes not related to any costs) that can improve health care facilities to meet LGBTI people's requirements. Taken together these small actions can have an undeniable impact on how lesbian, gay, bisexual, trans and intersex people feel in health care institution, and can lead to better health outcomes for patients.

23 Training Programme for Community Health Workers (CHW) engaged in work with men who have sex with men (MSM) in Europe. ESTICOM – Training and Facilitator's Manual. European Commision, 2019

tunity to practice, our knowledge and awareness are insufficient to avoid and manage cross-cultural landmines.

Suggested actions on individual level[24]

Avoid making assumptions about someone's sexual orientation, gender identity, gender expression or sex characteristics based on appearance:

- Be aware of misconceptions, bias and stereotypes.
- Recognize that self-identification and behaviors do not always align.
- Always use the correct name and pronouns of patients, even when they are not present. Correct your colleagues if they use the wrong names and pronouns.
- Do not gossip or joke about LGBTI people. React if someone around you is doing so.
- Protect confidentiality. Only discuss a patient's sexual orientation, gender identity or sex characteristics with those who need to know it.
- Pay special attention for health issues and disparities experienced more often by LGBTI people
- Post rainbow flag, pink triangle, gender neutral bathroom signs, or other LGBT-friendly symbols or stickers at your workplace.
- If you feel well prepared to serve the LGBTI community, consider to be listed in LGBTQ-Friendly Provider Directory (available in many countries).

24 Affirmative services for transgender and gender-diverse people. Best practices for frontline health care staff. National LGBT Health Education Center, Fenway Institute, 2020

Suggested actions on institutional level

- Exhibit posters or place leaflets or magazines showing diverse same-sex couples, transgender people or other from non-profit LGBTI organization in the health facility (e.g. in waiting room). Or posters from non-profit LGBTI or HIV/AIDS organizations.
- Share brochures (if appropriate in different languages) related to LGBTI health concerns in the health facility.
- Celebrate in your facility such events as World AIDS Day, LGBT Pride Month, and International Transgender Day of Visibility.
- Mark single-occupancy bathrooms as "All Gender." If it's not possible, introduce a policy allowing trans and intersex patients to use the bathroom that most closely matches their needs.
- Adjust templates for recording of demographic information and health records (e.g.: legal name, preferred name, gender identity and pronoun).
- Provide training for all facility staff to develop LGBTI awareness and cultural competence
- Promote visibility of LGBTI staff by creating safe and comfortable atmosphere encouraging people for coming out.
- Include non-discrimination policy related to sexual orientation, gender identity, gender expression and sex characteristics for both staff and patients. Make sure they are publicly available.
- Have clear procedures for process-

ing complaints and questions from both staff and patients.

- Become familiar with online and local resources available for LGBTI peple (webpages, non-profit organiztions).

Helpful resources

Below you can find selected recommended internet resources related to LGBTI health issues as well as useful contacts in your country and European Union.

Project website: www.opendoorshealth.eu

Internet resources:

- Center of Excellence for Transgender Health www.transhealth.ucsf.edu
- Centers for Disease Control and Prevention: Lesbian, Gay, Bisexual, and Transgender Health: www.cdc.gov/lgbthealth
- Gender Spectrum www.genderspectrum.org
- InterAct www.interactadvocates.org
- National LGBT Health Education Center www.lgbthealtheducation.org
- European Professional Association for Transgender Health www.epath.org
- World Professional Association for Transgender Health Standards of Care www.wpath.org

European LGBTI organisations:

- ILGA-Europe: www.ilga-europe.org/resources/thematic/health
- Organisation Intersex International Europe: www.oiieurope.org
- Transgender Europe: www.tgeu.org

National resources:

- http://lambdawarszawa.org/
- https://kph.org.pl/
- http://transfuzja.org/
- https://teczowka.org.pl/
- http:fundacjainterakcja.org.pl/

Bibliography

- Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for Lebian, Gay, Bisexual, and Trangender (LGBT) Community: A Field Guide, 2014.
- Affirmative services for transgender and gender-diverse people. Best practices for frontline health care staff. National LGBT Health Education Center, Fenway Institute, 2020.
- Guidelines for care of lesbian, gay, bisexual, and transgender patients, GLMA, 2006.
- Health4LGBTI Training. Reducing health inequalities experienced by LGBTI people: what is your role as a health professional?, Health4LGBTI project, European Union, 2018.
- Providing inclusive services and care for LGBT people. National LGBT Health Education Center, Fenway Institute, 2016.
- Training Programme for Community Health Workers (CHW) engaged in work with men who have sex with men (MSM) in Europe. ESTICOM – Training and Facilitator's Manual. European Commision, 2019.

Authors: Marcin Rodzinka, Michał Pawlęga
Consultation and revision: Krzysztof Nowosielski, Magdalena Rakita, Julia Kata, Jan Topczewski, Pol Naidenov, Alberto Ferlin, Zsuzsanna Szél, Alexander Milanov, Teo Pardo
Translation: Joanna Pietruczuk
Graphic concept and implementation: Maja Kędra www.messyspace.uk

Published by
Lambda Warszawa Association

ul. Żurawia 24a lok. 4
00-515 Warszawa
22 415 83 38
warszawa@lambdawarszawa.org

This publication was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020). The content of this publication represents the views of the authors only and is their sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.


OPEN
DOORS