

Forum: Human Rights Committee

Issue: Providing comprehensive healthcare for LGBTQ citizens

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Introduction

According to multiple researches on the matter, homosexual people alone, who are far from making up the entirety of the LGBTQ population, make up 5% of the human population, with some scientists even suggesting that these numbers may be underestimating the actual proportion (Robison). In any case, it is beyond dispute that LGBTQ persons comprise a noteworthy and important portion of the human population on the planet, and carry the same rights to access healthcare as the rest of the population. In most countries, healthcare is considered a basic and universal right for all citizens; however, many states have failed to enact towards providing LGBTQ people with fair access to such rights, resulting in a global human rights problem. This problem affects the concerned population deeply, as they are unable to receive adequate and appropriate medical care, feeling oppressed by the presently-available system, which results in negative health-related consequences that can be permanent or lethal. To demonstrate the extent of LGBTQ individuals' unequal treatment by the healthcare industry, some members of the community are even subject to torture under the guise of "conversion therapy." Not all aspects of this problem may be blamed on the healthcare providers or the states either, as there is insufficient research on healthcare for LGBTQ people, which prevents appropriate treatment from being administered. These factors all work to create an urgent need for the Human Rights Committee of the United Nations to address this issue, to tackle the matter in a coordinated, well thought-out, thorough and international fashion.

Definition of Key Terms

Sex: Determined by whether someone carries the biological characteristics, especially the sex chromosomes (X and Y) and sexual reproduction organs, one's sex can either be male, female, or in rare cases, intersex. Sex is not something that a person may decide on and is a medical and biological concept. Exceptions to these rules can come from hormonal or surgical procedures intended to change someone's sex (McDermott and Hatemi 89).

Gender: Used to be known as the societal reflection of one's sex, gender is a social construct that encompasses the typified characteristics of males and females from Western society, usually under the names of "masculinity" and "femininity," including stereotypes on interests and occupations, appearance, mannerisms, and nonverbal behavior." As it is a reflection of the roles assigned by the society to sexes, what it encompasses changes from society to society. There are some who claim gender is not an actual concept due the fact that it is entirely based on social constructs. These stereotypes tend to exclude intersex people (McDermott and Hatemi 89-90).

Intersex: The condition of being born with sexual or reproductive characteristics not completely of either gender but of a combination of the two, rendering the person unclassifiable as either (What).

Homosexual: A person who feels sexually attracted to those from their own sex

Lesbian: A homosexual woman

Gay: Being homosexual, or someone who is homosexual. The word can be used for all genders, yet is most commonly used for men (Gay)

Bisexual: Feeling sexually attracted to both sexes

Transgender: One who identifies to be a part of a gender other than the one their sex at birth (Scutti)

Transsexual: One who undergoes surgery or hormonal intervention to change their biological

sex (Scutti)

Queer: One who has a non-heterosexual and non-heteroromantic sexual and romantic orientation, or who does not identify with their assigned gender (“Queer”)

LGBTQ: A collective acronym used for various categories of queer people

Homophobia: Negative prejudgement held against homosexual people (What)

Heteronormativity: The setup of existing social structure for the ease of and on the assumption that all of the society is heterosexuals, ignoring queer persons’ role in the process, amounting to discrimination against them, oftentimes unintentionally (Heteronormative)

General Overview

Problems that LGBTQ Individuals Face While Seeking Healthcare

The most significant problem that LGBTQ individuals face while seeking healthcare is the discrimination against them due to their sexual or gender identity from the minute they walk into the doctor’s office. This aforementioned discrimination can occur in different ways:

- Doctors may refuse to use the gender pronouns preferred by the individual and refer to them with pronouns of their assigned gender instead, affecting the nature of the healthcare they receive, thus putting the patient at medical risk.
- Doctors may use abusive language to indicate their disapproval of the patients’ sexual orientation and gender identity.
- Doctors may refuse to accept LGBTQ patients and treat them. In some occasions, doctors refuse those individuals even if their health problem is not related to their sexual orientation or gender identity. This is also seen as over curiosity among doctors. For instance, even though it is not discriminatory, doctors can ask questions that are related to the sexual orientation or gender identity of the individual which are irrelevant to the patients’ problem. To demonstrate, a doctor may ask questions about the patients’ sexual relationships once he is informed that this patient is a lesbian, when she is just seeing the doctor because of a headache. This act of over curiosity can disturb the

patients and discourage them from seeing the doctor again.

