NATIONAL REPORT: BULGARIA

Training health professionals to improve healthcare for LGBTI people in Bulgaria

OPEN DOORS

Promoting Inclusive and Competent Health Care for LGBTI People

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Country at a glance

The Bulgarian health system remains highly centralized with a single payer to administer social health insurance (the National Health Insurance Fund). With respect to the main health indicators (life expectancy and infant mortality), Bulgaria lags behind the EU average and the health system exacerbates the already existing socioeconomic inequality (Dimova, A. et al, 2018)[1]. The low efficiency of the centrally organized health insurance is proved by the very high out-of-pocket spending by the population for health services (47.7% in 2015, according to the same report). Access to adequate health care is difficult in the small towns and villages, and is reported to deteriorate in recent years. Health professionals are concentrated in urban areas, where the growth of private health-care that only partially works with the National Health Insurance Fund, or not at all, is a significant trend, which leads to considerable inequality of access to health care for the people from socially disadvantaged groups.

Grey literature review of medical publications, conducted by Bilitis Resource Center in 2016 within the Health4LGBTI Project[2], showed that LGBTI people are not mentioned anywhere as a specific vulnerable group with respect to access to healthcare. Only the MSM group was mentioned as a high-risk group in brochures and reports of the National Program for Prevention of HIV/STIs that was previously funded by the Global Fund for AIDS. A recently published review of the access to health care for specific populations, conducted in 2018[3], considers Roma, prisoners, and refugees, as well as police and military personnel. The LGBTI people were not regarded as a specific vulnerable group when the national health system was reviewed. Contrary to this, FRA LGBTI Survey 2019 shows that LGBTI people are vulnerable when trying to access health services: 19% of all LGBTI respondents from Bulgaria have felt discriminated against due to being L, G, B, T or I by healthcare or social services personnel in the last 12 months.[4] This percentage is higher compared to the results of FRA LGBT survey 2012, which shows that 9% of the Bulgarian respondents felt discriminated by healthcare personnel in the past 12 months because of being L, G, B, or T.[5]

[1] Dimova, A. et al, Bulgaria Health System Review, 2018. Health Sytsems in Transition, Vol 20, N.4,2018

[2] Health4LGBTI project, available at: https://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en#fragment2

[3] Dimova, A. et al, Bulgaria Health System Review, 2018. Health Sytsems in Transition, Vol 20, N.4, p. 167, 2018

[4] FRA LGBTI Survey 2019, retrieved from: https://fra.europa.eu/en/data-and-maps/2020/lgbti-survey-data-explorer

[5] FRA LGBTI Survey 2012, retrieved from: https://fra.europa.eu/en/publications-and-resources/data-and-maps/survey-fundamental-rights-lesbian-gay-bisexual-and

Summary of the chapter

- The national health law does not provide a reference to LGBTI as a vulnerable group;
- There are no written health policies addressing the needs of LGBTI, except for the policies and national program on prevention of HIV/STIs, which envisions prevention measures for MSM as a high risk group;
- Good practices of equal treatment of LGBTI patients (where such exist) are based on the goodwill of the health professionals in a particular unit, and not grounded on laws or policies, and usually limited to the sphere of private health-care;
- The medical training at national universities is based on outdated paradigms for LGBTI which reinforce negative stereotypes that interfere with the provision of adequate health care for LGBTI patients;
- There are no externally-provided licensed training courses for medical students or practicing health professionals on LGBTI issues;
- Most health professionals who participated in the field research of OpenDoors project have witnessed negative attitude towards LGBTI patients, ranging from jokes to humiliation and rejection of health service;
- The majority of the field research participants recognized the need of training on LGBTI issues and topics ranging from basic knowledge about the LGBTI identities and inclusive language, to legislation on LGBTI families, gender affirmation procedures and legal gender recognition, and the services provided by LGBTI NGOs;
- On the positive side, the majority of the respondents were interested to participate in interactive training on LGBTI issues and the above topics, both online and offline.

Legal Framework

Review of the Bulgarian legal framework that regulates the access to health care leads to the general conclusion that the LGBTI people do not have equal access to health care, while different sub-groups are differently affected (trans and intersex people being the most vulnerable), and intersectionality plays a very important role in creating additional disadvantages resulting from the social status, ethinicity, physical ability, etc. of the individual. Policies and procedures guaranteeing the rights of LGBTI patients are needed, and recognized as important by the health professionals who participated in the field research of the OpenDoors Project, but they need to be based on profound changes in the national laws, which guarantee the family rights for LGBTI people, and the rights to bodily integrity and legal gender recognition for trans and intersex people.

On September 16, 2003, the Bulgarian Parliament adopted a comprehensive anti-discrimination law, which came into force since January 1, 2004. The law bans discrimination on a number of grounds, including race, gender, religion, disability, age and sexual orientation. It provides that in prima facie cases of discrimination, the respondent has the burden of proving that discrimination did not occur. The law establishes a Commission for Protection against Discrimination consisting of nine members, five elected by Parliament and four appointed by the President, with specialised subcommittees for racial and gender discrimination, which will have the authority to receive and investigate complaints and issue binding rulings, as well as to impose significant fines on perpetrators. The law includes provisions such that more than one victim can join a complaint in cases where the discriminatory abuse harms groups of people.

