

The right to health of LGBTI people

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professionals on LGBT issues
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Glossary

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- 🌈 **Lesbians and gays** : persons who feel sexual and/or emotional desire exclusively or predominantly for persons of her or his own sex.
- 🌈 **Bisexual** : when a person is emotionally and/or sexually attracted to persons of more than one sex.
- 🌈 **Trans**: is an inclusive umbrella term referring to those people whose gender identity and/or a gender expression differs from the sex they were assigned at birth.
- 🌈 **Intersex** : refers to those people who have genetic, hormonal and physical features that are neither exclusively male nor exclusively female, but are typical of both at once or not clearly defined as either.

The right to health

The right to health (I)

What does the right to health mean?

- Constitution WHO : « Highest attainable standard of health »
- Not a right to be healthy! → Economic, social and cultural rights not easily enforceable?
- Legal obligations : respect, protect and fulfil.
- Linked to other rights : housing, work, education, privacy, etc.
- Key principles of the right to health : AAAQ (availability, accessibility, acceptability, quality).

The right to health (II)

The right to health of LGBTI people - Recognition at international and European levels

- Yogyakarta principles (17&18).
- General comment n°14 of the Committee on Economic, Social and Cultural rights (2000).
- Case-law of the European convention on Human Rights (in relation to art. 8 – right to respect of private and family life).
- European Social Charter Committee (complain by INTERRIGHTS on sexual health information in Croatia, 2009).
- EU Charter of Fundamental Rights (art. 35).

The right to health (III)

- Recommendation of the Committee of Ministers to member states on measures to combat discrimination on grounds of sexual orientation or gender identity (2010).
 - *ILGA-Europe's check-list on the health part of the CoE recommendation (2010)*
 - Do, the design of **national health plans**, health surveys, suicide prevention programmes, and the monitoring and quality assessment of health-care services take into account specific needs in relation to sexual orientation and gender identity?
 - Do **training programmes for health professionals** enable them to deliver the highest attainable standard of health-care to all persons, with full respect for sexual orientation and gender identity?

The right to health (IV)

- Are education, prevention, care and treatment programmes and services in the area of **sexual and reproductive health** available to LGBT people, and do they respect their needs?
- Are health professionals and social workers encouraged to **create an environment** that is reassuring and open to young LGBT persons?
- Are patients free to identify their “**next of kin**” and are rules on this issue applied without discrimination on grounds of sexual orientation and gender identity?
- Have all policy documents, medical textbooks and training materials which may have previously treated **homosexuality as a disease** been corrected or withdrawn?

The right to health (V)

- Do transgender persons have effective access to appropriate **gender reassignment** services, including psychological, endocrinological and surgical expertise? Where legislation provides for the coverage of necessary health-care costs by **public or private social insurance systems**, is such coverage for gender reassignment treatment ensured? If yes, is it ensured in a reasonable, non-arbitrary and non-discriminatory manner?
- Have measures been adopted to ensure that no child has their **body irreversibly changed** by medical practices designed to impose a gender identity without his/her full, free and informed consent?

Obstacles to the right to health of LGBTI people

Obstacles (I)

Stigmatisation of LGBTI people

- Denial of services
- Wrong questions
- Lack of knowledge
- Confidentiality and privacy issues not taken seriously
- Lack of recognition of same-sex partners

Mental health problems

- Trauma in relation to healthcare services
- New proposals of « gay cure »
- Impact on physical health

Obstacles (II)

Obstacles faced by trans and intersex people

- Relations with healthcare professionals.
- Difficult access to gender reassignment for some / denial of bodily integrity for others

Pathologising medical classifications

- The World Health Organization's (WHO) International Classification of Diseases (ICD).
- Unsatisfactory medical terms : *Disorders of sex development* (DSD).

Advancing the right to health of LGBTI people

Advancing the right to health

- **Training** healthcare practitioners on LGBTI issues.
- Ensuring an **inclusive environment** for LGBTI patients
- Liaising with relevant stakeholders towards **depathologisation** of trans identities.
- Putting an end to harmful medical practices against **intersex** people, and in particular intersex children.
- Promoting sex and relationship **education**.

Thank you for your attention!

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