Position Paper Regarding the Health of LGBTQIA+ People

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1. Introduction

The LGBTQIA+ Community is diverse and represents a wide spectrum of people. One aspect that holds them together as a social and gender minority is their long history of collective experiences of stigmatization, discrimination and a lack of general awareness for their specific needs, an issue that considerably affects their health and well-being.

2. Context

LGBTQIA+ contents have been missing from medical training curricula all over the world for a long time, which leads to future physicians being less confident when treating LGBTQIA+ patients and not being adequately informed about their specific healthcare needs. This in turn leads to gender-differentiated patients delaying or even refraining from enlisting healthcare services out of fear of homophobia and discrimination by healthcare service providers, which leads to an accumulation of morbidities and premature mortality from psychiatric and somatic illnesses within the community. These circumstances aggravate the fundamental problem affecting LGBTQIA+ patients, who are more prone to certain illnesses and conditions due to the stress and violence suffered from being stigmatized. In order to improve the current situation, the swimsa makes the following demands:

The swimsa demands that ...

1. ... knowledge, cultural competency and respectful care for LGBTQIA+ individuals are included in the medical curriculum and that sexuality, gender identity and inter* status are addressed as a social health determinant.

2. ... existing structures and processes in healthcare facilities are adapted to create a more inclusive environment, therefore offering a safer access for LGBTQIA+ people that is free from stigma or discrimination.

3. ... the equality of LGBTQIA+ people is promoted and safeguarded via targeted campaigns and the implementation of measures and strategies.

4. ... research regarding the particular needs of the community is supported by the healthcare system.

3. Call to Action

swimsa calls on...

... students in healthcare and representative students' associations...

- ... to make sure that the interests and the welfare of LGBTQIA+ healthcare students are represented within their representative students' associations.
- ... to promote the teaching of topics related to LGBTQIA+ health at their universities and institutions of higher education (for example by fostering common knowledge, cultural competency and respectful interaction in the community).
- ... to stand up against prejudice and discrimination of LGBTQIA+ people in the medical community and to actively fight against stigmatization and discrimination from other healthcare providers.
- ... to take on personal responsibility regarding further training in the field of LGBTQIA+ health, in order to satisfy the physical and psychological health needs of patients while keeping an intersectional approach in mind.

... universities and institutions of higher education, as well as medical faculties…

- ... to include the knowledge, cultural competency and respectful care for LGBTQIA+ communities in the accreditation standards of medical faculties (for example teaching about health topics specifically related to LGBTQIA+ communities, their specific vulnerabilities and barriers in the healthcare system or the cultural competency of students regarding LGBTQIA+ people).
- ... to put emphasis on an appropriate, safe and inclusive language (for example the appropriate use of names, pronouns, titles and preferred designations of patients).
- ... to create training materials that cover the needs of LGBTQIA+ groups in a positive and non-stigmatizing way (for example patient-based learning scenarios, clinical cases and lectures).

- ... to consult LGBTQIA+ organizations in order to develop accessible and relevant resources for medical students related to LGBTQIA+ health, and to integrate them into the curriculum, as well as its development.
- ... to teach about LGBTQIA+ health inclusively in the entire medical curriculum.
- ... to speak out against the stigmatization of non-binary, inter* and gender-specific representations and terms.
- ... to sensitize students to their responsibility regarding the handling of specific needs and disparities of LGBTQIA+ individuals as prospective healthcare providers.

...hospitals and other healthcare facilities...

- ... to ensure further training of physicians and healthcare professionals regarding intersectional LGBTQIA+ health topics and behavioral patterns (for example through Anti-Bias-Training relating to LGBTQIA+ health and social issues).
- ... to facilitate the process of depositing a formal complaint for reasons of harrassment/discrimination of LGBTQIA+ people within a hospital, both for patients as well as healthcare providers, and to undertake disciplinary measures against healthcare staff that participate in such actions.
- ... to ensure that official documents reflect the gender-diversity of both patients and medical staff.
- ... to ensure a safe access to healthcare services for everyone, free of discrimination, by guaranteeing an inclusive and accessible infrastructure.
- ... not to perform non-medically necessary gender-assignment procedures for intersexual people without their full consent, including for children.
- ... to support research regarding healthcare needs of LGBTQIA+ communities in order to better address healthcare inequalities.

... the healthcare system (including the federal government, the Federal Office for Public Health and the Cantons) …

- ... to implement measures and strategies aimed at guaranteeing justice, non-discrimination and protection from violence of LGBTQIA+ people.