In April 2015, an amendment of the Protection against Discrimination Act included “change of sex“ as an additional ground on which discrimination is prohibited. This new provision is claimed by the Commission for Protection Against Discrimination to extend protection over trans people, but a body of leagl practice, which uses this new provision is yet to be created.

The Bulgarian anti-discrimination law provides protection against discrimination in all spheres of life, including the health sphere. This is the main law guaranteeing non-discrimination in health care and the protection of patients rights. The specific provisions on equal access to health care, included in the Health Act, stem from the general anti-discrimination principles guaranteed by the Protection against Discrimination Act.

The Health Act (the latest revision promulgated in the State Gazette, issue 41 of 2009, in force from 2.06.2009) emphasizes equal access to health services for all individuals (Art. 2, point 1). There is no explicit mentioning of LGBTI in that legal document. The law provides special health protection to the following groups: children, pregnant women, mothers of children up to 1 years old, people with physical disabilities and people with mental disorders. Article 85 states that patients are guaranteed access to health care regardless of their age, sex, origin, language, nationality, race or political affiliation, education, beliefs, cultural level, sexual orientation, personal, public, or material status, disability, and type or reason for the disease.

The above provisions are not consistently reinforced in practice with regards to LGBTI people. The national LGBTI rights organizations (Bilitis, GLAS, Deystvie) have received numerous reports from LGBTI people on violations of their right to equal access to health care. The main types of violations are: 1) the assisted reproduction legislation does not exclude single women, however, there are two reported cases of refused access to the public fund for assisted reproduction (which subsidizes in-vitro procedures) for lesbian couples with reproductive problems, when the latter clearly announced their type of family (i.e. same-sex family); 2) delay of urgent health assistance for trans and intersex people (many reported individual cases) when there is discrepancy between the legal and the physical gender of the individual; 3) lack of adequate health services for trans and intersex people in particular due to the lack of competences of general health practitioners on how to treat such patients, and inadequate referal to specialized health care (endocrinologists, genetics speciflaists); 4) there is no legislation on gender affirmation treatment that responds to the needs of trans and intersex people; consequently, some basic health needs, such as HRT and hormonal testing are not covered by the National Health Insurance Fund, and need to be covered by out-of-pocket spending; 5) there is no legal ban on unnecessary surgery for intersex children which results in body mutilation procedures happening with the consent of the parents; intersex children raised in institutions are often subjects of unnecessary (exprimental) surgey, and last but not least, the parents of intersex children do not always receive present-day scientific information about the intersex conditions; 6) impossibility to provide "next of kin" status to a cohabiting partner for people living in same-sex families, resulting in unequal access to health information and procedures requiring consent of a blood relative/legal partner (having severe implications for the access to health care of the children of same-sex families as well, in which the non-biological parent does not have any rights in relation to the child); 7) no access to surrogacy and adoption for same-sex families: no access to adoption for single men, regardless of their sexual orientation;

surrogacy was banned in 2019 after a parliamentary debate which was based on religious arguments, and on the argument that women are not "machines" for bearing children.

The needs of LGBTI patients are not considered in Codes of Ethics, or any other medical standards, which exist in written form. The civic rights of LGBTI people in relation to health care are envisioned in the Health Law and the Law on Health Insurance. The main limitations stem from the lack of legal recognition of some identities (trans and intersex in particular) and some types of families. The latter lead to limitations in access to health care, which is difficult to address legally on the basis of the existing legislation. The unequal treatment of LGBTI people is often justified by the fact that the health law needs to provide the same protection to everybody, where "same" is understood as "equal".

When reviewing the access to healthcare for LGBTI people in Bulgaria in comparative perspective, we need to underline that the national health system has generally very weak mechanisms for protection of the patient's rights. The rights to adequate health care for many people are disrespected, and there is widespread mistreatment affecting disproportionately the people who suffer from different disadvantages, primarily related to social status, and also resulting from identity-based discrimination.

Within the field study conducted by a researcher from Bilitis Resource Center Foundation, a total of 10 medical professionals were interviewed, with 5 of them being conducted in the form of a focus group. Half of the individuals were already practicing medicine specialists. The other part were medical students in their last year of study, but they already had experience as doctors or medical consultants in various healthcare facilities. All interviewees were familiar with the LGBTI topic and most of them openly shared their impressions of their work with LGBTI patients. Two of the interviewees were part of the LGBTI community. And as such, they showed more awareness on LGBTI issues, health and rights.

The first conclusion from the field research was that the equal access to health care for LGBTI people cannot be guaranteed until the rights of LGBTI are effectively protected by the national laws. The rights to legal gender recognition (for trans and intersex) and bodily integrity (for intersex) and the family rights (for all LGBTI people) play a major role in ensuring equal access to health care. Three of the interviewed health workers underlined that the partners of LGBTI patients have no right to receive important health information, to make urgent and extremely important decisions that are legitimately made only by a family member, as well as decisions on organ

transplantation and organ donation. None of the interviewed health care specialists were familiar with specific health policies and regulations regarding the health of LGBTI people. This point of view was summarized in the following way "if there are any, no one knows about them." All interviewees shared the view that such laws and policies should be in place, but specific examples of what exactly should be included in them were not given.

