

Documentation of discrimination in the field of LGBT health in Romania

General overview, legal framework, findings and recommendations

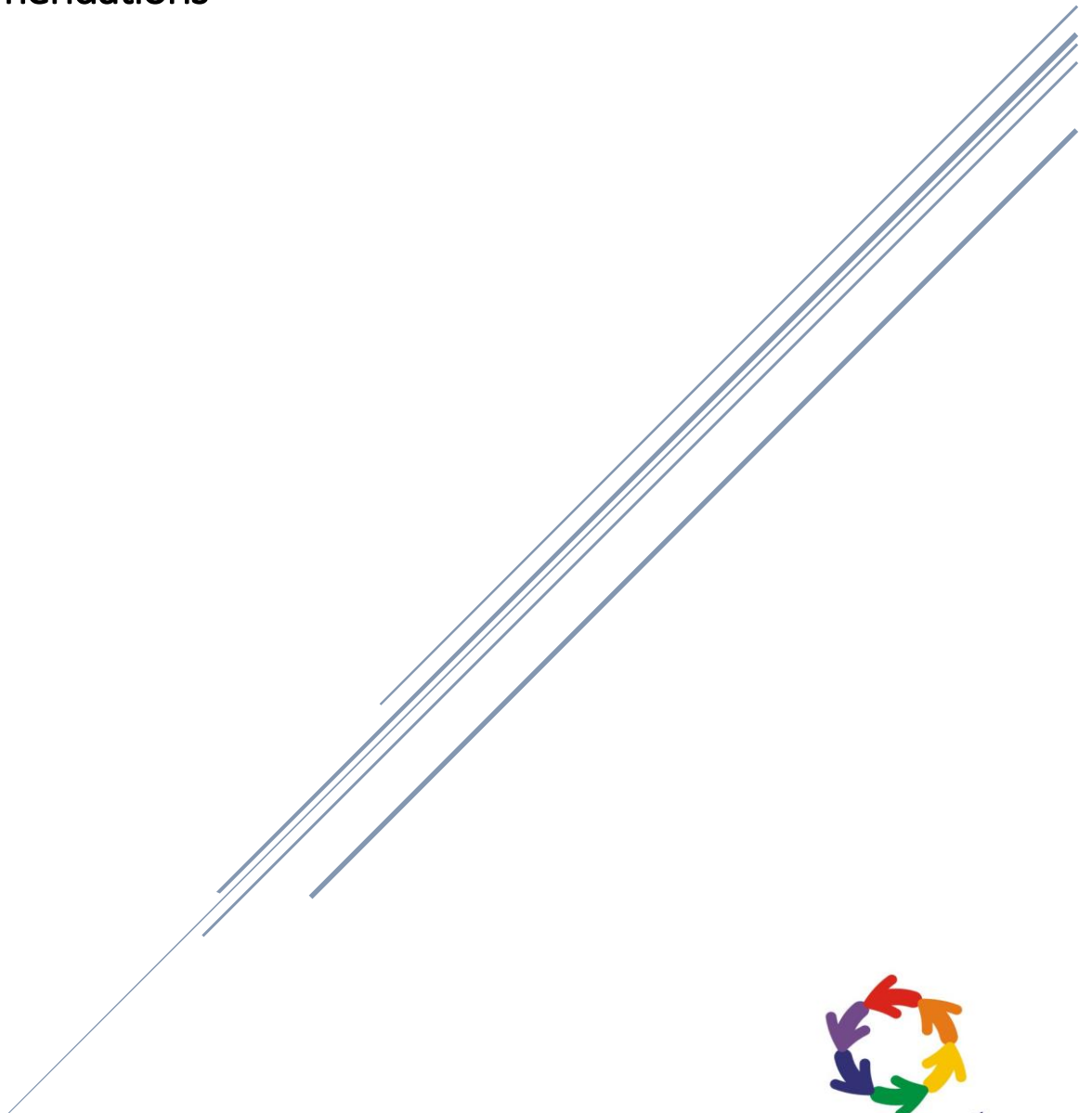


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Background

In 2014, with the support of ILGA Europe, ACCEPT Association was involved in a small research Project called 'Documentation of discrimination in the field of LGBT health in Romania', with an aim to collect data on discriminatory practices in the area of LGBT health in order to develop realistic and practical guidelines for medical personnel and other relevant stakeholders and thus assist them in developing health services that are adequate to LGBT needs. The envisaged activities were focused on achieving:

- Increased awareness of the ways in which discrimination hinders the access of LGBT people to adequate and accessible health services.
- The development of possible advocacy actions and tools
- The elaboration and dissemination of guidelines/recommendations for (1) medical personnel, (2) medical faculties and (3) health authorities - as resources on how to increase accessibility and adequacy of health services for LGBT people.

These goals were seen as responding to major challenges related to LGBT access to adequate medical services: the general belief affecting both LGBT people and medical personnel in Romania, that sexual orientation has no relevance for professionals providing medical services; the reluctance of sharing and discussing information about sexual orientation and gender identity; as well as the fact homosexuality continues to be presented as a mental illness to students of medicine and psychologies faculties – which makes any change involving health system highly improbable; and last but not least, the absence of training or info materials that could guide professionals and decisions makers interested to achieve a greater knowledge and understanding of this field.

The project also had a field research component (online survey, focus groups, qualitative interviews, written information requests to authorities and institutions) that has to an extent allowed us to elaborate updated and documented recommendations and guidelines regarding health services for LGBT, which hopefully cover the existing information gap and provide the necessary arguments for change to decision makers and other relevant stakeholders.

Aside from the current report, additional materials were developed in the context of this Project, including a Booklet comprising Guidelines for health professionals working with LGBT persons, which is available both in print as well as in an electronic format.

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General overview and legal framework

The Romanian Health System – general information

Romania has a national social health insurance system, “based on solidarity, subsidiarity and transparency” and mostly financed by contributions. There is only one public insurance Fund¹ operated by the National Department of Health Insurances². The National Department is managing the health system at national level and has branch offices in all 42 counties. There are other schemes for special categories of persons, such as employees of the Ministry of Transport, the Army, Public defense, Police and Justice - however, these special insurance schemes are also subordinated to the National Department of Health Insurances.

In order to benefit from services included in the standard package³ within the public health care system, persons must be insured (by either a compulsory or facultative insurance). There are two main categories of persons that benefit from the compulsory insurance: those that must pay a monthly contribution to the National Health Insurances Fund, and those that are not obliged to contribute (special categories). Uninsured persons can however benefit from a minimal package of free-of-charge services, which only includes medical and surgical emergencies and potential epidemic diseases, monitoring the evolution of pregnancy and of post-natal care and family planning services – that are established through the Annual framework agreement⁴.

Although the public system coexists with several private service providers, private insurance is not of high recurrence due to the higher costs which often prove unaffordable to a great part of the population.

The health system is under an unstable reformation process with permanent legislative amendments that are difficultly followed by both patients and healthcare providers. Besides this, main problems also include the insufficient budget and additional funds, as well as an ever-

¹ In Romanian, « *Fondul Unic de Asigurari Sociale de Sanatate* ».

² In Romanian, « *Casa Nationala de Asigurari Sociale de Sanatate* ».

³ There is a standard package established by the government every year, comprising primary care, certain secondary care and certain inpatient care. Certain secondary care and inpatient services need co-payment or are not covered at all, but the Government is currently considering introducing co-payment even for certain care comprised in the standard package. This will negatively affect contributors to the Fund, who are displeased with the high costs and generally low quality services provided by public facilities. Categories of persons who will most likely not be subjected to co-payment include: the chronically ill, patients with surgical or medical emergencies, retired persons with income from pensions below a certain amount (to be decided), unemployed, pregnant women, persons with no income, children, students under the age of 26 with no income etc.

⁴ The Framework Agreement / Contract – (in Romanian: *Contractul Cadru*) is a fundamental document establishing several measures regarding the supply of medical services, medicines and some materials, in-patient treatment and medical devices. It is negotiated and signed every year. This Agreement is a framework through which providers and local health insurance departments are required to comply by a contractual relationship. The provisions establish detailed rules for implementing healthcare services.

growing dissatisfaction of patients, medical professionals and other service providers. An important characteristic of the Romanian system is the existence of a large number of uninsured nationals – who do not pay the minimum contribution to the Fund. They can also be considered a vulnerable category, because in case of accident or illness, they are not covered and would technically have to pay the full cost of all medical assistance – which often they cannot afford. Another major issue that affects all persons, mostly insured nationals and residents that pay contributions to the Health Fund, refers to the introduction of co-payment as a rule for all healthcare and services (instead of an exception), which leads to additional costs for those who constantly pay for the health insurance.

Legal entitlements to access health care

In the field of health, the Romanian Constitution establishes a very general framework, referring to “the right to the protection of one’s health”. It also states that “citizens have the right to medical care in health facilities”.⁵

Also, according to the National Health Reform Law, “qualified First Aid and emergency care is given without any discrimination related to, but not limited to, income, gender, age, ethnicity, religion, nationality or political opinion, whether or not the patient is insured”⁶.

Nationals with permanent residence in Romania and authorized residents⁷ with a valid temporary or permanent permit are eligible for the social (statutory) health insurance⁸. For them, insurance is compulsory. Romanians who do not permanently reside in the country or foreigners holding a visa can sign the facultative insurance agreement, granting them the same rights and basic services.

There is also a significant number of nationals who are uninsured, either for not being able to pay even the minimum contributions, or for not being willing to declare any income. They still can access the minimum package of services, comprising free of charge emergency care, ante and post natal care, treatment of listed infectious diseases and family planning services⁹.

As a general rule, insured persons must pay a monthly contribution. Contributions for employed people amount to 5.5% of gross income (the rest is paid by employers). Those who are

⁵ See Articles 34 and 47 of the Romanian Constitution of 1991, as amended in 2003.

⁶ Art. 98, para. 7 of the National health Reform Law no. 95/2006

⁷ According to art 3, para.4 of Government Emergency Ordinance 194/2002, which refers to the rights of third country nationals, it is stated that they “may benefit from social protection measures under the same conditions as Romanian citizens”, if they are entitled to legally reside (permanently or temporarily) in Romania.

⁸ Article 211 of the National Health Reform Law of 2006 (in Romanian: *Legea nr. 95/2006 privind reforma in domeniul sanatatii*).

⁹ According to the National Health Reform Law – which refers to the minimum package of services, and the 2010 Annual Agreement regarding the framework for medical and health care activities (in Romanian *Contractul-Cadru 2010*).

unemployed (even if they do not have any income) have to pay an amount of 5.5% of the annual national minimum wage¹⁰ per month, and advance the fee corresponding to six months in order to become insured in the public system. Certain categories of persons are insured without the obligation to pay contributions; these exempted categories include: children under 18; young people between 18-26 going to school or coming from child protection and with no income; persons prosecuted by the communist regime; persons with disabilities and no financial means; persons with chronic diseases who cannot work; women in need of ante and post natal care if their income is under the value of national minimum wage; and retired persons with income under the taxable limit.¹¹

The **basic package** covers a range of preventive and curative health care services as well as some medicines sanitary supplies, medical devices¹² and recovery procedures. These include emergency care, primary care (mostly provided by family doctors), certain outpatient and inpatient secondary care (that can be free of charge or co-paid¹³), some dental care and prophylactic check-ups. Some secondary care services such as those provided in case of professional illnesses, certain high-performance services and organ transplants, esthetical surgery, in vitro fertilization and most dental care are not included in this package¹⁴.

The certificates issued by the Department of Health Insurances (In Romanian "*adeverinta*" or "*carnet de asigurat*") or employers remain the main means to prove entitlements, since electronic health cards are only started to be implemented throughout the country as of mid-2014.

All uninsured persons are entitled to the **minimum package** of healthcare services – which, under the provisions of art. 210, line e, of the Health Reform Law no. 95/2006, "includes only medical and surgical emergencies¹⁵ and potential epidemic diseases, monitoring the evolution of pregnancy and of post-natal care and family planning services, established through the Annual framework agreement.

The rest of health care services are only available to them on full payment basis. According to applicable legislation¹⁶, "**all children under 18**" benefit from health care, without the payment of health insurance.

¹⁰ This amount is less than 10 EUR in 2010.

¹¹ In compliance with Article 213 of the National Health Reform Law (in Romanian: *Legea nr. 95/2006*).