All of the cases mentioned above exemplify the discriminatory approaches towards LGBTQ individuals and can be discouraging as well as humiliating factors for those individuals while they are seeking for medical assistance. In addition to those mentioned above, relatives of LGBTQ individuals are also subjected to discrimination. For instance, some children may be refused to be treated by a doctor for the reason of having same-sex parents. Moreover, many doctors tend to assume that all of their patients are heterosexual individuals and thus start a conversation or ask questions to them which are based on heterosexuality. These kinds of assumptions can cause the patients to hide their true gender identity and sexual orientation, which can prevent them from receiving the specific treatment they need and damage their wellbeing.



Picture x: LGBTQ individuals raising a banner for their health care during a pride parade.

Another problem that LGBTQ individuals face while seeking healthcare is the lacking knowledge of doctors regarding LGBTQ healthcare. Since LGBTQ healthcare has specific attributes, especially for transsexual patients, some doctors may lack this necessary information and thus, fail to treat or examine the patients. When patients encounter such behavior from their doctors, they may be afraid of depending on that doctor for their medical needs. This lack of knowledge

is very common in the world, in other words, there are a limited number of doctors who are specialized in LGBTQ healthcare which makes it extremely challenging for LGBTQ individuals to seek medical assistance. Due to these reasons, LGBTQ individuals can try to use the method of self-treatment without any medical supervision. For instance, if a doctor refuses to prescribe hormones for a trans individual, that individual may supply the hormones and use them according to the descriptions online, which can be extremely dangerous.

On top of all that, some governments tend to put even more obstacles on the way of LGBTQ individuals while seeking healthcare. In United States of America, approximately 175 anti LGBT healthcare laws were proposed in 2016 (10 Statistics). Without governmental support, medical institutions and doctors are pushed further away from LGBTQ community, decreasing their chance of obtaining adequate healthcare.

The Effects of Not Being Able to Have Adequate Healthcare on LGBTQ individuals

As healthcare is a vital right of every individual, being deprived of it is a clear violation of human rights. Due to the all of the problems mentioned above, many LGBTQ people suffer from a variety of disease and are unable to receive proper medical treatment. HIV is a very common disease amongst LGBTQ community and the necessary treatment may be denied for those individuals. This is also the case with other diseases or disorders as well, such as cancer. A considerable number of lesbian and bisexual women are being turned away while searching for treatment methods or medical attention regarding breast cancer. Such examples can result in fatalities, which demonstrate the severity of the issue at hand.

It must also be kept in mind that psychiatric health is included in the definition of healthcare. Other than evident health related problems, the first apparent effect of not being able to obtain adequate healthcare on LGBTQ individuals is depression and anxiety. As these individuals are left by themselves to take care of their medical needs, the truth of not being able to benefit from the basic health services can cause depression. This aforementioned depression usually causes substance use disorders. Substance use disorders decrease the quality of life as it makes an individual depend on a substance to continue his/her life and damage both the physical and the mental health of that person. Studies show that a huge percentage of LGBTQ individuals are smokers and consume alcohol on a frequent basis. This depression can result in eating

disorders as well. Most urgently, the suicide rate among LGBTQ individuals is alarmingly high.

Another effect of this depression is mental disorders due to “minority stress”. LGBTQ people after they receive the upmost discrimination from medical health centers and doctors can show symptoms of mental health disorders. Furthermore, if such individuals try to seek psychological assistance, they may be refused once again due to their sexual orientation and gender identity, commonly resulting in suicide.