When asked if there were any policies or mechanisms for reporting discriminatory treatment at the hospital, and whether there is a place to report, one of the doctors shared the following *(Medical consultant, Center for Emergency Medical Care, Sofia and CheckPoint Sofia, 26, male)*: "For 6 years, I have never witnessed discrimination against an LGBTI patient. There was absolutely never such a case. We do not have a specific and rigorously developed regulation or procedure because it is simply not necessary." When asked some follow-up questions to clarify how LGBTI patients have been treated at the center where he works, it turned out that he had low awareness of the effect of language on LGBTI people who come to the emergency care center, and he did not pay so much attention to informal talk among the health workers, or to the use of "jokes" and other comments that might be felt as insulting by a patient.

An instance of good practice in relation to equal treatment was reported by health workers who were familiar with the practice in private maternity hospitals. Some private maternity hospitals in Sofia were known to treat lesbian couples in the same way in which they treat married or cohabiting heterosexual partners. Several interviewees reported that they knew from personal contacts with doctors from these maternity hospitals that the second mother is usually allowed to be present at the birth of the baby, and there are no limitations with regards to visiting the birth-giving mother, or access to important health information. However, the services in these hospitals are expensive and accessible only to people with higher income.

Only one interviewee had the opinion that the Protection against Discrimination Act and the Health Act provide sufficient basis for equal access to health care, but are not consistently reinforced. *(Microbiologist, National Center of Infectious and Parasitic Diseases, Sofia, 34, female).* The rest of the interviewed were not satisfied with the legal basis for patients' rights in Bulgaria in general, and agreed that the good practices which existed were largely the result of private initiative (of a specific hospital, or a specific health specialist who runs a private practice).

Half of the interviewed health care professionals in total reported that they have witnessed discriminatory treatment of LGBTI patients, which included derogatory comments and remarks, as

well as discrimination that directly affects the medical care provided by the health unit (for example, delay of treatment, or negligence towards a patient who is trans, or gay living with HIV/AIDS - examples are provided in the next chapter). The same interviewees agreed that although situations of discrimination of LGBTI patients occur relatively frequently, there is no effective mechanism in place for reporting such incidents, and no specific body which addresses them. No one mentioned the role of the patients' associations, which are very active in advocating for the rights of specific groups of patients, such as, for example, the patients with oncological diseases, who do not receive the full package of health services that is guaranteed by the National Health Insurance Fund. A conclusion could be drawn that identity-based discrimination is not commonly addressed by the organizations advocacting for patients' rights. The mechanisms for protecting patients' rights envisioned in the law do not effectively cover all vulnerable groups, including LGBTI people, and health workers are not familiar with cases in which an incident of discrimination against a person who is lesbian, gay, bisexual, trans, or intersex, has been adequately addressed.

Research, programs, and strategies

Scientific research on LGBTI health needs is practically non-existent in Bulgaria. LGBTI people as specific vulnerable group are mentioned only in information materials concerning prevention of HIV/STIs. The MSM group is clearly identified as a high-risk group in the National Program for Prevention and Control of HIV/STIs 2017-2020. Health professionals who want to enlarge their knowledge on LGBTI health needs are mostly looking for such information online and from international scientific sources.

Neither national health surveys, nor a system that measures the patients' satisfaction with the public health services exist in Bulgaria. Some private health units may have internal systems for measuring the satisfaction of the patients, but these practices are not widely known.

LGBTI NGOs: Bilitis Resource Center, which was a partner in the Health4LGBTI Project (2016-2017), regularly collects information on the access to health services for trans and intersex people, who are members of the Trans, Intersex, and Allies (T.I.A) mutual-support group. The group allows for sharing of personal experience with LGBTI-friendly health specialists among its members. Bilitis provides referral to LGBTI-friendly health specialists for trans and intersex people upon demand.

GLAS and Single Step Foundations work mostly on provision of support to people living with HIV/AIDS.

The only national policy which covers a specific subgroup of the LGBTI community is the National Policy on Prevention of HIV/AIDS and STIs 2017-2020[6], which explicitly mentions MSM (men having sex with men) as a high-risk group. Specific measures for prevention of HIV and STIs among MSM are envisioned, including awareness raising on using prevention, and a package of services (free testing, consultations, awareness raising).

When asked if there are studies, projects or publications dedicated to the health of LGBTI people in Bulgaria, four of the interviewees said that they knew about such and that they were mostly the result of the work of NGOs, such as the Center for Free Testing for HIV and Hepatitis - CheckPoint Sofia, which besides testing, produces informational brochures and organizes awareness campaigns. The campaigns that have been conducted by the Center are mainly dedicated to World HIV Day, which do not directly target LGBTI people, although they also cover this group.

The same interviewees who knew about publications related to the health of LGBTI people shared that only LGBTI organizations that work with such people in Bulgaria are aware of health-related issues, and the organizations that were mentioned were GLAS Foundation, Bilitis Foundation, and Single Step Foundation.

Overall, the interviewed health professionals shared the view that topics such as LGBTI people's health, rights and discrimination are not a common subject of research in Bulgaria. They believed that there is no current scientific data and information to be relied upon by medical professionals when working with people from the LGBTI community. That is why, often, some medical specialists who feel the need to learn more start searching for information online to understand the particularities of working with specific patients and the proper language to use. However, finding the necessary information is difficult because many online sources offer inaccurate or incomplete information, or purposefully wrong information. The online sources that describe LGBTI people as mentally ill and providing false statistical information of pseudo-research are currently easy to spot online because of the massive anti-gender campaign organized in Bulgaria in 2018, which resulted in proliferation of online media outlets spreading fake news. At the same time, the reliable sources

[6] Национална програма за превенция и контрол на ХИВ и сексуално предавани инфекции в Република България 2017-2020 г. [National Program for Prevention and Control of HIV and Sexually Transmitted Infections in the Republic of Bulgaria for the period 2017-2020], retrieved from: http://www.strategy.bg/StrategicDocuments/View.aspx?lang=bg-BG&Id=1226.

of scientific information on LGBTI people's health needs are very few in Bulgarian language and health workers who are not familiar with the LGBTI rights organizations cannot easily track such sources. This creates an overall deficiency of easy-to-identify reliable scientific sources of information on LGBTI health needs in the national language.

