



HEALTH4LGBTI

Reducing inequalities in LGBTI healthcare

What are the particular physical and mental health care needs of lesbian, gay, bisexual, trans and intersex (LGBTI) people? How do inequalities in provision of care affect them, and how might such inequalities be addressed? This is the focus of research by Dr Nigel Sherriff and his research team, who are describing how inequality arises from a complex interaction of a range of factors. The 'Health4LGBTI' project is part of a two-year EU-funded pilot which began in March 2016 aimed at increasing the understanding of how best to reduce specific health inequalities experienced by LGBTI people. Led by Sherriff with Dr Laetitia Zeeman, Professor Kath Browne, and Dr Nick McGlynn, the research group is part of a wider European Consortium led by the Verona University Hospital in Italy which is conducting the project on behalf of the European Commission's Directorate-General Health and Food Safety.

Root causes of health inequalities include cultural and social norms that preference and prioritise heterosexuality and feelings of minority stress associated with sexual orientation, gender identity and sex characteristics; discrimination, and victimisation. Sherriff's focus is also on the overlapping inequalities that stem from discrimination and unfair treatment on other grounds of age, ethnicity, disability, socio-economic status and citizenship.

An example highlighted by the research relates to LGBTI people's interaction with health professionals. It revealed how lesbian women who were recovering from breast or gynaecological cancer were not offered reconstructive surgery due to the belief that they would be less likely to access this form of treatment. Some were also asked to discuss reconstructive surgery with their 'husbands' not taking into account those who may be in same-sex partnerships or without a partner. Such experiences are indicative of one of the most striking issues identified by the research team – the apparent large disconnect between LGBTI people's healthcare needs, and the knowledges, understandings, and expectations of health professionals. Overwhelmingly, the research demonstrates that there is a lack of knowledge and cultural competency regarding the lives and healthcare needs of LGBTI people. Despite these findings, many health professionals assumed that LGBTI people did not face discrimination in accessing healthcare services and some believed that LGBTI people were contributing to their own marginalisation. Many were not aware that the assumptions they were making about LGBTI people were in themselves significant barriers to providing appropriate healthcare.

Findings from a series of three inter-related studies, including a comprehensive scoping review, a scientific review and a focus group study, revealed the existence of key health inequalities, barriers and discrimination based on sexual orientation, gender identity and sex characteristics. As well as the lack of knowledge and cultural competence on the part of health professionals, research found evidence of heterosexism, homophobia, biphobia, transphobia and interphobia creating significant barriers to healthcare, aggravated by systems ill-equipped to deal with the complexities of gender identity along with laws and policies restricting access to healthcare for trans people in particular, with some even being refused appropriate medical services.

LGBTI participants report that the ability to be open with health professionals, vital for the provision of good healthcare, is hampered by assumptions that all patients are heterosexual and that their gender identity matches the sex that they were assigned at birth, without an awareness that a patient may be intersex. A result of repeated negative experiences can result in some LGBTI patients avoiding healthcare services altogether.

An integral focus of this team's research is to look at how health inequalities of this kind can be reduced. One such way is to ensure that health services are attuned through appropriate and mandatory training for staff and students across health systems including but not limited to, health professionals.