MEETING REPORT

LGBTI HEALTH AWARENESS RAISING MEETING

Vienna, 29 February – 1 March 2016

European Union Agency for Fundamental Rights (FRA)
Schwarzenbergplatz 11, 1040 Vienna, Austria

This is a synopsis of a meeting bringing together stakeholders and experts to discuss health issues that concern lesbian, gay, bisexual, transgender and intersex (LGBTI) persons. The meeting was promoted on social media using the hashtag #LGBTIHealth Meeting.

OBJECTIVES OF THE MEETING

The meeting aimed to bring together policy makers and health professionals, as well as representatives of the LGBTI community to raise awareness of the health inequalities that lesbian, gay, bisexual, trans and intersex (LGBTI) people face. The meeting was informed by the wealth of data collected by FRA as well as by reports of key stakeholders, including ILGA-Europe, Organisation Intersex International Europe (OII) and Transgender Europe (TGEU). Specifically, the meeting aimed to achieve the following outcomes:

1. Gain, directly from key stakeholders, a solid understanding of LGBTI health issues
2. Explore ways for health practitioners and policy makers to address LGBTI-specific health issues in their daily work by providing practical guidance and a platform for professional exchange
3. Formulate a list of concrete actions and policy measures on how governmental and non-governmental actors can collaborate
4. Gain a perspective on ways for FRA’s cooperation with stakeholders to maximise the impact of FRA’s report “Professionally speaking: challenges to achieving equality for LGBT people”.

DATA AND DISCUSSION

The EU Charter on Fundamental Rights prescribes that a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities. However, there is not an explicit EU policy concerning LGBTI health despite the fact that LGBTI people face numerous challenges when accessing healthcare.

FRA’s EU LGBT survey (2013) showed that one in 10 respondents who had accessed healthcare services in the year preceding the survey reported that they had felt personally discriminated against by healthcare staff. Around one in five trans respondents who accessed healthcare services (22 %) in the year preceding the survey indicated that they felt personally discriminated against by healthcare or social service personnel because of being trans, featuring large differences between countries. Many respondents in the FRA survey also mentioned inappropriate curiosity by health care professionals and some said their specific needs went ignored. Trans persons reported additional hurdles in accessing health care.

Trans identities are still codified within international classification regimes as ‘disorders’. The European Parliament called in this regard upon the European Commission and the World Health Organisation to withdraw certain codes from the list of mental and behavioural disorders and to ensure a non-pathologising reclassification in the 11th version of the International Classification of Diseases (ICD-11).

Moreover, FRA research found that in at least 21 Member States, sex ‘normalising’ surgery is carried out on intersex children which harm their inviolable right to human dignity and right to respect for physical and mental integrity.

The FRA report “Professionally speaking: challenges to achieving equality for LGBT people”, notes that some healthcare professionals in several EU Member States still view homosexuality and trans identities as pathological. Therefore, well-coordinated EU and national action, further strengthening of awareness and capacity building (including training) of healthcare providers, as well as data collection efforts are needed, so that LGBTI equality policies can be initiated, designed, developed and implemented effectively.

During the meeting participants concluded that discrimination against LGBTI persons in the health sector is still a reality, highlighting the following issues:

- prejudices and misconceptions among health staff,
- pathologising medical classifications,
- use of unsatisfactory medical terms,
- lack of outreach and patient-centered care,
- refusal of funding (esp. in trans-specific care),
- disregard for privacy issues (use of pronouns and disrespect for gender identity).

These barriers cause stress and anxiety (minority stress), and impede professionals from performing their tasks appropriately. Moreover, it prevents LGBT persons from enjoying their rights and freedoms under EU law on an equal footing with everyone else. Participants noted the continued necessity for raising awareness of LGBTI persons’ health needs and building capacity (training) of healthcare providers, as well as ending the pathologisation of sexual orientation, gender identity and gender expression, and sex characteristics. Taking such measures would help to more effectively implement LGBTI equality policies, including tackling the violence and discrimination LGBTI persons face.
While the List of Actions to advance LGBTI equality, presented by the European Commission in December 2015, list the state of play of existing and possible new initiatives, it was noted that efforts by EU Member States’ authorities and associations of healthcare professionals are particularly crucial to changing the situation. Support from regional and local authorities, as well as cooperation with civil society and national human rights bodies, are other vital contributions in combating discrimination of LGBTI people. It was further noted that Member States should consider including specific references to the health needs of LGBTI persons in their national health policies, action plans, training curricula, and in national health surveys.