Support and services to LGBTI patients

Deficiencies of knowledge, combined with low level of awareness about the specific health needs of LGBTI people were identified, mostly in relation to trans and intersex patients. The strong influence of personal attitudes towards LGBTI on the quality of services was clearly evident in the information collected by the interviews. Examples of some extreme cases were given, in which negative attitudes of health personnel could endanger a patient's life. Only the MSM group among all LGBTI sub-groups has received consistent attention and services envisioned in national health programs. The services provided by LGBTI NGOs (Bilitis Resource Center, GLAS, Single Step) to specific vulnerable groups - trans and intersex people, and LGBTI people living with HIV - are based on self-support and exchange of personally-attested information about LGBTI-friendly health workers and units.

There are no protocols for gender affirmation, sex reassigment and hormonal replacement therapy for trans and intersex patients. Lesbians, gays, bisexuals, trans or intersex people are not recognized as requiring specific healthcare or having specific needs.

The only LGBTI-friendly services that were identified were the HIV prevention services for the MSM group, which according to the available data have covered 78,79% of the group in 2012 (compared to only 28,64% in 2006)[7]. The approach of the National Program for Prevention and Control of HIV and STIs 2017-2020 to the provision of services to this group can be viewed as adequate, because it focuses on the provision of MSM-friendly services by NGOs working on the grassroot level. Field workers establish a relationship of trust in the MSM group before they deliver any of the services (free testing, consultations, or referral to health treatment). The national program envisions the continuation and sustaining of prevention services for this risk group that have been administered

[7] [1] Национална програма за превенция и контрол на ХИВ и сексуално предавани инфекции в Република България 2017-2020 г. [National Program for Prevention and Control of HIV and Sexually Transmitted Infections in the Republic of Bulgaria for the period 2017-2020], page 12, para. 3, retrieved from: http://www.strategy.bg/StrategicDocuments/View.aspx?lang=bg-BG&Id=1226.

throughout the country with the help of local NGOs. It also envisions training of health personnel from the public healthcare system on the specific needs of the MSM group.

When a person's HIV status is confirmed, they are immediately advised to start antiretroviral treatment therapy. The therapy is free for everyone, no matter their health insurance status. The Bulgarian Ministry of Health joined the medical consensus of undetectable = untransmittable in 2018. In their practice, some medical doctors mention this to their patients, some don't, but there is an U=U poster at the Acquired Immune Deficiency Treatment Department of. Most U=U awareness activities are initiated by the NGO sector.

PrEP and PEP are available in Bulgaria. PrEP is available in three pharmacies in Bulgaria - one in Sofia, one in Plovdiv and one in Varna (SUBRA pharmacies). In order to buy PrEP one needs a standard prescription by a medical doctor. The prescription needs to contain the medical name of PrEP "Emtricitabine/Tenofovir disoproxil". For getting PEP one needs to go to the Acquired Immune Deficiency Treatment Department in Sofia or to the HIV Department in Plovdiv. PrEP and PEP are not free of charge. PEP is free of charge only for medical staff who were at risk at their work place and might've been infected with HIV. One pack of PrEP - 30 tablets costs 140 leva (70 EUR) and one course of PEP that needs to be taken within a month costs 450 leva (230 EUR), which can be considered expensive for Bulgarian standards.

There is no current discrimination of LGBTI for blood donation. The National Center for Transfusion Hematology explains that every healthy adult from 18 to 65 can donate blood[8].

A draft law on surrogacy was prepared in 2018 and discussed in 2019, however, it was rejected, The main arguments against the law drew from the Orthodox religion, and were not explicitly related to LGBTI people, but implicitly discriminated against them by focusing on the interference with natural (God-created) order.

In Bulgaria, assisted reproduction for women is available for both single and married women. The law does not mention sexual orientation as a limitation for receiving assisted reproduction services. Artificial insemination in private clinics does not discriminate against lesbian women (either single or with partners). Access to subsidized in-vitro procedures for lesbians who openly declare their same-sex partnership has so far been denied. In October, the Supreme Administrative Court upheld lower court judgments that found no discrimination in the case of a lesbian couple

[8] National Center for Transfusion Hematology, FAQ section, retrieved from: https://ncth.bg/kak-da-pomogna/faq

who were denied the cost coverage of their IVF procedure by the Centre for Assisted Reproduction. LGBT Youth Organization Deystvie is taking the case to the European Court of Human Rights[9].

The field research confirmed the main findings from the desk research in relation to the provision of health services to LGBTI people.

Some of the interviewed medical professionals worked predominantly with LGBTI people and others worked with all kinds of patients. All interviewees could think of cases when they had to treat and work directly with LGBTI patients. All interviewed professionals, except one, shared the view that LGBTI people are a group with specific healthcare needs, and there are differences in the bodies (of trans and intersex) and in the lifestyles (of lesbian, gay and bisexual people) that need to be taken into account when needed.