- ... to support research regarding healthcare needs of LGBTQIA+ communities in order to better address healthcare inequalities.
- ... to develop inclusive, non-discriminatory health services, practices and campaigns that are oriented towards LGBTQIA+ communities.
- ... to sensitize the general public to LGBTQIA+ people and their existing disparities as well as putting emphasis on the use of a safe, inclusive language (for example by including the appropriate use of names, pronouns and titles).
- ... to cooperate actively with organizations representing the LGBTQIA+ population and to include them in relevant decision-making processes.
- ... to destigmatize non-heteronormative models of sexuality, sexual orientation, inter* status and gender identity.
- ... to ensure that official documents reflect gender-diversity.
- … to enact laws for the protection of inter* children from non-medically necessary procedures for gender-assignment.

swimsa endeavours to...

- ... contribute to the development of a healthcare system that does not discriminate negatively against individuals based on their gender identity, sexuality or sexual orientation, and / or their inter* status.
- ... support the informal training of prospective physicians and healthcare professionals by students in Switzerland, in order to allow them to guarantee an inclusive, respectful, culturally sensitive and appropriate care of LGBTQIA+ people.
- ... to develop an appropriate and effective curriculum regarding the competency for LGBTQIA+ healthcare and culture in medical faculties.
- ... to increase the awareness of prospective physicians and healthcare staff for their responsibility towards educating about LGBTQIA+ health and towards advocating for it in society.

4. Main Text

1. Definitions

- *Biological sex (gender assigned at birth):* "The sex (male or female) that is assigned to a newborn infant, usually based on anatomical or biological features. Of the two, the sex assigned at birth is the recommended term". (1)
- *Gender identity*: "The inner sense of a person to be a girl/woman/female, a boy/man/male, something else or to not have a gender."(1)

- *Gender-neutral language*: "Achieving gender equality in spoken and written language by making evident and expressing the equal value, dignity, integrity and respect of women, men and everyone not belonging to the binary gender construct."(2)
- *Heteronormativity*: "The assumption that every person is heterosexual, or that only heterosexuality is 'normal'. Also refers to the societal pressure to conform to heterosexual appearances and behaviors. Heteronormativity can manifest as heterosexism, meaning the belief that heterosexuality is superior to all other sexualities.". (1)
- *LGBTQIA+*: "Lesbian, gay, bisexual, trans*, queer, inter*, asexual and other sexual and gender minorities". (1)
- *Sexual orientation*: "The way a person describes their emotional and sexual attraction to other people". (1)
- *Trans**: "A person whose gender identity and sex assigned at birth do not coincide according to traditional expectations. For example a person that was assigned a female sex at birth and identifies as a man, or a person that was assigned a male sex at birth and identifies as a woman. Trans* may also include gender identities outside of the binary girl/woman and boy/man gender structure, for example gender-fluid or non-binary people. (1)
- *Variation of sexual development - Inter**: "A group of congenital conditions where the reproductive organs, genitals and/or other sexual anatomy do not develop according to traditional expectations for women and men. Inter* can also be an identity term for people with one of these variations. The medical community sometimes uses the term "differences of sex development" to describe inter* conditions. However, the term inter* is recommended by several members and groups of the inter* community". (1)

2. 2. Effects on health

2.1 LGBTQIA+ community

Due to stigmatization, LGBTQIA+ people are exposed to the risk of health inequalities related to access and quality of healthcare. This leads to a high rate of premature deaths in connection with both psychological and somatic illnesses. (3,4)

In fact, studies showed that the community is more affected by cardiovascular diseases, cancer, mental illnesses, lower-back pain, headaches, insomnia, hypertension and obesity. (1,5) This community is confronted with constant stress and violence by society, which promotes drug abuse and can lead to higher rates of depression and suicide, as LGBTQIA+ people make less or more delayed use of early detection screenings or psychological and medical help. (5,6) Furthermore, LGBTQIA+ experience similar or higher rates of violence than non-LGBTQIA+ people, and LGBTQIA+ women are more likely to experience sexual abuse than heterosexual women.