¹² Glasses and hearing devices are for instance excluded.

¹³ The government is currently considering the possibility to extend the copayment, excluding however from this payment to certain categories of persons.

¹⁴ See Art. 237 of the *Legea nr. 95/2006*. The list of services for which copayment is required and the fees are established every year by the Annual Agreement regarding the framework for medical and health care activities. Preventive dental care is only covered for children and for some categories of young people.

¹⁵ According to the applicable legislation, a medical emergency is an accident or acute illness which requires qualified first aid or urgent medical assistance. Emergencies may be life-threatening (where more levels of healthcare and several interventions are required and provided) or not posing an immediate danger to life (in this case, services may be provided in a hospital or other health centre). See Article 86(e) of the National Health Reform Law (In Romanian: *Legea nr. 95/2006*).

¹⁶ Health Reform Law, art. 213

Transfer or access to information by the authorities

Transfer or access to information about administrative status: Health care professionals are under a duty of confidentiality¹⁷ regarding the situation, treatment, diagnosis and personal data of the patient.

The legal provisions regarding confidentiality of doctor-patient relations, as well as confidentiality of a patient's personal data are found in the Law regarding patients' rights¹⁸, which stipulates that "A patient has the right to be treated with respect, as a human being, with no discrimination" (art. 3). It also provides that "All information regarding the patient's condition, the results of medical investigations, the diagnosis, treatment, chances for recovery, and personal data, is confidential even after the person's death" (art. 21).

However, the same legal act states that "All confidential information may be divulged only if the patient explicitly consents it, or if the law strictly requires it"¹⁹.

Psychological assistance

Psychological counselling and assistance – are provided by psychologists in line with the provisions of the Deontological Code of Psychologists and of *Law no. 213/2004 regarding the psychologist profession and the establishment, organizing and functioning of the College of Psychologist in Romania*.

The Decision of the Romanian Government for the approval of medical service packages and of the Framework Contract regulating the conditions for granting medical assistance in the social health insurance system for the years 2014-2015, refers strictly to 'medical services', thus limiting the 'social healthcare system' to 'medical services' and implicitly excluding other health services- such as psychological services. Ten years after the entry into force of Law no. 213/2004, the National Health Insurance Department still does not cover/ reimburse psychotherapy services for adults with a public insurance. Further, the National Health Insurance Department does not cover/ reimburse the psychological assistance for children diagnosed with autism, chronic patients who are terminally ill, psychological interventions in emergencies, for recovery / rehabilitation of the chronically ill or in other serious situations.

Non-discrimination in access to health services

¹⁷ Article 39 of the National Health reform Law (*Legea nr. 95/2006*).

¹⁸ (In Romanian: *Legea drepturilor pacientului nr. 46/2003*)

¹⁹ Art. 22 of the Law regarding patients' rights

Article 35 of the Charter of Fundamental Rights of the European Union states that “everyone has the right of access to preventive healthcare and the right to benefit from medical treatment under the conditions established by national laws and practices”. EU Member States are responsible for the organization and delivery of health services and medical care. Article 168 of the Treaty on the Functioning of the European Union (TFEU) gives the EU limited legislative competence in the field of public health, which basically remains to a large extent the prerogative of each member state. The EU Health Strategy (2008-2013) which identifies equity in health as a fundamental value, also considers that addressing health inequalities and equity in healthcare is a key action.

At national level, the Romanian Constitution provides for equality and non-discrimination in broad terms. These provisions are implemented in practice by specific anti-discrimination legislation - the Governmental Ordinance 137/2000. The specific grounds spelled out by the Constitution in the context of the equality principle are: race, nationality, ethnic origin, language, religion, gender, opinion, political adherence, property and social origin²⁰.

In relation to the equal access to healthcare, the principle is stipulated in the 1991 Constitution (Art. 34) while the National Health reform Law No. 95/2006 (the “Healthcare Law”) implements the general principles set out in the 1991 Constitution whereby women and men are guaranteed the access to healthcare. Furthermore, in relation to specific medical services, the Healthcare Law expressly provides that all patients shall benefit from care, without discrimination. For example, the general practitioner constitutes the “initial point of contact within the healthcare system, granting access on a non-discriminatory basis to the patients and caring for all their health issues²¹”. The Healthcare Law provides that “qualified first aid and urgent medical assistance are granted without discrimination related to, but not limited to, income, sex, age, ethnicity, religion, citizenship, political opinion, regardless of whether the patient is insured or not.²²

Furthermore, in 2002, a law was enacted for promoting the equality of chances and treatment between men and women (the “Equality Act”)²³. The Equality Act prohibits any form of discrimination based on gender in all instances.

²⁰ The constitutional text does not explicitly provide for the protection against discrimination on grounds of disability, age or sexual orientation as stated in the Directive 2000/78/EC and mentions protection against discrimination on the additional grounds of language, opinion, political adherence, property or social origin. None of these categories is further defined by the constitutional provisions or by implementing legislation. Debates for the revision of the Constitution took place in 2013, including discussions regarding the rephrasing of the protected grounds in Art. 4. By the end of 2013, the joint committee for constitutional revision adopted as proposal the list of protected grounds as enumerated in Art.21 of the Charter of Fundamental Rights excluding however ‘sexual orientation’ from the list of protected grounds due to strong opposition of religious groups.

²¹ Article 63(a), Healthcare Law.

²² Article 98(7), Healthcare Law

²³ Law No. 202/2002 regarding the equality of chances and treatment between men and women re-published in the Official Gazette of Romania No. 150 dated 1 March 2007, republished in 2013, as amended and supplemented.

With respect to the right of access to healthcare, the Equality Act lists healthcare among the fields where equality among men and women is to be promoted²⁴ and further details the equality of opportunities and rights in connection to healthcare in its chapter II “Equal opportunity and treatment with regard to the access to education, healthcare, culture and information”²⁵.

Any discrimination between men and women regarding access to all levels of healthcare is expressly prohibited and the Equality Act 2002 promotes equal access to any programs for the prevention of disease or promotion of health.²⁶ Furthermore, the Ministry of Health is obliged, together with all other central bodies of the state and the Romanian healthcare network, to ensure that all equality provisions are observed in connection with the access to medical services, to their quality and in connection with healthcare at the workplace.²⁷

Separately, the *Government Ordinance no. 137/2000 on the prevention of discrimination* (the “Antidiscrimination Act 2000”)²⁸ prohibits discrimination as a general principle and provides that access to healthcare, as a fundamental right of the citizens of Romania, is to be granted on an equality basis²⁹.

It should be stated that the material scope of the Romanian Anti-discrimination Law encompasses the areas protected by both the Directive 43/2000/EC and the Directive 78/2000/EC, but the Law goes beyond these areas and provides also for protection in relation to freedom of movement, as well as for the protection of the right to dignity. When defining discrimination, the legislator took a comprehensive approach and the principle of equality and of prohibition of discrimination applies in relation to all fundamental freedoms. Both public and private actors are under the duty to observe the framework established by the Anti-discrimination Law, and the ground protected **include sexual orientation**, for instance, but not gender identity.

Article 10 of the Antidiscrimination Act refer to the offence of denying access to a person or group of persons (on account of race, nationality, ethnicity, religion, beliefs, sex or sexual orientation) to public health services – including to the choice of the family doctor, nurse, health insurance, emergency services and other health services.

Concerns in relation to the area of LGBT health

²⁴ Article 2(1), Equality Act 2002

²⁵ Articles 15 - 22, Equality Act 2002

²⁶ Article 17, Equality Act 2002

²⁷ Article 18, Equality Act 2002

²⁸ Government Ordinance No. 137/2000 dated 31 August 2000 on the prevention and sanctioning of all forms of discrimination , as subsequently amended. The Governmental Ordinance 137/2000 was amended subsequently in 2002, 2003, 2004, 2006 and three times in 2013 to enhance transposition of the Directive 2000/43/EC and the Directive 2000/78/EC. In 2013, the Anti-discrimination Law was amended for the last time three times and significantly improved.

²⁹ Article 1(2)(e)(iv), Antidiscrimination Act

In Romania, societal discrimination against lesbian, gay, bisexual, and transgender (LGBT) persons remains a problem. In recent years some progress has been made in relation to anti-discrimination, however there is still a need for greater legal protection of victims, alongside improved responses, and enhanced knowledge and resources available to both victims of discrimination as well as Equality body, administrative authorities and Courts.

While the law prohibits discrimination based on sexual orientation, and criminal legislation states that hate motivation is an aggravating circumstance, societal discrimination against LGBT persons is still common. In addition, open hostility prevents the reporting of some harassment and discrimination. For instance, according to a Fundamental Rights Agency report, Romania ranks fifth with Bulgaria and Italy (54%), at the top of the countries where sexual minorities feel discriminated. This context is partly due to the fact that Romania still has to cope with a long transition started in 1989. This recent past was a period of increased awareness of the situation of minorities, doubled by a gradual process of asserting the rights of these groups and the principles of equality and non-discrimination, including the adoption in 2000 of the Anti-discrimination Law. Following accession to the EU in 2007, nationalistic and extremist discourse became more prominent and rejection in relation to vulnerable groups, particularly the Roma, LGBT and religious minorities became stronger.

In relation to healthcare, discrimination also exists – although widely underreported. The 2013 Study³⁰ conducted by the National quality Body, NCCD [The National Council for Combatting Discrimination] revealed that 45 % of respondents believed that LGBT persons are very much discriminated against in access to healthcare.

In relation to attitudes, it is also interesting to see that 81 % of respondents would not vote for a LGBT candidate running for mayor or MP or MEP and 84% would not vote for an LGBT candidate running for President. Additionally, 60% of respondents would not accept to be related to a LGBT person, 58 % would never accept to have a LGBT friend and 51% would not accept to work with a LGBT colleague. In relation to cases of discrimination that were public and well known from media, 44% of respondents referred to cases regarding healthcare where medical personnel was the discriminator.

It should also be emphasized that LGBT persons and persons infected with HIV are the most discriminated against categories in Romania, according to the same Study. This also raises concerns in relation to multiple discrimination, which may be particularly relevant with regard to access to healthcare when persons who are LGBT may also have disabilities or be infected with HIV.

Romania does have ‘multiple discrimination’ or ‘discrimination on more than one ground’ in its legislation, but while a finding of multiple discrimination can be taken into account when

³⁰ A representative study for the adult population in Romania, conducted annually by the NCCD, with a sample of 1415 respondents who were over 18 years of age in 2013. The results, in Romanian, are available at: <http://www.cncd.org.ro/files/file/Sondaj%20de%20opinie%20CNCD%202013.pdf>

awarding compensation / sanctioning the discriminatory act, the legislation does not provide much guidance on how to deal with it and jurisprudence is at best very limited.

Additional concerns in relation to access to healthcare refer to trans persons, who have a very specific situation, as well as persons infected with HIV. Separate Factsheets will be drafted in relation to these categories.

Transgender issues

The information about transgender issues in Romania is minimal, generally speaking, there is a lack of health specialists experienced and skilled in working with transgender people, explained by the fact that transgender issues are poorly portrayed in the medical school curricula. There is also a chronic lack among transgender people themselves in accessing accurate and appropriate information, support and counselling. The whole process cycle of transitioning for a transgender individual is not just time consuming, but is very difficult to navigate without qualified support.

Transgender status is not considered *per se* a ground of discrimination. The Romanian antidiscrimination legislation sanctions: ‘any difference, exclusion, restriction or preference based on race, nationality, ethnic origin, language, religion, social status, beliefs, sex, sexual orientation, age, disability, chronic disease, HIV positive status, belonging to a disadvantaged group or any other criterion, aiming to or resulting in a restriction or prevention of the equal recognition, use or exercise of human rights and fundamental freedoms in the political, economic, social and cultural field or in any other fields of public life.’³¹ However, ‘any other criterion’ may be interpreted as covering gender identity and expression.

Completely absent from the public agenda, the transgender issues are also poorly recognized before the law, mainly in the law on civil registration data³² and the law on the procedures for identification documents³³. There are no regulations and guidance for changes of names and identification data.