Recognition of the need to use "neutral" language

One of the interviewed specialists, a doctor who works at the National Center for Infectious and Parasitic Diseases in Sofia, mentioned that she had to work with LGBTI patients over the years, but at first it was unfamiliar and difficult for her to address them with neutral language: "In general, in the beginning it was naturally strange for me to talk about such topics because they are intimate. But in one specific case, I remember a man, he was not the first but one of the first gay patients that I met, and I asked him if he was married (if he had a wife), and he became angry with me: "well, why do you ask, I do not intend to marry". I did not know what language to use with gay people. I used to ask everyone if they were married. Since that particular moment, I have been using a little more neutral language, for example I do not ask a woman "do you have a husband/boyfriend" but I rather use the word "partner".

Awareness of specific health needs

The majority of the interviewees expressed the opinion that LGBTI people have specific health needs related to their lifestyle (sexual practices), or general health status in the case of HIV patients. As far as people living with HIV were concerned, the HIV status was given a primary importance as an obstacle for receiving adequate health care, and not their sexual orientation or gender identity. The prejudice that most LGBTI people have HIV was not identified as being very common in the Bulgarian context, probably because the spread of HIV in the country in the 1990s and early 2000s was mostly attributed to the group of heterosexual men working abroad, and

[9] ILGA Europe Annual Review 2020, Bulgaria, retrieved from: https://www.ilga-europe.org/annualreview/2020.

intravenal drug users. Recent statistics show definitive growth of the number of homosexual men (or MSM) tested with HIV, but they are still slightly above 50% of all HIV patients in the country.

One of the interviewees *(Doctor of infectious diseases, Losenets Hospital, Sofia and Military Medical Academy, Sofia, 33, female)* shared: "I think they have different needs, of course, especially when it comes to infections, which are different in terms of their lifestyle. This requires more specific knowledge and openness from the patients to the medical staff and knowledge from the doctors to the specific needs of the particular patient. I've had patients report to me about extremely negative appointments with fellow doctors, and about rejection. One major problem is that these people cannot easily identify their GP because the GP must be aware of the patient's situation, their sexual orientation and behavior, and their diseases. I know a case of a young patient who had a stroke, and his doctor, who was responsible to provide him with a referral for rehabilitation, wrote these three letters (HIV), which automatically closed the doors to all rehabilitators in Sofia. They didn't want to provide any services to a patient with HIV."

Lack of medical research on the specific health needs of trans and intersex people

Only one interviewee was particularly aware of the specific health needs of trans and intersex people and underlined this in her responses *(Medical consultant and doctor intern in the Urology department, Multiprofile hospital for active treatment, Dobrich, 26, female)*: "Trans and intersex people have special needs. The whole medicine, unfortunately, is based on the body of a hetero cis person, and possibly when it comes to sexuality - it is based on the hetero relationship of a cis man and a cis woman. There is not enough observation and research on anything else. Not to mention that until about 15 or 20 years ago, there was a study on the female hormonal system done among men by a male professor. It was a hormone and uterine study that was conducted solely among men and not women. There should be more research and transparency to clearly identify the needs of LGBTI people."

The same interviewee spoke about the difficulties which trans and intersex people face when searching for adequate health-services: "They (the doctors) are completely unprepared because it is not normal in the 21st century to have so many trans people wondering where to go and who to consult for basic issues (we're talking here about hormonal issues, side effects of therapy and so on). On the other hand, I am not sure to what extent HIV positive patients can receive adequate help and therapy. Unfortunately, in Bulgaria, doctors are from older generations, young doctors are

either abroad or decide to work in the private sector. But the problem comes from the fact that sexuality is perceived as a taboo or something strange and funky that you can talk about only at home."

Outspoken rejection of the necessity for specific competences on LGBTI health needs

Although the interviewed health workers who considered that LGBTI people do not have specific health needs were a minority, some of them were very outspoken and ardently defended their views. One of them was surprisingly a doctor who worked directly with LGBTI patients at CheckPoint Sofia (*Medical consultant, Center for Emergency Medical Care, Sofia and CheckPoint Sofia, 26, male)*: "No, I do not think they have specific health needs. All people who are 18 years old, regardless of their sexual orientation, should not be divided in any way, neither health nor humanic, so in practice, I am sure there are no such additional needs." On the issue whether doctors can provide adequate medical care and consulting to LGBTI patients and whether they are prepared and have the capacity to do so, the same person shared the following: "Of course, they are well prepared. Not only are they well prepared, but again I say, we do not divide people in any way. There are always percentages."

Recognition of the existence of strong prejudices which interfere with professionalism

A relatively large number of the interviewed health workers (4 out of 10) acknowledged that prejudices and negative attitudes towards LGBTI people are the main obstacles that endanger the equal access to healthcare for this vulnerable group.

When negative attitudes are not unleashed, the access to health services for LGBTI people could be quite OK in spite of the lack of policies. One of the interviewees shared the following story in confirmation of this *(Doctor in the surgery department, Fifth multiprofile hospital for active treatment, Sofia, 26, female)*: "There was a woman with breast cancer and her girlfriend was there every day, so the colleagues in the hospital knew she was gay and that this was her girlfriend and there was no problem regarding her presence and sharing of personal information. She was there all the time and no one refused information. I hadn't heard any comments about them, and I was okay, but they were both pretty intelligent women with stable professions and behaved fairly well."