LGBTQ Affirming Healthcare

LGBTQ affirming healthcare is the type of health care that considers the needs for LGBTQ individuals and act accordingly. Doctors who are involved in this type of health care receive



1. What is your current gender identity? (Check an/or circle ALL that apply)

Male

Female

Transgender Male/Trans Man/FTM

Transgender Female/Trans Woman/MTF

Genderqueer

Additional category (please specify): _____

Decline to answer

2. What sex were you assigned at birth? (Check one)

Male

Female

Decline to answer

3. What pronouns do you prefer (e.g., he/him, she/her)? _____

Picture x: A part of a form that asks questions regarding sexuality and gender.

education towards the needs of specific LGBTQ groups and thus, prevent the anxiety the patient experiences due to the lack of knowledge of the doctors. The image on the right shows an example of a form that is aware of the LGBTQ healthcare as it gives the patients options other than male and female. In addition, it also asks for preferred gender pronouns which would further prevent the depression and humiliation of LGBTQ individuals when they are called with the wrong pronoun. There are centers which are specialized in this type of healthcare, however, their number is limited, and everyone cannot access such services easily.

Major Parties Involved and Their Views

This section should include almost all major parties involved in this issue. For example if the topic is Disarmament in Pakistan and Afghanistan, surely the views of Afghanistan and Pakistan

about this issue should be in this section. Explain to the delegates what this nation's policy about the issue is; and if there are any recent or past events that have connection with the issue that have happened in these nations, it is helpful to mention them here as well.

Keep it simple; do not go into too much detail. We do not want delegates to lose themselves in details. We want them to understand what topic is about, and giving them a start for their research.

UN Involvement

The Pan American Health Organization, a subsidiary of the World Health Organization, developed a resolution “addressing the causes of disparities in health service access and utilization for lesbian, gay, bisexual, and trans (LGBT) persons” to help promote the delivery of healthcare to all people, including those with different gender expressions and identities. It also worked to strengthen social protection policies, including the promotion of awareness on health and disease prevention. The resolution however, was somewhat incomplete as it did consist of a clause requesting for further research on the situation of the LGBTQ community with regards to healthcare. There are example of reports that briefly touch on the topic of LGBTQ healthcare such as the “discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity” report of the United Nations High Commissioner for Human Rights but there aren't many resolutions regarding this issue.

Relevant UN Documents

- **Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity - Report of the United Nations High Commissioner for Human Rights, 17 November 2011, (A/HRC/19/41)**
 - This is the sole UN resolution on this subject that the chairs were able to find among passed resolutions; therefore, it is ideal to serve as the basis of and inform the delegates' research on this agenda item
- Joint United Nations Statement on Ending Discrimination in Health Care Settings
- Ending Violence and Discrimination Against Lesbian, Gay, Bisexual, Transgender and

Evaluation of Previous Attempts to Resolve the Issue

The Fenway Institute and a few universities such as King's College London and York University have published reports with the aim of researching and informing people about the LGBTQ healthcare problem and how to solve it (promoting LGBTQ health and wellbeing through inclusive policy development, recommendations to reduce inequalities for LGBTQ people facing advanced illness: ACCESSCare national qualitative interview study etc.). However, there is yet to be a universally accepted plan to actionably solve the issues the LGBTQ community face. The closest legislation to that goal has been, as stated before, the World Health Organization developed resolution "addressing the causes of disparities in health service access and utilization for lesbian, gay, bisexual, and trans (LGBTQ) persons". There appears to be a long way to go for real improvement of LGBTQ healthcare rights; as of now it seems not enough awareness and information has been obtained to make progress in this area.

Possible Solutions

Currently there are two obvious areas of which the health sector focus on to be able to provide comprehensive healthcare for LGBTQ citizens. Firstly, as stated in the WHO resolution as "addressing the causes of disparities in health service access and utilization for lesbian, gay, bisexual, and trans (LGBTQ) persons," further research on the current state of healthcare for LGBTQ citizens is needed. This will provide health organizations and medical professionals to act and adapt to the situation accordingly. Secondly, more detailed, universally accepted and affirmative resolutions should be implemented addressing the issue, with special emphasis on the social protection policies and anti-discrimination laws. Finally, measures to decrease heteronormativity in medical schools and among healthcare workers would ensure that doctors are well-equipped in providing appropriate healthcare for LGBTQ people.

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