According to Article 2.(2).l of the Ordinance 41/2003 on administrative venues for changing the name, a transgender person can apply for an administrative procedure of changing the surname and the identification documents only after the final decision of a court which approved the reassignment surgery. ACCEPT stated that such a law ‘is not clear and does not offer enough information regarding what jurisdiction is competent for the matter and which are

³¹ Art.2, Romania/ Law 324/2006 for the amendment of the Government Ordinance 137/2000 regarding the prevention and the punishment of all forms of discrimination, (20.07.2006)

³² Romania/ Legea 119/1996 cu privire la actele de stare civila [Law regarding the civil status documents] (11.11.1996) with the last modifications from September 8, 2006

³³ Romania/ Ordonanta Guvenului 41/2003 privind dobandirea si schimbarea pe cale administrative a numelor persoanelor fizice,(02.02.2003) with the last modifications from July 6, 2004.

the means necessary to support one's request³⁴. Applied to the case of sex-reassignment surgery, the above mentioned legal regulation are intrusive on the right to private life of the transgender person, heavily dependent by a court decision. For taking a decision, the courts are requiring a forensic medical report, but the law is not mentioning who is entitled to issue such a certificate. Usually, the National Institute of Legal Medicine (NILM, INML in Romanian) based in Bucharest is required to issue these certificates. As a result, the whole process is delayed. From the point of view of ACCEPT, the court have no medical competence to take decisions concerning the authorization (or not) of the sex-reassignment surgery, while NILM has poor records in managing these cases. *Consequently, the process is long and painful for the persons seeking to change their sex. Courts many times require an expertise report from the Institute for Legal Medicine stating one's actual sex, while the Institute's personnel do not have the expertise necessary to provide this in-depth analysis*³⁵.

In the context of this year's documentation process for the current Report, we have asked for the Methodology of the medico-legal evaluation conducted by NILM. This evaluation is regulated by a **Methodological Note on conducting psychiatric medico-legal examinations**³⁶, where 'sexual identity disorder' is included as a 'Special situation in civil cases'. The evaluation, according to this methodology, should include several steps and last for around 3 years. Also, in relation to the gender reassignment surgery, the methodology states that *'the final intervention has a mutilating effect, creating external genitalia which are not functional from a sensitive or motor perspective, and must necessarily be followed by hormone substitution therapy for the rest of [a patient's] life'*

The evaluation entails 3 steps:

- the first entails being hospitalized in Endocrinology and Psychiatry hospitals for medical tests and assessments;
- the second step entails a 'real life test' which lasts for at least one year (there is no maximum period of time referred to in the Methodology) and means, among others, that the person is supposed to produce 'evidence of activities in environments dominated by persons of the gender that the person wishes to change to' and evidence of 'direct relations with persons who have anatomically changed their sex and persons who renounced changing their sex'.
- the third and, in theory, final step is endocrinology treatment, supplemented by constant psychotherapy and a final psychiatric assessment.

Gender reassignment surgery can occur only after a court decision is used, based on the NIML evaluation.

Concerning the psychiatric assessments, hormone treatments as well as sex reassignment surgery, the Ministry of Health does not regulate the specific procedures, methodology,

³⁴ ACCEPT, IGLHRC, ILGA Europe, joint submission to the United Nations Human Rights Council, under the Universal Periodic Review, available at www.iglhrc.org (08.02.2008).

³⁵ ACCEPT, IGLHRC, ILGA Europe, joint submission to the United Nations Human Rights Council, under the Universal Periodic Review, available at www.iglhrc.org (08.02.2008).

³⁶ Scrisoarea metodologica privind desfasurarea expertizelor medico-legale psihiatrice – editia revizuita nr. 2.

professional and ethical standards on transgender issues. Medical procedures, the hormone therapy and sex-reassignment surgery is not covered by public health care insurance.

The fieldwork research

Methodology

The data collection conducted in the course of the year by ACCEPT Association aimed to gather information through several means:

- a. by conducting an online survey for medical and psychology students, in order to acquire information on how homosexuality and transgenerity are approached during academic studies, in Medicine and Psychology schools Romania;
- b. by organizing individual or focus group discussions with LGBT persons to address their perspectives regarding their needs when approaching health services;
- c. by organizing interviews with healthcare professionals and NGOs workers providing health services for disadvantaged groups, in order to inquire about their attitudes and perspectives on LGBT health.

Additional information was sought by sending public info requests to some central health authorities and institutions about existing policies, if any, regarding LGBT health.

Further information about the Methodology applicable to each of the instruments is to be found in Annexes 1-3 to the current Report.

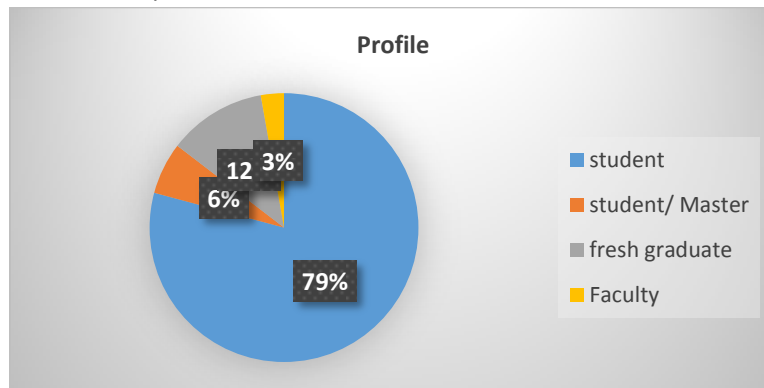
Summary of findings following the online survey among students

The actual aim of the survey was to evaluate the attitudes of the medical / psychology students in Romania with regard to their future patients' and clients' sexual orientation / gender identity; to assess the extent to which homosexuality continues to be presented as a mental illness to students of medicine and psychologies faculties; and to evaluate whether there is a need for training or informative materials that could guide future professionals in this field.

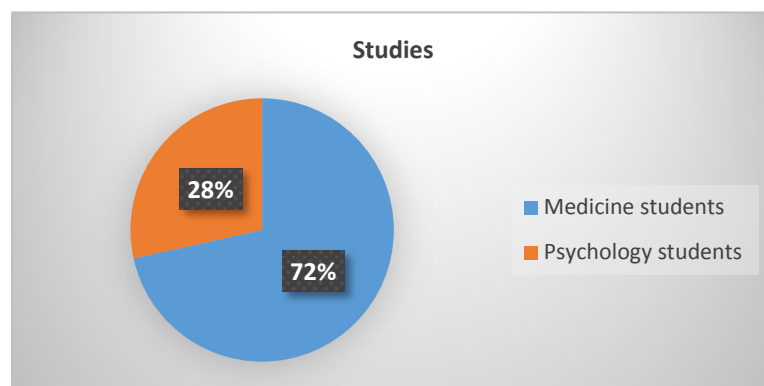
Profile of respondents:

There were 144 respondents in the period the survey was available online (May-June 2014), with respondents having the following profiles: 114 students, 9 Master students, 17 fresh

graduates of the class of 2013, and 4 respondents who were Faculty members (assistant lecturer, lecturer, teacher etc).



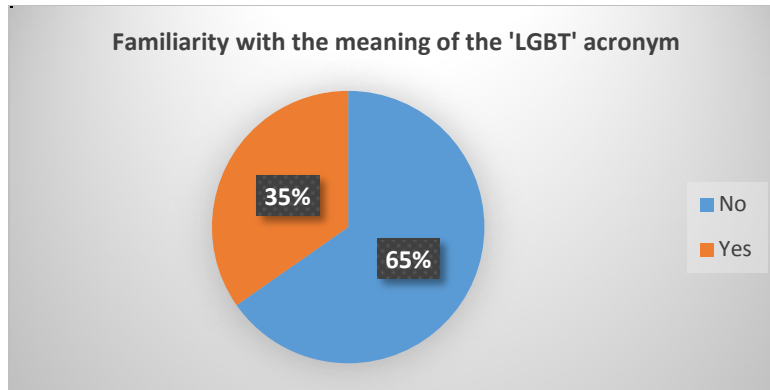
Among these, 103 were enrolled in Medical school and 41 in Psychology school, representing 72% and respectively 28 % of the total number of respondents.



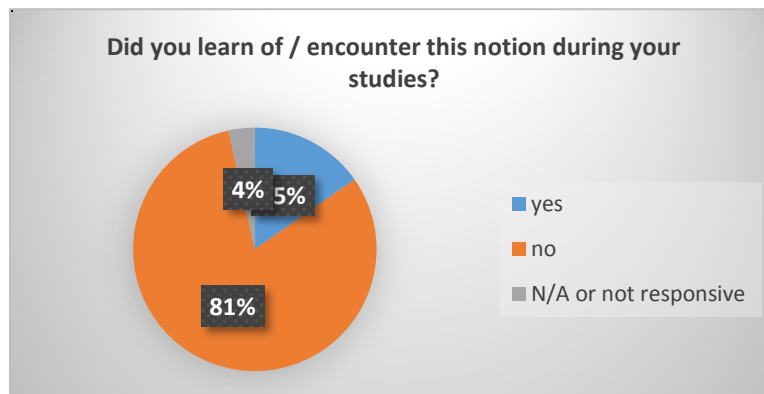
It's also worth noting that the outreach of the survey was national, with respondents from universities in Bucharest, but also Arad, Brasov, Cluj-Napoca, Craiova, Galati, Iasi, Oradea, Sibiu, Tirgu-Mures and Timisoara. Also, respondents to the survey were enrolled in different study years and were aged between 18 and 48.

Specific knowledge / information/ training on LGBT issues:

On familiarity with the notion / acronym LGBT, 95 respondents confirmed that they were familiar with the term (65%) while 50 (35%) respondent they were not aware of what it meant.



Nevertheless, in most cases, students had become familiar with this notion outside of their studies / courses: 22 had encountered the notion during classes (15%) and 117 had never encountered this notion mentioned during their studies (81%).



Also, in most cases (116 respondents, 81% of the total number) participants indicated that their academic curricula did not include specific references to the state of health or psychology of LGBT persons. In those cases where particular issues relating to the healthcare of the LGBT community were tackled during university studies, these were addressed within the context of the following subjects: Psychiatry, medical psychology, psycho-sexology, child psychiatry – identity disorders, legal medicine, couples / family psychology, psychopathology, semiology, endocrinology, infectious diseases, and neuropsychology.

In one case, a respondent indicated that such themes were addressed at the 'Ethics and deontology' class, while another declared that:

'During some classes, we were delivered anti-LGBT propaganda; when I tried to address the issue I was not allowed to speak, on account of the fact that I am younger and less experienced than the teacher'.

Nevertheless 69% of respondents stated that there was no specific course or module addressing LGBT health, while another 28% stated that they were unaware of such a course existing (this may be explained by the fact that students in the first years were not aware if they

were going to have such a module included later on). Three persons (2% of respondents) answered that they attended specific modules addressing LGBT healthcare, and mentioned these were: infections pathology prevalent in MSM (and the use of sexual protection measures); medical deontology, ethics and psychiatry *'where homosexuality was addressed as a sexual deviation'*, as one respondent stated. Another respondent clarified that, while there was no specific module or course, there had been a chapter in their Psychiatry Course presenting homosexuality *'as a pathology and the consequence of childhood trauma'*.

With very few exceptions, respondents indicated that the information they had received during their study years was insufficient for their future activity.

The general themes addressed in relation to sexual orientation and gender identity, if addressed at all in class, included, according to the respondents, either:

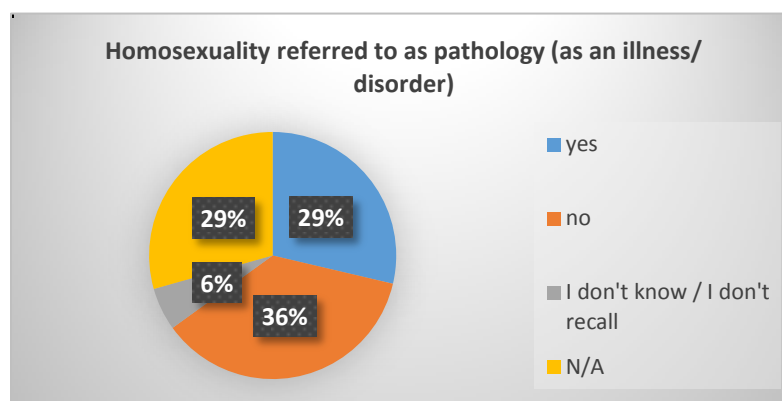
- associations and occasional reference to LGBT communities,
- information about sexual transmitted infections and risk groups for STIs
- the prevalence of depression.

