

« TEASE THE EXPERTS » CASE STUDIES ON LGBTI HEALTH

A. DISCRIMINATION IN HEALTH

Gina is a Polish woman of 78 years old. When she was younger, she struggled to have her family accept her being a lesbian. Unfortunately, this never quite worked out, and until today, Gina has a rather distant relationship with her family. She lived together with her partner for 33 years, until her partner died. They never had children. After the death of her partner, Gina lived alone for 3 years. One day, though, she fell from the stairs at home and after a few weeks in the hospital, her family proposed her to move to a senior health care facility. They said she would have appropriate health care there, and company so she would not feel lonely. Gina opposed going to the facility, as she mistrusts health institutions, painfully recalling how they tried to “cure” her from lesbianism when she was younger. Besides, one of her friends *came out* in his senior health care facility a couple of years ago, and said that he did not feel welcome anymore after his coming out. Therefore Gina is now very anxious, thinking that her health may deteriorate further and force her to move to a senior healthcare facility. She does not go to her general practitioner anymore as she fears he may speak to her family and insist that she cannot stay at home any longer.

Questions:

- 1- What are the specific health issues at stake in this case?
- 2- Who are the stakeholders? What is their role?
- 3- What are the factors that lead to this problematic situation?
- 4- What could be the consequences on Gina’s health if no action was taken?
- 5- Which measures (legislation, policies, at local, national or European levels) should be taken to prevent this/help solving the situation?



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B. MENTAL HEALTH

Luis is a young Portuguese gay man aged 17. He never felt comfortable at school as he has a learning disability. Matters got worse when he was *outed* by a classmate at age 15. The bullying began, and even sports class, which Luis used to enjoy so much, became hell, as the other boys started telling him he could not share the dressing room with them because he would get aroused. Luis became very despondent, he did not see how he would make it to the end of the school year and even thought about ending his life. He started *self-harming* and suffered from depression. Luckily, Luis' parents are very supportive. Seeing that he had such a hard time, his father decided to take him to the doctor to look for help. Luis had never felt quite at home at the doctor and at first, he did not want to go. Finally, his father convinced them. At the doctor's, they talked about mental health problems due to the school bullying. When the doctor insistently asked for the reason of the school bullying, Luis reluctantly said it was because of his sexual orientation. Upon hearing that, the doctor immediately affirmed he could not provide Luis with any support. He said that in the past, he would have proposed him a conversion therapy, but as "politically correct politicians" had disapproved of those practices, he had really no option for him. The doctor then avoided eye contact and rushed through the rest of the consultation. Luis left the doctor feeling stigmatized and depressed.

Questions:

- 1- What are the specific health issues at stake in this case?
- 2- Who are the stakeholders? What is their role?
- 3- What are the factors that lead to this problematic situation?
- 4- What could be the consequences on Luis's health if no action was taken?
- 5- Which measures (legislation, policies, at local, national or European levels) should be taken to prevent this/help solving the situation?



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C. SOCIAL HEALTH DETERMINANTS

Sarah is a 30 years old French woman. Since her puberty, she has been obsessed with her physical appearance. She has suffered of eating disorders since then.

When she was in high school, she had a love affair with a girl. She was afraid other students would learn about that and, though she had been a very good pupil in the past, her marks fell drastically. As a result of her under-achievement at school, she was advised not to pursue a university degree but to opt for a vocational education institution where she studied accounting. There, she dated for a while with a man. But their relationship came to an end. She does not care about the gender of her partner. The only thing she would like is to fall in love with someone. For now, she is dating with another student, a woman. Her parents are very disappointed she broke up with her boyfriend and disapprove of this new relationship.

Because she was not interested at all in accounting, she is trying to find a job in another area, but without success so far. In the meantime, she still lives at her parents place. She has kept on going out a lot during week-ends, and she practices binge-drinking and even sometimes takes cocaine. She never goes to see her family general practitioner because she does not want her lifestyle to be judged by anyone and because health is not a priority for her right now. In addition, when she first saw her mother's gynaecologist, the doctor refused to prescribe her a contraceptive pill arguing that she did not need any as she was in a relationship with another girl.

Questions:

- 1- What are the specific health issues at stake in this case?
- 2- Who are the stakeholders? What is their role?
- 3- What are the factors that lead to this problematic situation?
- 4- What could be the consequences on Sarah's health if no action was taken?
- 5- Which measures (legislation, policies, at local, national or European levels) should be taken to prevent this/help solving the situation?



