

ILGA-Europe's key demands for ensuring the enjoyment of the right to health and access to health without discrimination

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity¹.

¹ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946

Position on the right to the highest attainable standard of health of lesbian, gay, bisexual, trans and intersex (LGBTI) people

ILGA-Europe advocates for policies and laws that fully respect, protect and fulfill the right to health of LGBTI people. This implies not only negative obligations (prohibiting policies that violate the physical integrity of LGBTI people) but also positive measures (facilitating access to services, promoting healthy behaviours, etc.).

Therefore, ILGA-Europe calls for the removal of all discriminatory legislation, policies and practices in the area of health. LGBTI people must have access to appropriate and patient-centered healthcare systems that fully meet their health needs.

The identities of LGBTI people should not be pathologised or their bodies medicalised. Individuals who need or wish specific treatments should be informed about their long-term consequences, and those treatments should then be made accessible and affordable.

Key demands

A. Prohibiting discriminatory legislation, policies and practices in the area of health

Across Europe today, LGBTI people continue to face discriminatory practices and violations of their right to health. Addressing these is a precondition to improve the physical and mental health of LGBTI people.

- It should be prohibited to deny health services (e.g. cancer screening, access to psychological support or to fertility treatments, etc.) on the ground of the sexual orientation, the gender identity, the gender expression or the sex characteristic of a person.
- All ‘therapies’ (psychological or hormonal treatments) proposed to a patient to ‘treat’ their sexual orientation should be strictly forbidden. Sexual orientation is not a disease and cannot be treated.
- Healthcare institutions should prevent and prohibit discriminatory and stigmatising practices and make their commitment visible (e.g. by providing a non-discrimination policy statement or by signing an anti-discrimination charter).

- Same-sex partners of patients should be consulted in the decision-making on the care provided to their partners and they should not face restrictions to their right to visit their partners while in hospital or clinic. This same measure should apply for their children too.
- Medical curricula and textbooks should be reviewed to ensure that they do not reinforce heterosexism, homophobia and transphobia, and that they provide appropriate and updated information on medical issues without hidden discriminatory undertones on the grounds of sexual orientation, gender identity, gender expression and sex characteristics.

B. Ensuring patient-centered health systems and environments for LGBTI users

LGBTI people are more likely to take care of their own health and to disclose important information on their needs if they feel respected, safe and empowered.

- Health policies and programmes, health surveys, research, evaluation, and prevention mechanisms should expressly include specific health needs of LGBTI people when relevant.
- Policies and programmes addressing mental health issues should take into account episodes of stigmatisation and discrimination LGBTI people may have faced, both within and outside health systems.
- All young people should have access to sex and relationship education. It should be available to all independently of their sexual orientation, health status, disability, ethnic origin or faith.
- Efforts should be made to reach out to men who have sex with men (MSM) and trans persons in particular and to inform them on the various options they can be offered in an HIV and others sexually transmittable infections prevention strategies. Testing should be promoted, and access to treatment be available and affordable.
- Specific attention should be brought to the health of young and elderly LGBTI people, LGBTI people with disabilities or coming from a minority ethnic background, as they are more at risk of being invisible and their health needs are likely not to be met.
- Initial and life-long training of healthcare practitioners should comprise information on the specific health needs of LGBTI people. This includes knowledge about specific health inequalities affecting LGBTI people – minority stress, drugs and alcohol misuse, tobacco use, eating disorders, avoidance of

healthcare, etc. That would facilitate the building of a relation of trust between LGBTI persons and their health practitioners.

- Those training should focus on the importance of a respectful communication with LGBTI people that encourages them to be involved in their own healthcare. This implies to use a gender-sensitive language, to avoid assumptions, to provide information in a transparent manner, and to respect the principles of confidentiality and privacy.
- Details of local support services relevant to LGBTI people should be made available.
- Brochures and posters in hospitals, clinics and other health centers should reflect the diversity of our society. This also implies to frame images of LGBTI people.

C. Respecting the right to health and to physical integrity of trans and intersex people

Restoring the autonomy of trans and intersex people in the area of health is a condition to empower them to make informed choices about their health and well-being

- In the process of revising the International Classification of Diseases (ICD) of the WHO, all references to gender identity disorders should be removed. Trans people should have access to care without being stigmatized or considered as mentally ill. The right to health of gender-variant children should be fully respected. National classifications should be amended accordingly.
- In the context of legal gender recognition, medical and juridical processes should be distinguished so that no treatment (surgeries, sterilisation, hormones) is made compulsory by law.
- Free, full and informed consent and patient-centered care should be the core principles of healthcare provided to intersex people. Harmful, irreversible and unnecessary medical practices against intersex children should be prohibited.
- Research should be conducted on the health outcomes of trans and intersex people and in particular on the long-term impact of medical treatments.
- Treatments that are deemed necessary by trans and intersex users on a case-by-case basis should be, as much as possible, accessible, affordable and included in the national basket of benefits.