Several other respondents indicated that aspects relating to the LGBT patients were only addressed in relation to human sexuality, as well as pathology. One respondent stated:

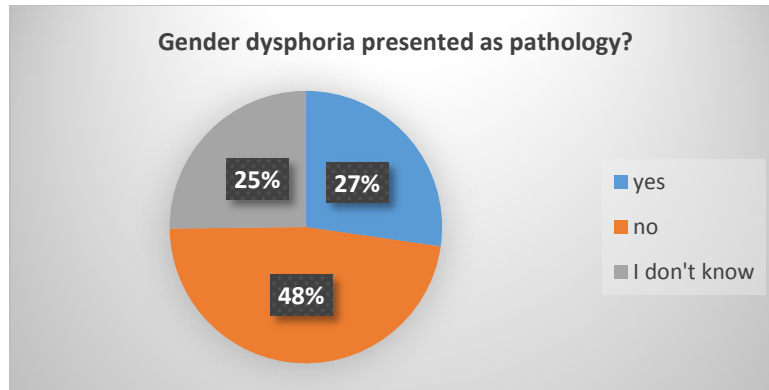
'As far as I recall, what shocked me was the assumption that this was deviant behavior. This bothered me, although I am straight'

Another respondents stated that homosexuality was treated as *'abnormality and compared to zoophilia'*.

A total of 41 respondents, which constitutes roughly 28% of the number of participants, mentioned that homosexual orientation was pathologized (approached as an illness) during classes.



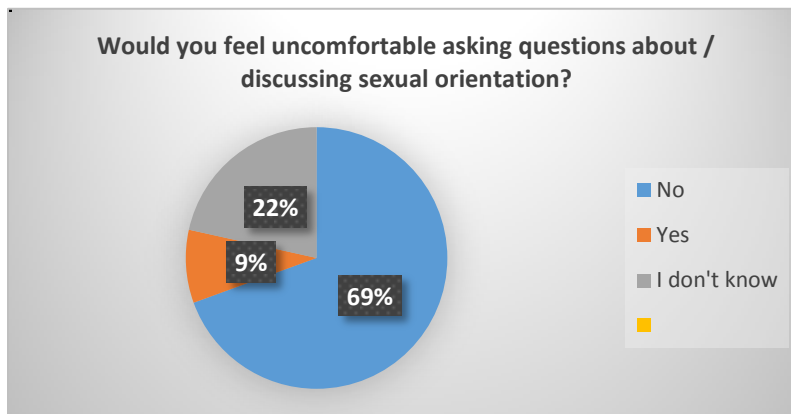
Gender dysphoria was also approached as a pathology, as per the accounts of 39 students, representing 27% of the sample of respondents. Another 25% mentioned however that they did not know how / if it was approached, which raises serious concerns with regard to the level and quality of information provided during classes.



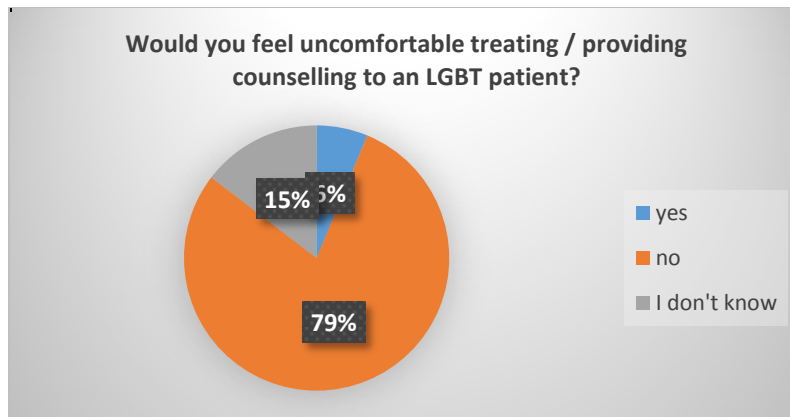
Nevertheless, the vast majority of respondents (131 of 144, 91% respectively) stated they had not heard and were not aware of the Standards of Care for trans persons of the **World Professional Association for Transgender Health (WPATH)**.

Attitudes:

An area that raises concerns is that of attitudes of the future health professionals in relation to LGBT patients. A significant proportion of the total number of respondents stated, in a self-assessment, that they would feel uncomfortable asking questions regarding sexual orientation.



Respondents also provided interesting responses to the question 'Would you feel uncomfortable treating / providing counselling to an LGBT patient'? While a relatively high proportion – 79% – stated they would not feel uncomfortable treating / providing counselling to an LGBT patient, some of the respondents still indicated they would feel bothered / uncomfortable (6%), while others mentioned they were not sure or didn't know how they would feel.



When asked to explain their option, the following statements were made:

- *'I would not feel uncomfortable, being a member of the LGBT community myself'*
- *'I have no problem with someone else's sexual orientation, it's not something you can chose'*
- *'Sexual orientation should not be a condition when providing someone with information / treatment, depending on his/her illnesses. I would however be careful to warn the patient regarding the risks that he/she is exposed to from a medical point of view (like illnesses that are frequently or exclusively affecting the LGBT community)'*
- *'I was frustrated by the attitude of the teachers on this topic, which they thought was too delicate to be debated. It so shameful for psychologists to think that way'.*

Other respondents considered sexual orientation to be irrelevant in the relationship between a healthcare professional and a patient or client:

- *'It is not relevant to me, but it may be relevant for the case',*

while others rightfully indicated that their level of comfort is affected by the limited information they have on this topic.

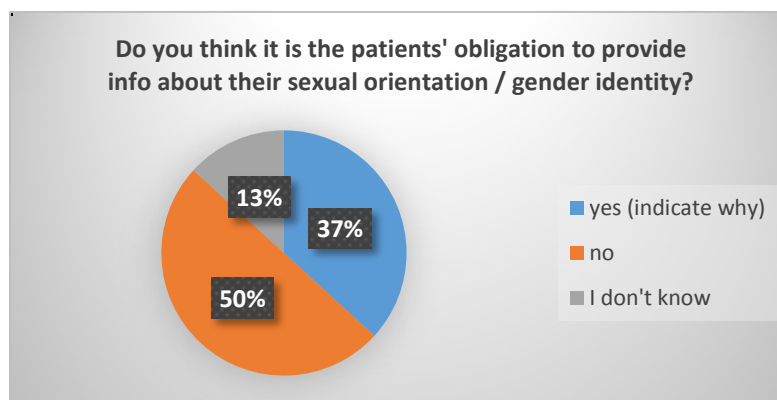
At the same time, a few respondents mentioned they were concerned also about the effect that the patients' or clients' level of comfort would have on the success and openness of a discussion with the healthcare professional.

Nevertheless, other students indicated they would indeed have an issue dealing with LGBT patients or clients:

- *'I am against any LGBT relationship. These people should go to a psychiatrist'*
- *'I think homosexuals have a mental problem, like a chronic illness that distorts the normal perception on perpetuation of the species. They use perverted sexual relations, hideous ways of generating pleasure that ultimately, as we all know, lead to ailments installed in the prefrontal cortex, temporal lobes... throughout the limbic system, leading to addiction, depression, suicide';*
- *'Homosexuality in my opinion is an intellectual cancer, gay people have a very limited level of consciousness, always installed in a pattern of behavior driven by selfishness, not being capable of responsibility to family, society. I am against homosexuality and consider it to be a severe neuro immuno-psychological pathology. This disease weakens the immune system making them prone to serious infections and even cancer. I would*

feel uncomfortable to consult a homosexual for the above mentioned reasons, but I would be happy to help him if he wants to return to normal’.

Students are many times involved in practical activities, I hospitals, clinics, etc., as part of their training. Yet, 67% of the respondents had not been in a position to discuss issues concerning sexual orientation or gender identity with their patients or clients. At the same time, the majority of those who mentioned they had been in a position to discuss this with their patients or clients, stated it was in the context of infectious pathology and epidemiology, as MSM are considered a ‘vulnerable group’. It should also be mentioned that some respondents indicated they see these questions as important for their activity. A significant proportion – 53 – of the total number of respondents indicated instead that it is the patients’ obligation to offer information about their sexual orientation and gender identity.



The majority of those who provided a positive answer mentioned that this information is important in helping them be aware of frequent pathologies, providing a diagnosis, placing the patient in a risk category (group), or providing accurate endocrinology and psychiatric treatment.

Others, probably mainly psychology students, mentioned sexual orientation / gender identity may be relevant in the therapy and counselling, and some even highlighted that such persons are not ‘patients’ but ‘clients’ in their view.

Someone indicated that:

‘This information is required when a person wishes to donate blood, because it is thought that LGBT persons show a heightened risk of contracting a STI or blood infection – so these persons will not be permitted to become donors. I believe this is discriminatory, especially since the blood that is collected will anyway be tested for various biological parameters’.

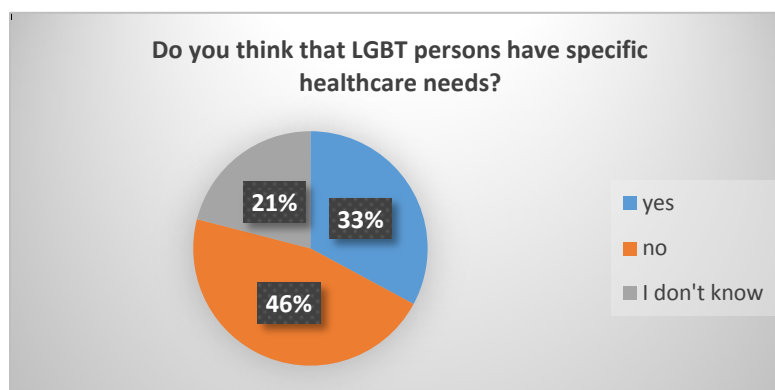
With regard to confidentiality, the vast majority of respondents indicated that information about sexual orientation and gender identity is confidential information, or at least it should be. One respondent emphasized that:

'(...)patient information should be confidential as long as it is not essential to medical care, in which case it is absolutely necessary that it is shared with other members of the medical team'.

Another respondent stated:

'I don't know if in practice, confidentiality is respected. I know of situations where it was not expected by the doctors, but I am not sure how widespread is this practice.'

Several interesting responses were provided by participants in the survey, with regard to LGBT healthcare needs. When asked if they considered LGBT persons – either patients or clients – as having specific healthcare needs, 66 persons replied they did not think that was the case, while 47 believed there were specific needs that LGBT communities have in terms of healthcare. Also, a relatively significant proportion, 21% of respondents (30 persons), stated they did not know or were unsure if the LGBT community had any specific needs in terms of healthcare.



While some of the respondents pointed out that LGBT persons are 'just as the rest of the population' and thus do not have any particular needs in terms of healthcare, others referred to the effects of stigma, marginalization and discrimination – and their connection to healthcare – including access to healthcare, openness of the medical personnel / towards the medical personnel etc.

Other respondents also referred to the needs of healthcare staff to understand how to approach LGBT patients and clients.

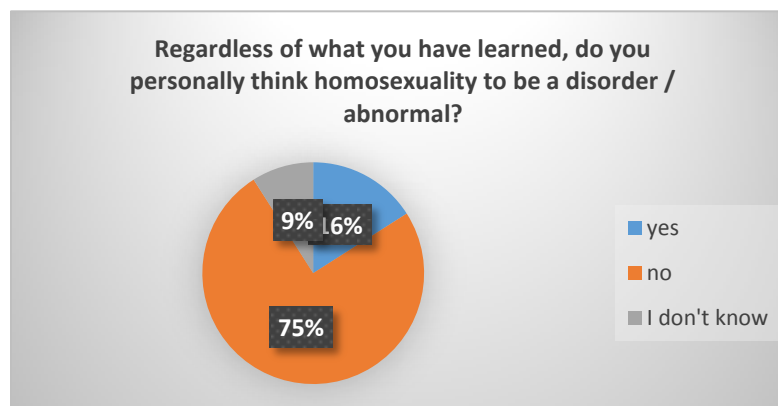
Several respondents underlined the link between discrimination / marginalization and the need for targeted information and prevention campaigns for the LGBT community:

- *'I think there is need for special information and education in relation to sexual behavior, in order to avoid some risks that could affect them medically and psychologically';*
- *'There is a need for special psychological care, because LGBT persons need to overcome more obstacles, They are vulnerable to discrimination and need support';*
- *'They may need specific services or care but are afraid to talk about their sexual discrimination for fear of discrimination. This leads to a lack of care and it becomes a vicious circle. Attitudes of medical personnel are very important'.*

A few respondents mentioned that there may be some specific needs linked to psychological care and counselling, while others focused on specific needs of trans persons, as well as the need for training of healthcare professionals:

- *'Gender dysphoria needs counselling, psychological therapy, hormone treatment or surgical treatment, depending on the case'*
- *'I am not sure if LGB people have specific needs, but I think doctors and psychologists need specific training, so they can quickly identify and address the health risks related to sexual behavior (even when the patient is unaware that he/she needs to provide information about sexual behavior, or even fear of possible hostile reactions of doctor / psychologist and consciously omit them), to consider possible pressure and blaming coming from a homophobic society etc. Trans and intersex people have specific health needs - and would require healthcare providers familiarized with trans issues'.*

With regard to their own personal views on sexual orientation and homosexuality, the majority of respondents revealed that they consider homosexuality to be a normal variation of sexual orientation.



