



LGBTQ Population and Healthcare

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Abstract

When people seek medical assistance, they should be able to go to the doctor or specialist without worrying. Instead, they worry about mistreatment, harassment or about being discriminated or denied services. This happens very often to the LGBTQ population, who are exposed to all these situations. After many years of fight and after some laws ruling the subject have been enacted, LGBTQ people are now protected against discrimination in health care on the basis of gender identity and sex stereotypes. However, there are still many people trying to make it possible for health care to be denied to the LGBTQ population.

Keywords: LGBT; LGBTQ; Healthcare; Discrimination; Diseases; Prejudices

Introduction

Lesbian, gay, bisexual, and transgender (LGBT) is a term which includes a number of groups: lesbian (homosexual woman), gay (homosexual man or woman), bisexual (person who is attracted to both genders), transgender (person who identifies his gender as different from their biological one), queer (a synonym for gay; some people prefer to identify themselves as queer to empower themselves and take their identity "back from the bullies"), questioning (people who are unsure about their gender identity/sexuality), intersex (people with two sets of genitalia), asexual (people who are not sexually attracted to anyone and who don't identify with any orientation), allies (the loving supporters of the community, though not necessarily part of it), two spirits (a tradition in many First Nations that considers sexual minorities to have both male and female spirits), and

pansexual (person sexually attracted to others of any sex or gender) [1].

Homosexual relations are still prohibited in nine countries in Latin America and the Caribbean, among which we can mention Jamaica and Guyana. Only in four countries (Bolivia, Ecuador, Cuba and Mexico) the LGBT population is expressly protected under the Constitution, while marriage or civil union between people of the same sex is only permitted in seven countries in Latin America. Moreover, there are eleven countries in Latin America and the Caribbean which acknowledge aggression against the LGBT population as hate offenses and fourteen countries include laws to protect them from labour discrimination. It surprises us that laws have to bind employers and the state to hire people from the LGBT population, this means there has been progress but they are not fully integrated to the community. We can say that

although some countries have made reference and included regulations to protect the LGBT population, which we of course celebrate, there is still a lot to be made in these terms, especially when it comes to medical and social assistance [2].

When people go to a hospital or any other health center they may feel anxious or nervous. And sometimes they feel uncomfortable when asked about certain information. This happens to a greater extent to the LGBT community who have being long discriminated and questioned. When they have to talk about private information, it is not comfortable at all for them. The same happens when they need to ask some health questions or solve health concerns. Therefore, it would be a good idea to create an environment in which these conversations are more comfortable for the patients and to train healthcare professionals to deal with differences (race, age, sexual orientation, religion, etc.) This is what we call empathy. Being able to stand in someone else's shoes is a quality we expect of all good healthcare professionals. This will deal to better services and less health concerns. This is something we need to start teaching at medical or nursery school to our students.

Access to Healthcare

People get to a healthcare center in seek of help, they need medical assistance, this means we are having a problem. Patients nowadays are seeking to be listened, to be able to ask questions and to find solutions they are able to understand. This is not an exception for the LGBTQ community. They need the same. Medical assistance has always been physician-centered. The doctor is the one who knows and the patient is not an active part of the professional relation. This implies that patients are sometimes afraid of asking questions.

The LGBTQ population has found it difficult to access the healthcare system because of their history of discrimination. Also, it is difficult for them to face a medical appointment. Women see their gynecologist for control knowing that they will ask them how they prevent pregnancy, diseases, etc. without thinking they are probably asking that to a lesbian woman. And there are many other examples like this one [3]. The quality of empathy, as mentioned, has been found or rediscovered as a very important quality for healthcare professionals. It is time for them to start thinking that people may have a different sexual orientation from the traditional ones they are trained and educated at university. Being empathic will certainly lead to better outcomes, better health services and patient satisfaction. Being able to understand that someone may be of a different religion, race, or sexual orientation is the first step to be able to stand in someone else's shoes and know how they are feeling when facing the healthcare system (which often has to do with private concerns).

This is closely linked to what happens with the LGBTQ population which is sometimes forgotten at health institutions. It is high time to take them into account as any other patient who has their health rights. It is time to reconsider our attitude towards them, to recognize them and to make sure they can exercise their rights. Discrimination, unfortunately, usually happens at healthcare cents. And this is because of lack of communication and empathy. We cannot deliver good health services if we are not able to understand that we are all different.

Whenever a person comes to see a doctor, they probably have lots of questions. If they feel discriminated or not understood, it will be very difficult for them to ask those questions and they will probably leave the place with the same questions they had when they arrived. The LGBTQ population struggles with many obstacles not only regarding health, but also labour, social and family questions. As regards health, this is a very sensitive issue as it has do to with the most private concerns of a person. This is why it is so important for us, all healthcare professionals, to be sensitive. They have struggled a lot for their rights to be acknowledged and they have been and are discriminaed. They will probaby come to us seeking help and it is our obligation to give a good response to that [2-4].

Conclusion

We all need to deal with different challenges. In our case, there are many challenges at work. People are more sensitive and have more access to information but this sometimes means that information may not be correct. We can all play a significant role in minimizing the disparities faced by the LGBTQ population, specially in healthcare centers. They come to us with the most private concerns. These are more private than in any other context. And we, healthcare professionals, need to be prepared for that. They will be seeking for help, they need assistance and they need to feel comfortable to talk about their doubts and ask questions.

Healthcare professionals need to practice empathy from the very beginning. But they have been trained at university to respond to a different system, the gender binary model, which does not think about other sexual orientations. We have been trained based on that model, which makes it very difficult for us to think differently. It is, therefore, necessary to start changing those models and to train students to be able to think that there are many different choices people can make, this is related to sexual orientation, but it is also related to religion.

The lack of training may mean that discrimination and prejudice will never change and the LGBTQ population will always feel the same. They have fought for their rights, and

health is one of them. We should start thinking that they are part of our society, they have needs, fears, questions and we should start sharing our differences to understand them in order to help them exercise their rights and, above all, improve our delivery of health services. This will, of course, be a contribution to health quality.

References

1. Gillespie C (2022) 7 Major Health Disparities Affecting the LGBTQ+ Community. Mental Health.
2. LGBTQ+ Health Disparities. Cigna.
3. Powell A (2018) The problems with LGBTQ health care. The Harvard Gazette.
4. Hafeez H, Zeshan M, Tahir MA, Jahan N, Naveed S (2017) Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review. Cureus 9(4): e1184.