However, equal treatment depends very much on the personal attitude of the health professionals and the climate in a particular health unit can quickly change if the personnel changes.

The lack of sanctions for inappropriate behavior resulting from prejudice was considered appalling by the same interviewees who recognized the effect of negative stereotypes in the health sphere. A striking story was shared by one interviewee from her practice *(Medical consultant and doctor intern in the Urology department, Multiprofile hospital for active treatment, Dobrich, 26, female)*: "One of my experiences was quite extreme and negative and it happened around Christmas. A young man of 32 years with thrombosis of the leg was hospitalized within one week before Christmas. It turned out that he had a name day and a birthday, which he spent in the hospital. He was also HIV positive, and he had been treated in America for HIV two years earlier. Before New Year's Eve, I went to visit him and talked to him and he said the nurses were treating him very well, but the doctors on duty before me were treating him badly, almost trying to release him, although he was still in need of intensive medical treatment. New Year had passed and another young person with hepatitis and HIV was admitted from another section in the hospital. Suddenly, it was decided to put both people in the same room, which was very much against the medical rules. It is highly dangerous to put together in one room a person with HIV and a low immune system with a person with other infectious diseases. One of my colleagues 34-year-old young doctor like myself said ""put that hepatitis guy with that AIDS faggot". And at that moment, I confronted her. And she went on to say that she couldn't stand people like him, why was he still here, and that it was time for us to release him. "He should just go away or he should just contract hepatitis and die already." And the patient was super intelligent - engineer, writer, and so much more. Everyone liked him a lot, he didn't deserve that attitude in any way."

The general conclusion from the discussion on prejudices and stereotypes was that the personal attitudes of health workers towards LGBTI people play a very important role for the quality of medical treatment, which is provided to such patients. At the same time, there is no mechanism for checking attitudes and establishing strict rules that need to be followed in order to prevent doing harm as a result of prejudice.

Professionals and capacity building

The majority of health professionals who participated in the field research recognized the need of additional training on LGBTI issues as essential for building an LGBTI-inclusive healthcare environment. Such training is currently not provided either as part of the core curriculum at medical universities in Bulgaria, not as an in-service option for practicing health professionals. There was some discrepancy between the level of recognition of the need for training on LGBTI topics, and the level of awareness of the personal needs for such training, as most of the respondents believed that they are sufficiently prepared to provide adequate health care to LGBTI patients. Inclusive language was commonly identified as the main barrier to establishing a relationship of trust with the LGBTI patients, and most respondents expressed difficulties in using such language. The most worrying findings of the research on professionals' capacity building were associated with the existence of outdated paradigms in present-day medical curriculum and textbooks, which reinforce negative stereotypes that can cause harm. On the positive side, the majority of the health workers who participated in the research expressed interest to participate in interactive training, both online and offline, and to upgrade their knowledge about LGBTI people and their needs in the health sphere.

The survey was completed by 51 respondents, 21 of whom reported that they have graduated general medicine, 6 were nurses, 6 were health management professionals, 4 were psychologists, 4 - social workers, and 10 did not specify. Each of the respondents had different experience and worked in different areas of the healthcare system. The majority (37) respondents replied that they have worked directly with patients or clients. More than half (30) indicated that they had graduated in the last 5 years. Twenty-six indicated that they had more than 3 years of experience in the field in which they were currently working.

Knowledge of LGBTI Identities

It is to be noted that although LGBTI identities are not studied in depth as part of the compulsory medical curriculum, and more importantly - some of the identities are treated as types of health disorders in the outdated textbooks - the majority of the survey respondents (33 out of 51) showed correct understanding of the difference between sexual orientation, gender identity and sex characteristics, and stated that they are not necessarily related. A smaller number (18) thought that the latter are different things, however, they are interrelated. The same majority also had a clear

idea of what a trans woman is (33 out of 51); 43 people correctly defined bisexuality, and 32 people had a correct understanding of intersex. The majority of the respondents also were aware of the higher suicide rates among LGBTI youth in comparison with other young people. In terms of knowledge on the access to legal gender recognition for trans/intersex people, only 21 out of 51 responded correctly that changing one's legal gender is possible in Bulgaria, while a relatively high number (18 out of 51) thought that this is not legally possible, and 12 respondents answered that they did not know. The fact that more than half of the health professionals participating in the survey either did not know about the possibility for legal gender recognition, or thought that it is not possible, very explicitly shows the lack of competences for work with trans and intersex people to meet their needs, and explains the many rejections of health consultations in relation to hormonal replacement therapy and other gender affirmation treatment (based on self-identification) which trans and intersex people receive.

Attitudes towards LGBTI

The level of acceptance that LGBTI people need to have equal rights with any other member of society was high (41 out of 51). Still, it is to be noted that there were health professionals who strongly disagreed (3 out of 51) that LGBTI people should have the same rights as everyone else. It is highly problematic and dangerous if such understanding among health workers remains, no matter how small the numbers, because it may lead to irreversible health harm if these professionals deal directly with LGBTI patients in their clinical practice. As evidenced also by the desk research and the interviews, patients' rights in Bulgaria are a highly problematic sphere, and the personal attitude of the health professionals towards patients from vulnerable groups is of great importance for the delivery of adequate health services. Following up on the question about the recognition of LGBTI people's rights, the next question about understanding that LGBTI people have unique health risks and health needs shows even greater division of understanding/attitudes. Seventeen out of 51 disagreed or strongly disagreed with this statement. This is a worryingly high level of rejection of the specific health risks faced by LGBTI people as a vulnerable group, which leads to disadvantages in the access to health care. Consistent awareness raising is needed to improve understanding of the specific needs of LGBTI as patients, eliminate negative attitudes (no matter how small the number of health professionals expressing them is), and control/prevent harm.