Among the subjects (courses / modules) where they would like to have more information included about LGBT healthcare, many students mentioned: endocrinology, epidemiology, psychiatry, internal medicine, gynecology, urology, medical psychology, hematology, genetics, sexology, dermato-venereology and ethics.

Psychology students indicated that sexual orientation and gender identity topics should be included in their classes on: developmental psychology, behavioral science, anthropology, behavioral psychology, psychotherapy, psycho pathology, family psychology. One of the respondents also emphasized the need to have a distinct approach towards trans issues, compared to those issues relating to sexual orientation.

- *'All doctors and psychologists would probably need training in dealing with patients / clients who are targets of stigma (to identify their own prejudices, to develop communication skills, and be aware factors that can influence the health of LGBT persons).'*

With regard to what they would like to know / study or find out about healthcare needs of LGBT persons, students mentioned a need for more information, especially with regard to the medical needs of trans persons, communication with LGBT patients or clients, or risk factors for this population. Some excerpts of their responses are presented below:

- *'I would like to know everything'*
- *'To what extent being gay or lesbian affects your personal development and to what extents certain illnesses or disorders and their prevalence is linked to sexual orientation'*
- *'How to discuss with future patients to make them feel comfortable and open'*
- *'HIV prevention, though it is studied, it should be studied much earlier, not in the final year;*
- *'I'd like to know what is the correct patient-physician conduct, what are the shortcomings of this relationship, and where they start, what are the risk factors to LGBT health, etc.'*
- *'Perhaps I would love to talk openly about it in college and to be shown case studies that include LGBT community when it comes to public health'*
- *'I would like to know more information about the medical needs of transgender people'*

As far as their information and training needs are concerned, respondents were asked if they had ever received comprehensive and satisfactory answers from teachers, to any questions they may have had with regard to sexual orientation / gender identity. While many respondents indicated they never had particular questions, some mentioned again that almost no information had been provided on these subjects, while others also explained positive, as well as negative reactions of professors:

- *'I did have questions and I only found one professor who was willing to respond and whom I felt comfortable enough to ask' I received much more information and more comprehensive data than what I had found on the internet'*
- *'The only time this was mentioned, was in Microbiology when we were discussing STIs. The Lab assistant was very professional, and mentioned the LGBT community as a risk group, instead of completely ignoring the subject. It is not much, but it's a start'.*
- *'I never received any details. Homosexuality was presented as an 'ABNORMAL' act, in very few words'*
- *We only discussed this briefly, in the Sexology module in the 3rd year of study. Nevertheless, this is not a mandatory subjects, students are free to attend the classes or not.*
- *In Psychiatry class there was a brief discussion on this theme, I know homosexuality was considered an illness until the 70s, but t currently isn't anymore. Anyway, in the university, if you want additional information, you do your own documentation. At last this is what some teachers encourage us to do'*
- *'I only had one conversation with a teacher who told me she respects my point of view, but emphasized that she still considers homosexuality to be curable*

- *'every time we raised the issue teachers were reluctant, they laughed or changed the subject or said this is a disease ...(..) professors still do not have the openness to maintain an adequate dialogue on LGBT themes'*
- *'Most times professors are avoiding these subjects; in 1-2 cases when it was brought up, they expressed disgust toward the LGBT community'*

Following an analysis of the responses provided, and by corroborating this information with further data collected from health professionals and the LGBT community, a series of recommendations were drafted. These are presented in the final Chapter of the report and try to address both the apparent absence of information or, at times, incorrect information provided to students, as well as the change of attitudes and perspectives required to make these future professionals capable and open to providing quality and friendly services for LGBT patients and clients.

Summary of findings following interviews with the LGBT community

The individual and focus group discussions were part of the research component of the project, and the findings on the main needs identified and instances of discrimination faced by LGBT persons seeking healthcare have contributed to the elaboration of updated and documented recommendations and guidelines regarding LGBT health services.

A total number of 30 participants were involved in focus group discussions and individual interviews, from 4 cities: Bucharest (13 persons), Ploiesti (7 persons), Timisoara (7 persons), Brasov (3 persons). In terms of age-groups, 23 participants were aged between 18 and 30, while 7 participants were over 30 years of age.

The self-assessed general state of health was good in almost all cases, with 2 persons suffering from chronic illnesses and undergoing constant treatment.

What raised some concern was that 10 out of the 30 persons interviewed did not have a GP/ family doctor or insurance in the public system, mostly due to unemployment. In addition, in the majority of cases, the family doctor was not aware of the person's sexual orientation / gender identity – in fact, 17 persons indicated that this theme had not been addressed in their discussions with the current or former family doctor, in almost all cases (15) respondents stating that they wanted to avoid judgment and prejudice or feared a negative reaction, while in 2 cases they simply considered it was 'irrelevant'.

In most cases, the visit to the GP/ family doctor / specialist took place once – if at all – during the past year:

'I go to the doctor if I need to get a certificate or some other paper. I don't normally go for regular check-ups'

was the statement of a 26 year old man from Bucharest.

The main concern of interviewees seemed to be that of attitudes of medical staff, while psychologists, HIV AIDS counselors and NGO staff providing services seemed to be perceived as being friendlier.

A different situation was revealed in the case of several trans persons interviewed, who talked about the general lack of information and specialized knowledge, but also negative attitudes of much of the medical staff they had encountered. Excerpts of these accounts are presented below. They described having to go from specialist to specialist in an attempt to identify friendly services, but also professionals who are informed and knowledgeable in the field. They also discussed about the Methodology of the National Medico-legal Institute, which was perceived as the greatest administrative barrier in terms of access to healthcare services:

'It should be pulled out of the system, eliminated. It is inhumane and abusive, and should disappear.'

seemed to be the general view among trans respondents.

In terms of confidentiality, but also situations where services provided were perceived as discriminatory or inadequate, trans persons also raised concerns:

'In the emergency room at the [...] Hospital, you have to present your ID and as you wait in line, they post your full name, including the title (which is in line with the sex assigned on the ID) on the digital screen for everyone to see. (...) In November 2013 I went to the Emergency room. They called for me as 'Miss [...]' and used the name in my ID. They had to actually call for me loudly several times, as I was not reacting. I corrected the lady at the reception and said I was a 'Mr.'

The same thing happened to me with the ER lady doctor, but she was very nice and apologized immediately. I explained the situation to her and she took good care of me; she tried to use neutral words or masculine gender marking, and she was also very careful with ensuring privacy in the consulting room, including by using separating curtains.

There were other incidents that I can talk about.

In the fall of 2013, at the municipal Hospital, I had a nice experience with the doctors at the [...] Hospital. They were very friendly. They did not know what it means to be transgender (...)

I was confronted with transphobia though, when I went to get an X-ray in the same hospital. The lady there insisted that I take my binder off and made me write a statement that I refuse to do so.

The same thing happened at the [...] Hospital in Bucharest. The persons doing the X-ray made me take my binder off, and I explained to her what it was. Her reaction was 'Why do you wear that tank-top, look at what lovely breasts you have'... I felt like she instantly annulled my identity.

Recently, at the end of October (2014) I had to go to the ER. I had undergone surgery abroad (reduction mammoplasty), in Chisinau, and wanted to test the system 10 days after the respective surgery. I was checked by a resident doctor who did not want to touch me (...) She told me 'Why don't you go to Chisinau if it hurts? Why come to us?' I insisted to have an echography but she kept saying that she was not the one who had performed the surgery. I told her it was not ethical to send me somewhere else (...). During the echography she was completely unprepared. A surgeon had to come and explain to her what my condition was – the surgeon obviously had seen such interventions before, as she knew exactly what to look for. The lady doing the echography didn't make any other comments; she just stood there and didn't get much of what was going on (...).

That same day, in the hospital consultation room, while I was waiting for an EKG, they just made me stay there without even pulling the curtains – and people were going in and out, I had no privacy. Finally one of the nurses realized, pulled the curtains and apologized. 40 minutes later(...). As I was waiting, a doctor from the Internal Medicine Unit came in to look at me, with a student. I was not even asked if I am ok with the student being presented. The student was obviously uncomfortable, she just looked at me. (...) Eventually, the student admitted she had never learned of case like mine in Medical school. (...) Finally they left, saying they don't know what to do with me; I asked to also leave; they also gave me the wrong information (...).

The first reaction is to be angry, especially if you know you have these rights – I know I have my rights – and you do become angry, you don't understand why they are so unprepared and don't even respect their oath.

It is a very honorable job and should be based on true calling, with a purpose to help the patient, to make him / her better. If you don't know something, at least you try, you take an interest, you care, you get the information. I was in the largest hospital in Bucharest. They could have surely called for an experienced doctor at least to calm me down and reassure me, instead of sending me to Chisinau (...)."

On accessibility and availability of support structures (both public and private, like NGOs) to facilitate access of individuals to services / tackling any potential discrimination issues, trans persons mentioned that the only information available is the one they collected themselves.

'It is easier to find psychological assistance, if you can pay for it. On the other hand, with regard to psychiatric services, it's a void, a big black hole. There is only one doctor who is open and willing to do her job right. (...)

There are no psychiatrist willing to put their stamp on a psychiatric report. I don't know why. They practically just need to confirm a diagnosis.

But there is also a legislative gap. Psychiatrists think they will be sanctioned if they issue this report, because they are aware of the NILM methodology – and so they request a court order for anything. Then, endocrinologists help you, as long as you have a psychiatric report. There are also some other endocrinologists in the country, but not too many and not very good”.

Another trans person described not being open with regard to his gender identity, not even to medical staff he encountered. He explained he fears issues in particular in relation to employment, but also general rejection and discrimination, so he does not tell his true story to doctors. He also criticized the NILM procedure:

‘I refused to go to the NILM and just sit there as if I were in front of some gods, waiting for 7 people to look at me and decide what’s wrong. Why does one’s happiness have to depend on others?’

In terms of access to healthcare, he did not report any particular issues, with the exception of a positive aspect – having the top surgery covered by the state, due to the diagnostic provided by the endocrinologist. Nevertheless, he also emphasized the effects of discriminatory attitudes of people and healthcare personnel have had throughout the years – shame and a fear of being treated differently.

Some of the MSM respondents raised the issue of not being allowed to donate blood, which they considered as being a discriminatory practice.

One respondent talked about his experience in a Hospital in Bucharest, where he and his partner felt discriminated because of the medical staff’s attitude. He was a meningitis suspect after having caught a very bad flu:

‘(...)When I told them I was there with my male partner and invited him in, the 2 doctors spoke for a few minutes and said they want me to take an HIV test because of our lifestyle. It is super discriminatory. (...) Although from the doctor’s perspective it may have been correct, she didn’t put it in a nice way. She should have asked me in a different way. The way she put it, sounded like <you are gay, so you are sick>. If I had been in France or the US I would have sued her. I felt discriminated. My partner felt it even more.’

Not all experiences reported were negative, however. The same person talked about having an excellent paediatrician that they felt comfortable discussing with. He and his partner, who have been together for many years, are also raising two kids. They cared to emphasize, in their interview, the way in which they perceived the Church influences attitudes in Romania:

'We have a very good paediatrician who is really open minded. We don't have a family doctor though. One time I spoke with paediatrician and she asked if we want to do the vaccinations for the kids. People apparently don't want to vaccinate their children because of church is telling them not to as it is against nature.

Religion has a huge influence on people's attitudes, but it's not just there. If you get into the medical faculty and compare the discourse from doctors with that from church, you notice there are common grounds between what is being taught in medical school and what is said in church'.