Nevertheless, this problem is still being underestimated, as supportive services are lacking and the training of healthcare staff is insufficient. (7)

2.2 More specific community health needs:

2.2.1 Trans* people:

Transsexual* people are still being labeled as pathological and provided with unnecessary or wrong diagnoses regarding their mental health, even when they are not in a state of emergency. (7) Throughout the years, the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) has been subject to various changes in order to separate gender incongruence from gender dysphoria, whereby the latter includes an affliction caused by gender incongruence. (8)

Due to continuous hormone-therapy, trans* people who undergo surgical gender-reassignment procedures are subject to risks such as tumors, coagulopathies, hyper- and hypotonia, among many others, which lead to them being in need of continuous medical treatment, a fact many physicians are not aware of. Additionally, the male-to-female transitioning people and female-to-male transitioning people must consider a higher risk for prostate cancer and for gynecological cancer, respectively. Medical conditions related to the reproductive organs of trans* people are almost always ignored, which leads to a considerable exposure to preventable illnesses and death. (9)

2.2.2. Lesbians, gays and bisexuals:

There is evidence for higher rates of and clinical diseases linked to obesity and adiposity with lesbian women; in contrast, gay men tend to bulimia and anorexia, which can often be associated with unrealistic beauty standards. People who identify as bisexual have the highest rate of eating disorders.(7)

When comparing lesbian and bisexual women to other women, there is also evidence of higher rates of breast carcinoma and other gynecological tumors that can be attributed to the consequences of discrimination regarding health determinants and a higher rate of risk factors such as lack of giving birth or breastfeeding. Lesbian and bisexual women also experience a lack of support during pregnancy, which can be attributed to the fact that pregnancy support services and parental outreach are oftentimes founded the dynamics between mother and father. (7)

2.2.3. Children with variations regarding sexual development (Inter*):

In Switzerland, it is still customary to subject children with a different sexual development to unnecessary surgical and hormonal procedures, in order to make them conform to binary gender stereotypes. (9) This process are often justified with cultural and gender-specific norms and the wish to integrate the children in society, as for example a child's sex must be formalized in the birth certificate. Nevertheless, there is only weak or contradicting evidence in support of a medical or psychological legitimization of such a procedure. (10) These operations are oftentimes irreversible and can lead to permanent pain, incontinence, loss of sexual sensations and lifelong

psychological afflictions including depression, for example when the medically assigned sex does not coincide with the sexual identity of the child.(5) Due to their age, children are often excluded from this decision-making process and cannot give their free and informed consent. The amount of procedures, however, remains constant. (11)

3. Training and sensitization of medical students and physicians

3.1. Medical Curriculum

3.1.1. Context

International studies show that an increased exposition to LGBTQIA+ patients and specific courses regarding their health are necessary to improve students' knowledge about the engagement and attitudes towards this group and in order to eventually give prospective patients the best possible care. (11–14)
The mis- and underrepresentation of LGBTQIA+ leads healthcare professionals to allow discrimination and ignorance to persist and to be poorly equipped to provide LGBTQIA+ patients with adequate medical care. At this point it is also important to mention the negative effects of preconceptions and discrimination on LGBTQIA+ medical students who become witness of the discrimination of their community at their place of work. (7)

The medical curriculum for LGBTQIA+ should impart the medical students with a range of abilities much like those included in the guidelines laid down by the Association of American Medical Colleges.(15,16)

3.1.2. The situation in Switzerland

In Switzerland, PROFILES (Principal Relevant Objectives and Framework for Integrative Learning and Education in Switzerland) emphasizes the necessity to transmit to the medical students how to appropriately interact with other gender identities as well as conveying psychological issues regarding sexual orientation and atypical sexual development, and to foster a critical awareness for common stereotypes that could distort clinical activities based on gender, culture and representations. (17)
As the health concerns of LGBTQIA+ have been receiving an increasing amount of attention in medical faculties' formal curricula, it should be noted that students' associations in Switzerland have been organizing co-curricular programs aimed at remedying this lack of knowledge by educating colleagues about the needs of LGBTQIA+.

3.1.3. Heteronormativity

Heteronormativity is expressed by perceiving only two biological sexes that always correspond to the social gender (men and women) and that are exclusively attracted to each other. This belief can lead to LGBTQIA+ people not being accepted by society, which can range from discrimination all the way to harassment and assault. (18)

Healthcare students are educated in a heteronormative environment and along a binary gender construct, a circumstance that is reflected in their curricula in which heterosexuality and binary genders are presented as being the norm. This perception indicates to the students that different sexual orientations and gender identities are pathological, abnormal and/or even shameful.