The different attitudes towards the different sub-groups were also evident from the questions related to the nature of sexual/gender identities. The majority of the respondents considered same-sex attraction as natural for humans (37) while a smaller number (24) considered that trans

people should not be treated as people with mental disorders. This lower level of understanding of trans identities compared to lesbian/gay identities could be explained with the lack of up-to-date scientific data incorporated in the medical studies curriculum, and also to the lower level of visibility of trans people in society. The different levels of knowledge on the different subgroups logically led to different levels of "feeling comfortable" in dealing with LGB, and trans/intersex as patients. Forty-eight out of 51 respondents felt absolutely comfortable dealing with LGB patients, 35 - with trans patients, and 37 - with intersex.

In terms of knowing about a patient's sexual orientation, gender identity, or sex characteristics, much more respondents considered knowing about the latter two necessary (29 believed it is necessary to know if a person is trans, 36 - intersex), while knowing about the sexual orientation was not regarded as very necessary: almost half of the respondents replied that they do not need to know about it when taking medical decisions. This logically links to the belief discussed above that homosexual orientation is natural and relatively common, while trans and intersex identities are not so common (natural). This also signals a stronger tendency for medicalization of the latter. At the same time, the majority of health professionals found it difficult to talk with patients about their sexual orientation, gender identity, or sex characteristics (36 out of 51 found it difficult, while 6 found it neither difficult nor easy). Corresponding to that statement, the majority of respondents declared that they have rarely or never met an LGBTI patient, which could be explained with a lack of awareness about a patient's LGBTI status. On the positive side, 45 out of 51 respondents believed that it was necessary to create an LGBTI-inclusive health care environment.

Experiences and practices

The current healthcare environment is far from inclusive towards LGBTI patients. The majority of the survey respondents - 33 out of 51 - have often and very often heard jokes about LGBTI in their immediate work environment, and 6 - sometimes. Humiliation and intimidation of LGBTI patients were often and very often witnessed by 8 of the respondents, and sometimes - by another 8 people (25% of the respondents altogether have personally witnessed that type of behavior), while 5 have often and quite often witnessed rejection/refusal of medical service because a patient was LGBTI, and 3 - sometimes. These numbers are quite worrying. Personally, the majority of the respondents would not ask about a patients' sexual orientation (38), gender identity (35), or sex chanarcteristics (34), which in a way helps sustain the "don't ask, don't tell" climate in the health sphere and obstructs the development of a realtionship of trust between the health worker and the LGBTI patients. On the positive side, the majority of the respondents would use neutral language when

asking about a patient's family relations, and 37 out of 51 people would also refer to someone by their preferred name and gender, regardless of what their documents say.

Regarding their academic preparation and in-service training to work with LGBTI patients, the overwhelming majority of the respondents considered it unsatisfactory. Thirty four out of 51 people shared that neither the topic of LGBTI terminology, nor inclusive language have been included in any of their previous training or education, and 27 shared the same about the topic of social prejudice against LGBTI people. Forty two respondents had never studied about the barriers in the access to health care which LGBTI people experienced. Similar is the number of people who said that they have never studied topics such as same-sex partnership law; sexually transmitted infections and mental health of LGBTI people; LGBTI and vulnerabilities; gender identity verification procedures and more. In general, none of the topics that would contribute to raising awareness of the health professionals on the LGBTI identities, needs, and specific health needs were covered in the standardized curriculum for medical studies in the Bulgarian university, nor in in-service training courses delivered by public or private licensed training providers. That is why 43 out of 51 respondents selected answers that range from totally dissatisfactory to the middle of the scale when they evaluated the quality of their education and training in relation to LGBTI issues (See Fig.1 below).