In relation to the difference between public and private healthcare services, some participants mentioned that in terms of services, private providers are apparently friendlier but most likely with the same internalized homophobia:

'Some doctors treat you like a number on a board; they talk to their colleagues, for instance, like you are not in the room. Discrimination can happen in both the public and private sector. (...) In the public sector you tend to be less exigent as a client, but discrimination will be exactly the same' mentioned one of the respondents'.

In relation to discussing sexual orientation openly, one of the interviewees said:

'You have to realize I don't go to the doctor and tell them 'Hi, I am gay'. It is not part of the conversation. I told doctors so far only because it came up. But their attitude as human beings and professionals is the same, and it is not nice. In the end they are all treated the same. If you have the chance to see a doctor who studied abroad, his attitude towards patients is totally different from that of his colleagues. So far, some barely spoke to me or treated me like I was an object – others, few, took me as a human being and the connection was better'.

The fieldwork research for this report found that respondents had experienced unequal or unfair treatment in relation to access and quality of healthcare. They experienced this either directly as a form of perceived / alleged discrimination or as a barrier to accessing healthcare, when they were treated inappropriately for their specific situation. Some of these barriers are: communication barriers, lack of information on healthcare entitlements and services, organisational barriers. More than any other practice perceived as discriminatory, LGBT persons seeking healthcare emphasized the lack of dignity and respect or even cultural competencies which were experienced when meeting, communicating and interacting with healthcare staff. The above findings led to the elaboration of a set of Recommendations for healthcare providers, which are included in the Final Chapter to this Report.

Summary of findings following interviews with health professionals

Over the years, it has become clear that individual health is closely linked to community health – the health of the community and the environment in which individuals live and function. Likewise, community health is profoundly affected by the available information, but also actions, collective beliefs, attitudes, and behaviors of service providers and healthcare policy makers. The capacity of health professionals and national health programs to provide necessary and appropriate services in areas with the greatest need depends, to a large extent, on good information about the health needs of people served within communities as well as overall health status. However, lesbian, gay, bisexual, and transgender (LGBT) populations have been among those for whom little to no national-level health data exists, while at the same time, societal attitudes tend to be rather discriminatory and biased.

In this context, interviews with health professionals and NGO representatives were aimed at collecting information concerning the health professionals' perspective and awareness of specific LGBT needs, existing training and information on LGBT issues, policies, confidentiality and of the impact of discrimination on services they provide.

Respondent background:

There was a total number of 25 respondents to the semi-structured interview, among them 6 NGO employees (3 with a medical background from NGOs dealing with healthcare issues), 8 psychologists and 11 doctors (GPs and specialists in dermato-venereology, psychiatry, internal medicine, gynaecology and infectious diseases). Interviews were carried out in Bucharest, Brasov, Constanta and Timisoara.

Attitudes:

When participants were asked to share their point of view with regard to any changes of attitudes occurred in recent years in Romania (concerning LGBT persons) the interpretations were quite varied, with a part of the respondents (10) indicating that they felt the attitudes have improved, while others mentioned they felt these attitudes remained unchanged (3) or became worse (12).

Factors regarded as bringing positive changes included development to societal level, access of new generations of healthcare personnel to the labour market, and facilitated access to information from foreign sources, through internet and mass media; at the same time, several respondents considered that attitudes changed in the sense of increasing stigma and marginalization towards the LGBT community due to the economic crisis and general radicalization of the Romanian society. Interviewees emphasized the following views:

- *'The Romanian society regards these groups with reluctance, because there is no education in that regard. Discrimination, on any grounds, will be there as long as there is a church who completely and aggressively opposes these groups – their freedom to exist and live the way that makes them happy. I personally do not see a change.'*

- *'There is no change. We should leave the communist mentalities aside and look towards the future'*
- *'There is increased acceptance among persons with a higher level of education and among those who are younger. But I don't think there's more acceptance or openness among those who are low educated or in the rural communities'.*

With regard to the ways in which medical science in Romania views homosexuality and transgenerity, while less than half of the respondents provided relatively correct definitions of the 2 notions, some 12 respondents still emphasized that they were unaware or unsure of what transgenerity was.

Asked if they had ever worked with an LGBT colleague, only a few respondents (5) indicated that they had LGB colleagues, but they all mentioned these colleagues were not open about their sexual orientation. Some also raised concerns about the attitudes that other colleagues may have towards these professionals who would be open about being lesbian, gay or bisexual, and about how such information, becoming public, may impact one's career. On a more positive note, one respondent referred to having professors who were part of the LGBT community, which lead to greater acceptance even among colleagues and encouraged open discussions on these themes.

Health professionals' perspective - awareness of specific LGBT needs and of discrimination impact on services provided

When asked about the basic terminology, some of the healthcare professionals interviewed – 12 – indicated they were not familiar nor completely sure of what the 'LGBT' acronym stands for.

However, most stated they had encountered or assumed having encountered patients / clients or beneficiaries who were lesbian / bisexual / gay or trans. Interestingly enough, the majority (with few exceptions, namely doctors working with STIs) indicated they avoided raising the issue during their conversation with the patients / clients/ / beneficiaries and waiting for them to openly address the issue of their sexual orientation / gender identity.

One very experienced doctor, who works as a medical consultant for a large Foundation in Constanta, talked about her experience with the MSM community, as one of the pioneers in the field of STIs treatment and prevention in Romania:

'I've been working in the field since 1998; practically, from that time and until 2004, I've looked at 1728 persons who were HIV positive including mothers and children.

(...)Now we deal with most STIs, in particular HIV, Hep B and C, we do testing as well as pre and post testing counselling. (...)

Before the 90s, speaking about homosexuality was a taboo, but things have evolved.

In the 90s there was anti-gay legislation, it was terrible, and you could not speak openly about it. And if you did, you were accused that you said this or that.

In my medical experience, I must say that we had to earn the trust of these groups so they may come towards us. And after gaining their trust, I noticed over the past years (...) people have become more informed in Constanta and are coming constantly for testing and other services.'

When it came to discussing about the ways in which professionals approach this topic with their patients and clients, some of the respondents stated they assume what a person's sexual orientation is, mostly based on the way in which a person talks, dresses and behaves. Many respondents mentioned they feel uneasy asking direct questions about this, and prefer they patients to come forward (with the exception of 2 doctors specialized in infectious diseases, who mentioned direct questions about sexual practices are a routine).

Nevertheless, none of the respondents having a medical background mentioned using specific forms – like patient intake forms, assessment etc. – that are sensitive towards LGBT persons. One of the respondents, an internal medicine doctor, cared to emphasize:

'Due to the strictly medical character of my activity, I need to take into account the biological sex and not a person's gender identity.'

Nevertheless, it is clear that this type of attitude may lead to a perception by the patient that the respective professional is not sensitive to his/her needs.

On confidentiality, most respondents insisted that confidentiality was always strictly respected; one interviewee added:

'Confidentiality is strictly respected. Any data about a patient is kept private and secure and is not provided even to relatives / family members. Any information we becomes part of the medical secret'

Nevertheless one psychologist who used to work in a hospital in Timisoara emphasized that she had a series of concerns with regard to confidentiality, due to the way in which files and patient forms were stored.

It is particularly interesting that many of the respondents did not consider that there may be specific health needs of the LGBT population which should be tackled. Only 12 of the respondents took into account the possibility of LGBT persons having specific needs or risk factors to be taken into account, and out of the 12, all believed these specific needs were related to either STIs prevention or psychological issues. One of the respondents mentioned the importance of providing a 'secure environment' for certain population groups including MSM:

- *'I hope this clinic is perceived as being a secure environment. After all, it functions at the level of the county hospital in Constanta. So people may have initially associated his clinic with the county hospital. But afterwards, somehow, it started to be known among community members and people were coming after recommendations from their peers. Basically they probably told each other <I went there, it's ok to talk about your sexual orientation there, all was fine>. (...) We have people from the LGBT community who come to us from Bucharest or Ploiesti for the accessible medical service that we provide.'*

These are all new cases. I thought they come following some peers' recommendation, or they know someone or they heard about us and they feel safe here. They analyze the costs and benefits and choose to access our services. And it's not so easy coming to Constanta from Ploiesti or Bucharest, so there must be something we are doing right. Perhaps they feel safe because of the distance. Perhaps they like the staff here'.

In line with the above, interviewees were required to say what they thought the healthcare providers in Romania should do to create a LGBT friendly environment, and while half of the respondents thought that there are no additional measures to be taken, some still made interesting suggestions, such as the creation of some training materials on LGBT issues for professionals. Others were reluctant to the idea:

- *'No. I do not consider sexual orientation to be a medical problem, it could be a psychological one. LGBT people suffer of the same diseases as the rest of population and there is no need for special training to treat diseases of this population';*
- *'I am against any kind of discrimination, positive or negative and I consider it is not necessary to improve special skills for dealing with this population. They are not different from the rest of people.'*

The same understanding of the situation was clear for several other respondents, as well as for service providers in general: under the appearance of non-discriminatory and equal services, many tend to ignore specificities of some population groups in terms of healthcare.

The level of specific information in relation to LGBT health issues was also touched upon. The vast majority of persons interviewed had not recently (during the past 12 months) read any materials regarding this topic. They were also asked if the academic curricula referred to LGBT issues when they were students, and the majority confirmed that, while there has never been any no specific course / module on LGBT health, there may have been some mentions in the academic curricula, with homosexuality referred to as an illness by some professors.

- *„I don't remember how homosexuality was defined when I was in school. It was clearly regarded as an illness. But you know, after the 90s I realized how irrelevant sexual orientation was and how you shouldn't even think about it.'* mentioned one of the very experienced doctors who agreed to be interviewed.

One of the psychologists added, in reference to the quality of the teaching in Medical and Psychology schools across the country, and the development of negative or positive attitudes:

- *'I studied psycho-pedagogy and I believe we learned about gender identity disorder, but I am not sure. It was not much anyway. On one hand, the professor teaching a class is very important, his attitude towards a particular issue, they are sometimes passed on to students'.*

As far as the health professionals own recommendations are concerned, these included, for some, the introduction of Modules or courses addressing LGBT health needs, under subjects such as dermato-venereology, ethics, endocrinology, gynaecology, epidemiology, internal

medicine, while others referred to the updating of patient forms and the provision of high quality services to all.

The interviews showed that healthcare providers are not entirely aware of barriers in healthcare, especially of communication barriers. They also show to be rather reluctant to talk about these barriers in terms of discrimination, insisting that everyone is treated equally.

Nevertheless, some healthcare providers did acknowledge the existence of discrimination as an issue especially for some categories of population, but proved a limited capacity to suggest efficient and effective ways of tackling the problem.

On account of the findings presented so far, Recommendations for both services providers as well as stakeholders in general are included in the Final Chapter of this Report.

Recommendations

There are several important structural problems that prevent the healthcare system from being able to adequately meet the health needs of the LGBT community, among them the lack of LGBT-specific training for healthcare providers, the limited accessibility of services, and a general lack of information about LGBT health needs. The effects of these problems are increased by the general attitudes of discrimination and marginalization of the LGBT community in Romania, but also by the community's reluctance towards healthcare providers, stemming from a long history of stigmatization and failure to address their needs adequately.

Many health care professionals are not trained or equipped to adequately deal with LGBT persons. A majority of medical school curricula include no information about LGBT issues, and most public health school programs only mention population diversity in sexual orientation and gender identity when discussing HIV/ AIDS. This lack of training and awareness may cause care providers to misdiagnose or underestimate the extent of emerging disorders in the LGBT population. Poorly trained medical practitioners may even make the mistake of viewing homosexuality and gender nonconformity as illnesses that can be overcome with appropriate “reparative” therapy, further magnifying the psychological damage and personal trauma already experienced by LGBT communities. In their turn, LGBT people are unlikely to fully disclose their issues to healthcare professionals they do not perceive to be LGBT-friendly. In fact, the possibility of being discriminated against or misunderstood is enough to deter many LGBT youth and adults from seeking care in the first place. That is why many of the recommendations below, if implemented, could benefit the entire LGBT population and healthcare providers alike³⁷.