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D. HIV-AIDS AND STIS

Vladimir is 45. He lives in a small village in Latvia. He is married with a woman and has three kids. But Vladimir is gay. He knows it since he is a teenager. In a society that is still quite conservative, he has never felt ready to come out and eventually got married to a friend of his sister. A few times a year, Vladimir goes out in a gay club in Riga. But since he found out about gay dating websites, he has more and more opportunities to meet men, even in other small villages far from Riga. While in the sex club of Riga, he was using condoms systematically, he has often unprotected sex with those men he meets online because they always discuss first about their HIV status. Vladimir sometimes wonders whether he should get tested, but does not know where to go to get tested in an anonymous way. In addition, in the case he would be HIV-positive, he could never face it. He would need to tell the truth to his wife, to his family. His colleagues would learn about it. He is sure he would be fired. He would not be able to pay for the treatment. That would be the end of everything he has built. And anyway, he read that migrants, sex workers and drug users were the ones really at risk of getting HIV infected and he is sure he never had sex with “one of them”. So, no, definitely, he should not worry about HIV.

Questions:

- 1- What are the specific health issues at stake in this case?
- 2- Who are the stakeholders? What is their role?
- 3- What are the factors that lead to this problematic situation?
- 4- What could be the consequences on Vladimir’s health if no action was taken?
- 5- Which measures (legislation, policies, at local, national or European levels) should be taken to prevent this/help solving the situation?



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E. TRANS HEALTH

Frank is 25. He lives in a town in Germany. He was born female but realised by puberty that his gender identity is male and came out to his parents as transgender when he was 16. His parents have been supportive of his male gender identity. At the age of 18 he started living simply as a man and, after being unable to identify a trans-friendly doctor willing to prescribe hormones, he started self-injecting testosterone which he bought from a friend with body-building contacts. He has never had any blood tests to check his testosterone levels. He has always wanted a hysterectomy but has been unsure how to get one. Over the last year he has been getting irregular occasional bleeding and cramping pains so he decided to prioritise seeking a hysterectomy. He called a gynaecologist's office, told the receptionist that he was a trans man and asked for an appointment. The phone call was very humiliating, with the receptionist at first misunderstanding his direction of transition and insisting that he would never require gynaecology services. After he reluctantly explained that he was born female and still has a uterus, the receptionist agreed to make him an appointment with the gynaecologist. At the appointment, he told the gynaecologist that he had been living fully as male for seven years and wanted to pay out of pocket for a full hysterectomy. The gynaecologist said that to get a hysterectomy he would need to have a detailed examination, including an internal vaginal ultrasound. During the exam, the Dr told him to "stop being silly" when he said that letting anyone see his genitals was distressing and asked for a smaller speculum to be used. The gynaecologist then said that the examination results showed no need for a hysterectomy and told him to "stop messing around with your hormone levels by abusing testosterone". She continued to say that it would be unethical to operate as "your problem is psychological not physical so you need a psychiatrist not a surgeon". He left the appointment feeling hopeless and like a freak.

Questions:

- 1- What are the specific health issues at stake in this case?
- 2- Who are the stakeholders? What is their role?
- 3- What are the factors that lead to this problematic situation?
- 4- What could be the consequences on Frank's health if no action was taken?
- 5- Which measures (legislation, policies, at local, national or European levels) should be taken to prevent this/help solving the situation?



« TEASE THE EXPERTS » CASE STUDIES ON LGBTI HEALTH

F. INTERSEX HEALTH

Bianca was born in Italy, 50 years ago. Bianca is intersex. If she was asked about it, she would probably answer she does not fully identify as a woman. But, nor as a male. Then what?

When Bianca was born, doctors said it was not clear whether the baby was female or male, but that it could be fixed very easily. The baby had a micro penis and her father said that it would be better if the baby was made a girl, otherwise, all his girlfriends would make fun of him. Doctors promised that after one surgery Bianca would be a “real girl” and when she would be a grown-up person, she could get married with a man. But instead of one surgery, Bianca had to undergo 15 surgeries. In addition, she suffered of multiple infections and had to skip school regularly to get cured in the hospital.

She did not have a lot of friends at school, and could not speak about her surgeries to anyone. Her first experiences of sexual intercourse with men were extremely painful because of the scars resulting from all the surgeries she had had. She eventually got married to a man who was extremely soft with her during their sexual intercourses. They tried to have a child, but they did not succeed. That’s when she started to investigate about the treatments she had undergone as a child and as a teenager. Her parents had told her she suffered of a genital malformation that threatened her life. When she asked the hospital for her medical record, she was told it had been lost when archives had been digitised. She had been taking hormones for more than forty years and wanted to try to live without medication, to see how that would be. Doctors told her she would die if she was not taking her pills. But when she asked what the long-term effects of those medicines were, they were unable to answer her.

And then, she understood she had been a guinea pig for all her life.

Questions:

- 1- What are the specific health issues at stake in this case?
- 2- Who are the stakeholders? What is their role?
- 3- What are the factors that lead to this problematic situation?
- 4- What could be the consequences on Bianca’s health if no action was taken?
- 5- Which measures (legislation, policies, at local, national or European levels) should be taken to prevent this/help solving the situation?