3.1.4. Reinforcing stereotypes instead of nuanced diversity

Oftentimes, the topics discussed regarding LGBTQIA+ people reinforce stereotypes: The high prevalence of sexually transmitted illnesses and substance abuse among MSM (men having sex with men) and transgender people, as well as the higher rates of depression, anxiety, smoking and alcohol consumption among LGBTQIA+ people as a group are often emphasized in the medical curriculum, without however delving into the nuances and causes of such trends. This can lead medical professionals to jump to conclusions: e.g. viewing trans*patients as psychologically unstable, just because they are trans*, or physicians focusing too strongly on HIV tests with a male patient whose HIV status is negative, just because he indentifies as a gay man; this independent of their actual sexual practices or symptoms. (15,16)

3.2. Challenges in medical research

It can be noted that a literature overview concerning issues of LGBTQIA+ health is relatively small and that the majority of publications regarding LGBTQIA+ health issues deals with sexually transmitted illnesses (STIs) of men having sex with men (MSM). This issue lacks extensive research as well as easily accessible evidence-based data that could serve as a guideline for education and recommendations in this field. (19)

3.3. Clinical practice

There are several obstacles that impede LGBTQIA+ people's access to healthcare services, among which are financial concerns, fear of or actual denial of a procedure, or even harassment and lack of knowledge by the healthcare provider, whereby patients often have to educate healthcare professionals about their individual needs. Especially trans* and inter* people can suffer from stress and bad psychological health linked to a binary orientation of healthcare and the barriers to adequate care. A majority of inter* people indicate having had negative experiences in medical care.

In contrast, many physicians do not regularly discuss topics like sexual orientation or gender identity with their patients when asking about their sexual history or when assessing their mental health, nor do they believe to possess the required abilities to do so. (7) This means that specific forms of care such as an adequate consultation regarding birth control or a medical and/or surgical transition are not fulfilled.
Even when patients discuss their LGBTQIA+ identity with their healthcare provider, differences between the healthcare systems lead to inconsistencies regarding data entry in a clinical setting and in digital patient files. This makes it difficult for national

and international healthcare agencies to gather reliable data about the state of general health of LGBTQIA+ patients. (17)

These forms of discrimination faced by LGBTQIA+ people in the healthcare system and in society in general accentuate each other: social discrimination is reflected in healthcare facilities, and discrimination linked to health reasons, as well as worse results lead to LGBTQIA+ people continually being confronted with problems in their lives, (19), which is a result of insufficient training and leads to suboptimal healthcare service for LGBTQIA+ people.

4. Social injustices

The yearly examination of the human rights situation in the LGBTQIA+ community in Switzerland, which took place in 2019, indicates that the country ranks only 23rd among the 49 other European countries. According to this examination, only about a third of the actual laws and measures regarding the rights of LGBTQIA+ actually respect human rights and total equality. (21)

Switzerland currently allows only for the marriage of opposite-sex couples. Same-sex partners, however, have the possibility to enter a registered partnership to which only they are entitled. Even though marriage and a registered partnership exhibit many commonalities, there are still several key differences when it comes to adoption rights and the access to reproductive medicine. (22,23)

There are currently clear restrictions that limit access to reproductive medicine, of which being in a stable opposite-sex relationship is a key criteria. Additionally, adoption is only possible for opposite-sex couples, with same-sex partnerships only being allowed the adoption of a stepchild. (22,23)

In 2013, a parliamentary initiative entitled “Equality in Marriage” was submitted. It demanded that the legal concept of marriage be redefined and opened to people of the same sex. The Federal legal commission examined the initiative and in 2018, they concluded that the equality of marriage could be achieved by a legislative change without a change to the constitution. Furthermore, a revision of the regulations regarding the access to reproductive medicine would be discussed. (23) In addition to this, the federal constitution would stand against discrimination and for equality concerning sexual orientation (Art.41b) and gender identity (Art.8.2) (24) and from February 2022 on, would prohibit hate speech aimed against sexual orientation. (Art.261bis StPO & Art.171c StPO). (25)

With respect to the rights of trans* people, the legal recognition of gender as well as changing one’s legal name on the basis of Art. 1 or 42 and Art. 30 are possible under Swiss civil law. (26) The usage of a new, self-chosen first name is allowed, regardless of a previous official name change having taken place beforehand. The official name only

has to be used in the so-called 'amtlicher Verkehr' (e.g. official documents such as passport, ID, driver's license). Further official name changes are possible with or without the simultaneous modification of one's gender. Name changes are supervised by the residential Canton's administration; conditions may vary from one Canton to another..

In order to change one's official gender, a formal request to the civil court of first instance must be made; the designation of which may vary from one Canton to another. There being no national law specific for trans* people, every judge can stipulate their own conditions. However, due to the European Court of Human Rights, judges may not demand hormonal treatment, surgical or medical procedures. (27,28)

A faster, easier way that would allow trans* people to legally change their name and gender without appearing in front of court is currently being discussed. (29,30)

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