³⁷ The Recommendations below are inspired by the Conclusions presented in the ‘Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community’ of California Endowment and the Joint Commission, 2011. It is available in English here: <http://www.jointcommission.org/assets/1/18/LGBTFieldGuide.pdf>

General recommendations for decision makers:

- Integrate LGBT health needs into new policies or modify existing policies.
 - Develop or adopt a nondiscrimination policy that protects patients from discrimination based on personal characteristics, including sexual orientation and gender identity or expression
 - Develop or adopt a policy identifying the patients' right to identify a support person of their choice.
 - Develop clear mechanisms for reporting discrimination or disrespectful treatment by healthcare professionals
 - Develop disciplinary processes that address intimidating, disrespectful, or discriminatory behavior toward LGBT patients or staff.
 - Appoint an advisory group to assess the situation – gaps and concerns – in relation to the situation of LGBT patients, the implementation of the Recommendations CM/Rec(2010)5 of the Committee of Ministers of the Council of Europe on measures to combat discrimination on grounds of sexual orientation or gender identity by Romania, that has specific and clear measures listed under “health” section etc., and make recommendations for improvement.³⁸
 - Demonstrate commitment to LGBT equity and inclusion in recruitment and hiring.
 - Train human resources employees on general LGBT workplace concerns, LGBT-inclusive nondiscrimination treatment, benefits, and policies.
 - Take the appropriate legislative and policy measures to ensure that transgender persons have effective access to appropriate gender reassignment services, without being subject to unreasonable requirements; and review the procedure conducted by the National Medico Legal Institute to ensure it is compliant with the principles of respect for human dignity and private life.

³⁸The Measures recommended in relation to healthcare were as follows:

‘33. Member states should take appropriate legislative and other measures to ensure that the highest attainable standard of health can be effectively enjoyed without discrimination on grounds of sexual orientation or gender identity; in particular, they should take into account the specific needs of lesbian, gay, bisexual and transgender persons in the development of national health plans including suicide prevention measures, health surveys, medical curricula, training courses and materials, and when monitoring and evaluating the quality of health-care services.

34. Appropriate measures should be taken in order to avoid the classification of homosexuality as an illness, in accordance with the standards of the World Health Organisation.

35. Member states should take appropriate measures to ensure that transgender persons have effective access to appropriate gender reassignment services, including psychological, endocrinological and surgical expertise in the field of transgender health care, without being subject to unreasonable requirements; no person should be subjected to gender reassignment procedures without his or her consent.

36. Member states should take appropriate legislative and other measures to ensure that any decisions limiting the costs covered by health insurance for gender reassignment procedures should be lawful, objective and proportionate.’

Recommendations to public authorities and healthcare providers on data collection and use

- Identify opportunities to collect LGBT–relevant data and information during the healthcare encounter.
 - Identify a process to collect data at registration/admitting.
 - Identify a process to document self-reported sexual orientation and gender identity information in the medical record.
 - Ensure that the disclosure of sexual orientation and gender identity information is voluntary and information stays confidential.
 - Train staff to collect sexual orientation and gender identity data.
- Use aggregated sexual orientation and gender identity data to develop or modify services, programs, or initiatives to meet patient population needs
 - Use properly collected national data on sexual orientation and gender identity to develop initiatives that address the health concerns of LGBT patients.
 - Conduct focus groups or interview community leaders, including LGBT community members and leaders, to identify changes in the demographics and needs of the community.

Recommendations to individual and institutional healthcare providers:

- Create a welcoming environment that is inclusive of LGBT patients.
 - Prominently post the hospital's nondiscrimination policy or patients' rights information sheet.
 - Waiting rooms and other common areas should reflect and be inclusive of LGBT patients and families.
 - Create or designate unisex or single-stall restrooms.
 - Ensure that visitation policies are implemented in a fair and nondiscriminatory manner.
- Avoid assumptions about sexual orientation and gender identity.
 - Refrain from making assumptions about a person's sexual orientation or gender identity based on appearance.
 - Be aware of misconceptions, bias, stereotypes, and other communication barriers.

- Recognize that self-identification and behaviors do not always align.
- Facilitate disclosure of sexual orientation and gender identity, but be aware that it is an individual process.
 - Honor and respect the individual's decision and pacing in providing information.
 - All forms should contain inclusive, gender-neutral language that allows for self-identification.
 - Use neutral and inclusive language in interviews and when talking with patients
 - Listen to and reflect patients' choice of language when they describe their own sexual orientation and how they refer to their relationship or partner.
- Provide information and guidance for the specific health concerns facing lesbian and bisexual women, gay and bisexual men, and transgender people.
 - Become familiar with online and local resources available for LGBT people.
 - Seek information and stay up to date on LGBT health topics. Be prepared with appropriate information and referrals.

Recommendations to NGOs and community centers providing healthcare services

- Collect feedback from LGBT patients and families and the surrounding LGBT community.
 - Conduct confidential patient satisfaction surveys that include questions regarding sexual orientation and gender identity.
 - Ask LGBT patients and families about staff responsiveness to their needs during care planning and treatment and include whether and how these needs were accommodated.
 - Work with LGBT organizations to provide feedback on internal and external written material and policies to ensure that they are LGBT-inclusive.
- Ensure that communications and community outreach activities reflect a commitment to the LGBT community.
 - Utilize the Web site to communicate information about available services, programs, and initiatives to meet LGBT patient and family needs.
 - Ensure that existing community outreach activities are LGBT-inclusive.
 - Establish partnerships with community health centers and other healthcare facilities; to the extent possible, engage state hospital associations and state departments of health to determine areas of potential collaboration with regard to LGBT health issues.
 - Consider participating in cultural competency programs for students in medical, nursing, and other relevant health programs.

- Engage external LGBT organizations in the development and review of existing educational programming to ensure that it is LGBT-inclusive

Recommendations to Universities

- Ensure equitable treatment and inclusion for LGBT employees and students.
 - Protect staff from discrimination that is based on personal characteristics, including sexual orientation, gender identity, or gender expression.
- Update the curriculum in the Medical and Psychology Faculties so as to present updated information about sexual orientation and gender identity. Update other training and educational material on a regular basis.
- Constantly verify that academia follows the respective curriculum and information shared with students is not based, but in line with the applicable standards (disease classification of the WHO, the DSM classification). This should have an essential impact in homosexuality depathologization in academic curricula.
- Provide for faculty development in LGBT health and human sexuality issues;

Appendices

Appendix 1 - Questionnaire for Online Survey with students enrolled at Romanian Medicine and Psychology faculties

Introduction: scope of the survey, acknowledgements

This is an online survey developed by ACCEPT Association in the framework of the “**Documentation of discrimination in the field of LGBT health in Romania**” project implemented between January – December 2014 with funding from ILGA-Europe (the [International Lesbian, Gay, Bisexual, Trans and Intersex Association](#) – Europe).

The purpose of the Project is to collect data on discriminatory practices in the area of LGBT health in Romania in order to develop realistic and practical guidelines for (1) medical personnel, (2) medical faculties and (3) health authorities, to assist them in developing health services that are adequate to LGBT needs.

The current online survey is part of the Project’s research component that will allow us to elaborate updated and documented recommendations and guidelines regarding health services for LGBT, and develop advocacy actions aiming at medicine and psychology faculties in Romania, inviting them to update the academic curricula so that homosexuality is no longer presented as a mental illness. We have a strong conviction that Romania, as a member of European Union, needs to apply EU standards in providing health services and respecting human rights, and Romanian health professionals have the right to be exposed to updated information during their academic education and receive relevant education helping them in further work with LGBT patients.

The actual aim of the survey is:

- to evaluate the attitudes of the medical / psychology students in Romania with regard to their future patients’ sexual orientation / gender identity,
- to assess the extent to which homosexuality continues to be presented as a mental illness to students of medicine and psychology faculties (as this makes any change involving health system highly improbable) and
- to evaluate whether there is a need for training or info materials that could guide future professionals in this field.

It will ensure the gathering of anonymous information on how homosexuality and transgenerity are approached during academic studies, in medicine and psychology faculties of Romania.

The survey is looking for responses from anyone who is a student at a medical / psychology university in Romania. Your participation in the survey is very important. Your answers will be processed in an anonymous way, ensuring that it will not be possible for anyone to recognize your answers when the results are presented.

The questions will take up to around 10-15 minutes to answer. The survey includes open-ended and multiple choice questions. If you have a few more minutes and would like to share your individual experiences or opinions, you are welcome to provide more information at the end of the survey, in the "Other Comments" section. The results of the online survey will be complemented by data received following information requests sent to targeted faculties and research on faculties' websites.

Thank you for your willingness to participate in the survey and for filling-in all the questions!

Online Questionnaire for students enrolled at Medicine and Psychology Faculties

A. Respondent background:

1. Are you currently a:
 - a. Student
 - b. Student - post graduate education (Masters)
 - c. Recent graduate
 - d. Faculty member (teaching assistant, teacher etc)

2. Are / were you enrolled at a:
 - a. Medical university
 - b. Psychology university

3. Location of the University (city)
....

4. What study year are you presently attending (if applicable; if not, please state N/A)?
.....

5. Gender
.....

6. Age
....

B. Existing training / info on LGBT issues:

7. Are you familiar with the LGBT notion? / Do you know what LGBT stands for?
 - a. Yes

- b. No
8. Did you become familiar with these notions in the course of your academic training?
 - a. Yes
 - b. No
 - c. N/A
 9. Has your academic curriculum referred to LGBT health / psychology so far?
 - a. Yes
 - b. No
 10. If yes, in relation to what subjects taught (what classes)? (if applicable; if not, please state N/A)

.....
 11. Is there a specific course / module on LGBT health?
 - a. Yes
 - b. No
 - c. I do not know yet
 12. What does this module address / what does it talk about? (if applicable; if not, please state N/A)

.....
 13. Do you consider that those references are sufficient for your future activity? (if applicable; if not, please state N/A)

.....
 14. What were the general themes addressed in relation to sexual orientation / gender identity? (if applicable; if not, please state N/A)

.....
 15. Was homosexuality referred to as an illness in the academic curricula? (mark "N/A" for "not applicable" if this was not referred to at all)
 - a. Yes
 - b. No
 - c. N/A
 16. Is gender dysphoria referred to as an illness in the academic curricula / in class?
 - a. Yes
 - b. No
 - c. N/A
 17. Are you aware of the standards of care Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People of the World Professional Association for Transgender Health (WPATH)

(http://www.wpath.org/uploaded_files/140/files/IJT%20SOC,%20V7.pdf, Version 7)

 - a. Yes
 - b. No

C. Attitudes

18. Would you feel uncomfortable asking questions regarding sexual orientation?
 - a. Yes
 - b. No
 - c. I don't know
19. Would you feel uncomfortable treating / providing counselling to an LGBT patient / client?
 - a. Yes – because
 - b. No – because
 - c. I don't know
20. Are you requested, for administrative purposes or in view of properly caring out your activity, to ask your future patients / clients for details regarding their SO/GI?
 - a. Yes (please state in what context).....
 - b. No
 - c. I don't know
21. Do you think that patients / clients have an obligation to provide information about SO/GI?
 - a. Yes (please state in what context).....
 - b. No
 - c. I don't know
22. Is this information confidential? Should it be?
 - a. Yes – because
 - b. No – because
 - c. I don't know
23. Do you think that LGBT persons have particular physical health / mental health needs?
 - a. Yes – because
 - b. No – because
 - c. I don't know
24. Regardless of what you have studied, do you consider that being gay / lesbian / bisexual is a mental illness?
 - a. Yes
 - b. No
 - c. I don't know
25. Which of your courses do you think should have specific lessons / modules regarding LGBT health needs?
....

Proposals

26. . What would you like to know further / study further in relation to LGBT health needs?
....

27. Have you had particular questions to your professors in relation to sexual orientation / gender identity? If yes, did you receive details from your professors? Was the information satisfactory in terms of quality / quantity?

....

Appendix 2 – Methodology and Guidelines for individual and focus-group discussions with LGBT persons seeking healthcare

Background information

The Project implemented by ACCEPT Association and funded by ILGA Europe ([International Lesbian, Gay, Bisexual, Trans and Intersex Association](#)) aims to collect data on discriminatory practices in the area of LGBT health in Romania in order to develop realistic and practical guidelines for (1) medical personnel, (2) medical faculties and (3) health authorities, to assist them in developing health services that are adequate to LGBT needs.

The project's objectives refer to the following:

- Develop awareness of the ways in which discrimination hinders the access of LGBT people to adequate and accessible health services.
- Develop advocacy actions aiming at medicine and psychology faculties in Romania, inviting them to update the academic curricula so that homosexuality is no longer presented as a mental disease.
- Elaborate and disseminate guidelines/recommendations for (1) medical personnel, (2) medical faculties and (3) health authorities - as first info resources on how to increase accessibility and adequacy of health services for LGBT people.

The focus group discussions are part of the research component of the project, that will allow us to elaborate updated and documented recommendations and guidelines regarding health services for LGBT, taking into account the feedback provided by the actual LGBT community, the needs emphasized as well as instances of discrimination faced.

The responses provided during Focus Group discussions organized in 4 Romanian cities will indicate the perspectives of LGBT people regarding their needs when approaching health services (4 focus groups, in four different cities; based on the results of an online survey developed by Center for Public Health Policy and Public Health of Cluj).

We believe that it is very difficult to collect information about a need which not identified as such, by respondents. Because Romanian do not consider that sexual orientation has and influence on medical services they receive/provide, we will try to identify possible indicators for this need in health surveys developed by other entities. Also, this is the reason why we propose focus group as the method to discuss specific health needs of

LGBT in relation with health services and ways in which discrimination is hindering LGBT access to adequate services.

LGBT people also need to be aware that their sexual orientation and gender identity is significant for health professionals.

Confidentiality:

No personal information (name, personal identification number, address) will be collected. All reports will be carefully checked in order to not present information that could lead to subjects' identification.

Target groups

The target groups involved in focus group discussions are **LGBT persons – persons who are lesbians, bisexuals, gay, trans or intersex.**

The fieldwork component will consist of 4 focus group discussions (min 7 people each) organized in 4 cities – tentatively Bucharest, Timisoara, Cluj, Iasi; however, upon specific request of individual, one-to-one interviews can also be carried out instead of focus-groups – for instance, if there are particular confidentiality concerns from the part of the respondent.

Methodology

Focus groups will be organized in each of the proposed locations, following the proposed subjects in a semi-structured discussion (in specific situations, one-to-one interviews can be organized following the same structure, as described above).

The focus group discussions aim to capture the experiences and views of LGBT persons in relation to the ways and extent to which their medical needs were properly identified and addressed, potential instances of discrimination and treatment for medical personal, as well as the extent to which confidentiality is ensured in relation to medical services.

In the course of the fieldwork, the following key thematic issues should be covered:

- General information about the respondents
- General assessment of the healthcare needs (self assessment)
- Insurance in the public health care system
- Most recent experience with the health care system.
- Assessment of the actual medical services provided to the person
- Feelings of discrimination / any instance of perceived discrimination
- Identification of any barriers met
- Assessment of any administrative issues (barriers) hindering access to health care.
- Confidentiality issues, if any
- Assessment of the accessibility and availability of support structures (both public and private, like NGOs) to facilitate access of individuals to services / tackling any potential discrimination issues
- Any proposals relating to the adaptation of medical services in view of meeting the needs of LGBT persons
- Identification of the perceived needs of reform of the system, if any.

Specific questions under the main thematic issues will be adjusted according to the experiences of a particular group/ person attending the discussions.

The conclusions of Focus group discussions will present an overview of their perceptions of the main relevant issues with regard to access to health care, the specific health cases, any instances of discrimination, the medical services' effectiveness in addressing their specific needs, respondents' experiences concerning accessing healthcare services..

The focus groups discussions will be moderated by an ACCEPT representative working under the Project.

Average length of a focus group discussion: 2-3 hours.

If conducted, one-to-one semi-structured interviews will have an average length of an interview: 1 hour.

Guidelines for focus group discussions and interviews with the target group

- A. General information about the respondents:
 - Include information about age / age groups, city of residence, sexual orientation / gender identity.
- B. General assessment of the healthcare needs (self assessment)
 - Does the person have chronic illnesses, is the general state of health a good one? What are the main health issues, if any.
- C. Insurance in the public health care system:
 - Is the person insured in the public health care system?
 - Is the person registered with a Family doctor/GP? How often visits to GP are made, and does the GP know about SO/GI? Where there any issues with the registration to the family doctor? etc.
 - When was the last visit to the doctor (specialist / GP)?
- D. Most recent experience with the health care system.
 - A detailed description of the account will be requested, if issues of particular concern are reported.
- E. Feelings of discrimination / any instance of perceived discrimination in relation to access to healthcare
 - Context, was it reported, was there follow up from the clinic, hospital or any other body / agency?
- F. Assessment of any administrative issues (barriers) in relation to access to health care
 - What are the main barriers (if any) perceived by the respondents in relation to access to healthcare and in the context of their SO/GI? How were these barriers surmounted, if that was the case? Did the barriers ever lead to the person refusing to seek healthcare services?
- G. Confidentiality:
 - How is confidentiality ensured in accessing medical services? Is there an acceptable level of comfort in relation to questions of sexual orientation?
 - Did the GP or specialist ask questions about SO/GI? Did person share info about sexual orientation (was it easy / difficult, why, was this info requested or provided by the applicant on his own will, what were the formalities etc.);
- H. Assessment of the accessibility and availability of support structures (both public and private, like NGOs) to facilitate access of individuals to services / tackling any potential discrimination issues;

- I. Assessment of the actual medical services provided to the person – the level of information the doctors had to address the specific issue (psychological counseling, medical services etc)
- J. Any elements relating to the adaptation of medical services in view of meeting the needs of LGBT persons
- K. Identification of the perceived needs of reform of the system, if any.

Appendix 3: Interviews with Health professionals and NGO workers cooperating with health providers

Background information, objectives and methodology of the survey:

Over the years, it has become clear that individual health is closely linked to community health – the health of the community and the environment in which individuals live and function. Likewise, community health is profoundly affected by the available information, but also actions, collective beliefs, attitudes, and behaviors of service providers and healthcare policy makers. The capacity of health professionals and national health programs to provide necessary and appropriate services in areas with the greatest need depends, to a large extent, on good information about the health needs of people served within communities as well as overall health status. However, lesbian, gay, bisexual, and transgender (LGBT) populations have been among those for whom little to no national-level health data exists, while at the same time, societal attitudes tend to be rather discriminatory and biased.

In this context, interviews with health professionals and NGO representatives were aimed at collecting information concerning the health professionals' perspective and awareness of specific LGBT needs, existing training and information on LGBT issues, policies, confidentiality and of the impact of discrimination on services they provide.

At the same time, the perspectives of NGO representatives will also be targeted in interviews. They will be involved in the survey as their experience is considered useful in assessing the awareness of specific LGBT needs – whether the respective NGOs are involved in providing assistance medical, in providing support to LGBT communities for accessing medical services, or in dealing with reports of discriminatory attitudes or lack of awareness regarding particular LGBT health needs.

The Survey will include at least 25 interviews, which will tentatively be conducted in 4 cities – Bucharest, Cluj, Timisoara, Iasi. The need to travel to these proposed locations (outside Bucharest) as well as the choice of locations may be further assessed throughout the survey's implementation – depending on the availability of respondents in each location and their willingness to participate in the interviews.

The semi-structured interviews will be conducted by ACCEPT staff members, and will involve at least 8 NGO representatives.

Interviews' structure and guide

1. Respondent background:

1. Professional category:
 - a. Health professional – GP, family doctor
 - b. Health professional – specialist
 - c. NGO employee
 - d. Other
2. * *For NGO workers:* Provide information about your organization (healthcare / human rights / LGBT / Other type of NGO - please specify). What is the scope of the NGO / what is your target group?
3. Could you provide a few details about your professional activity?
4. Age of the respondent
5. Gender of the respondent
6. City that the interview is being carried out in / where the respondent normally carries out his / her activity
7. Nationality of the respondent

2. Health professionals' perspective - awareness of specific LGBT needs and of discrimination impact on services provided

8. Are you familiar with the LGBT acronym? / Do you know what 'LGBT' stands for?
9. In your work, did you encounter any LGBT patients / beneficiaries?
10. If the answer to the above question was 'yes', was this your assumption/guess, or did the person come forward regarding his/her sexual orientation / gender identity?
11. In what context have the respective persons told you about their sexual orientation / gender identity? Or what made you assume what was their sexual orientation / gender identity?
12. Are the forms you are using in the context of your work sensitive towards LGBT persons?

13. Are these standard questions appropriate or are they too intrusive? (state own view as well as the expressed perception of the clients/beneficiaries in this regard)
14. Is confidentiality respected and data protection ensured? What are the standards and how do you make sure confidentiality is respected / in relation to what is it respected?
15. Do you consider LGBT persons have any particular health needs?
16. What do you think these needs are and where do they stem from?
17. Have you read any materials regarding this topic? What are your sources of information in this regard?
18. Do you know / are you familiar with *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* (SOC) released by the [World Professional Association for Transgender Health \(WPATH\)](#)?
19. *For medical personnel/psychologists*: Did the academic curricula refer to LGBT health needs or did you become aware of this theme outside of the compulsory education system?
20. Was homosexuality referred to as an illness in the academic curricula? (mark “not applicable” if this was not referred to at all)
21. Was gender dysphoria referred to as an illness in the academic curricula? mark “not applicable” if this was not referred to at all)
22. Did you undertake a specific course / module on LGBT health?
23. What did this module address? (if the answer to the above Q was no, please fill in N/A/)
24. Taking into account your recent activity and any experience you might have had with LGBT clients/beneficiaries, do you consider that the references made during your training / or the materials included in the curricula (if any), were sufficient?
25. Would you recommend that sexual orientation /gender identity aspects be studied [more in depth] in Medical / psychology faculties? If yes, under what subjects?
26. What would you like to know further / study further to help you improve your ability to deal with any particular health concerns regarding the LGBT community?
27. Did you encounter cases where a client / beneficiary felt or claimed to be discriminated against by any of your colleagues/ by medical personnel, on account of sexual orientation / gender identity? Are you aware of such cases? Could you provide further details?

Questions below refer mostly to NGO representatives. However, should these apply to health professionals as well, they will be discussed during the respective interviews.

28. **For NGO representatives*: Do you provide any services targeting LGBT persons in particular? Do you provide specific services for persons with STDs or minority groups?

29. **For NGO representatives:* Are you aware of the procedure to file a petition with CNCD or other competent bodies in case a beneficiary is feeling discriminated on account of SO/GI?
30. **For NGO representatives:* Have you personally encountered cases where a beneficiary in your assistance was not offered proper medical care / encountered any barriers (administrative barriers / confidentiality related barriers / discriminatory attitudes on account of SO/GI?)
31. **For NGO representatives:* Where there reports of refusal of medical care? Please provide details (number of cases, specificities of the cases, actions taken, location where it happened etc).

Thank you for taking the time to respond to these questions!

Appendix 4: Informative note for Interview / Focus Group respondents

Dear participant,

Thank you for agreeing to be a respondent in this INTERVIEW / FOCUS GROUP discussion, which is part of the research component of the project *“Documentation of discrimination in the field of LGBT health in Romania”* implemented by ACCEPT Association and funded by ILGA Europe.

This research will allow us to elaborate updated and documented recommendations and guidelines regarding health services for LGBT, taking into account the feedback provided by the actual LGBT community, the needs emphasized as well as instances of discrimination faced.

The responses provided during Interviews / Focus Group discussions will indicate your perspectives regarding any particular needs when approaching health services and potential ways in which discrimination is hindering your access to adequate services, if that is the case.

No personal information (name, personal identification number, address) will be made public.

All reports will be carefully checked in order to not present information that could lead to the respondents' identification.

Please note that in order to be an eligible participant in this Focus Group discussion, you must identify yourself as being lesbian, bisexual, gay, trans or intersex, and you must be willing to respond to questions asked. Upon your specific request, one-to-one interviews can also be carried out instead of focus-group discussion – for instance, if you have particular confidentiality concerns or would strongly prefer to discuss the issues encountered in relation to health care access in private with the researcher. If you do not want to answer a particular question, please kindly inform the interviewer.

The focus group discussions aim to capture the experiences and views of LGBT persons in relation to the ways and extent to which their medical needs were properly identified and addressed, potential instances of discrimination and treatment from medical personal, as well as the extent to which confidentiality is ensured in relation to medical services.

The Report and guidelines drafted following this Project will be made available on the ACCEPT website.

Should you have any questions concerning your participation in the discussions, please contact the ACCEPT Association's representative organizing the event.

Thank you!

ACCEPT Association

April 2014