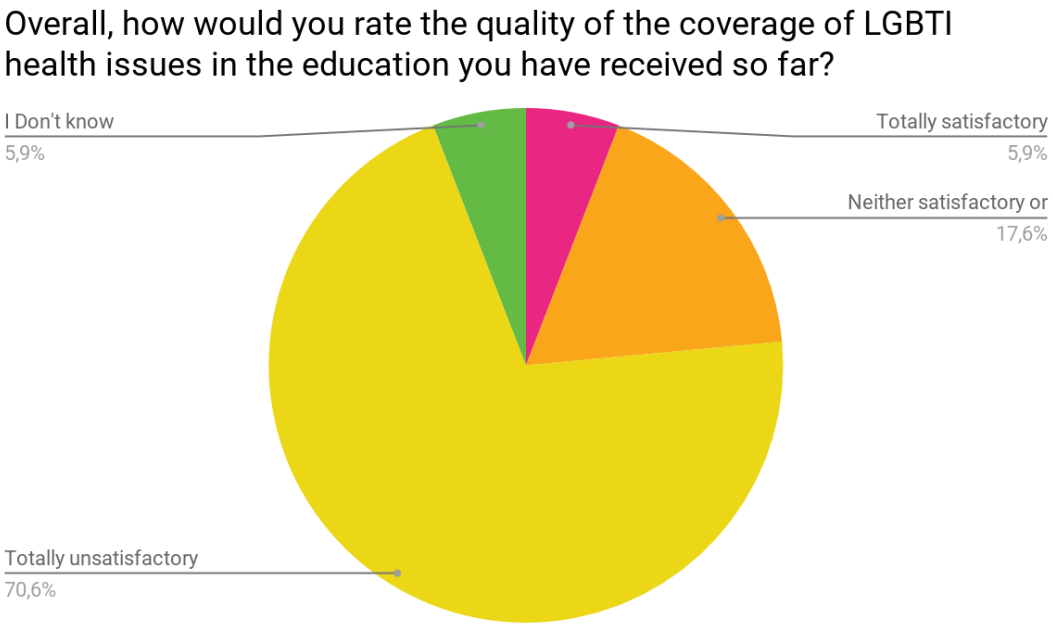
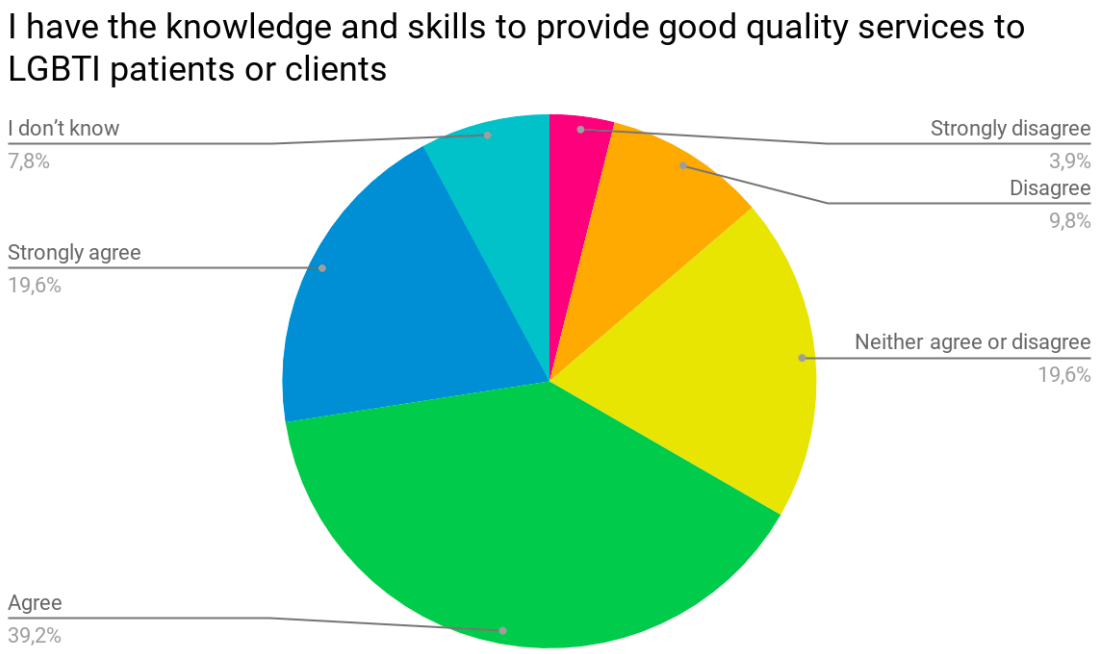


Figure 1

The need for including the LGBTI perspective in the compulsory training of health professionals was recognized by 36 out of 51 respondents. It is on this basis surprising that 30 out of 51 considered that they were sufficiently prepared to provide quality health services to LGBTI patients. This might be either the result of uncritical self-evaluation of their practice, or the result of inquisitiveness that has led many of the respondents to search for information by themselves on LGBTI-related topics. On the basis of the previous answers, which signalled that most respondents would not feel entirely comfortable working with LGBTI, and with trans and intersex people in particular, we can conclude that it is rather the first than the second. The majority of the respondents were not aware of their own limitations in practice when dealing with LGBTI patients. (See Fig.2 below)

Figure 2



Training Needs

When the specific topics that need to be included in health professionals' in-service training were questioned, the majority of the respondents indicated interest in all the topics suggested by the survey. Forty three out of 51 believed that such training should cover the differences of sex development (intersex), 39 - gender affirmation treatment, 41 - guidelines and protocols on LGBTI health, 38 - legislation on same-sex partnerships, 31 - legislation on legal gender recogntion, and 37

- LGBTI organizations and their services. The majority of the respondents (29) indicated that they would participate in training or courses dedicated to the above topics.

Some of the most important topics to be included in future study on LGBTI issues in healthcare according to the survey participants were terminology, social prejudices, obstacles and barriers in the access to adequate health care, mental health, psychiatry's position on LGBTI people, sexually transmitted infections, LGBTI organizations and services. One participant in the survey suggested another topic, namely family dynamics in same-sex partnerships or a dynamics in a family with LGBTI children, and partnerships with trans or intersex people. Twenty two people shared that it is of great importance for such training to be conducted online and live. Most of the respondents believed that one of the main training methods should be discussion of cases (38 people), followed by discussion of debated issues (36 people), and presenting of results from research (33 people).

The results from the interviews and the desk research verify the main findindings from the online survey. There are no official policies which require health professionals to familiarize themselves with the specific needs of LGBTI patients. There are some topics in the sexology program of medicine students that relate to sexual orientation but nothing is studied about gender identity, or intersex as a spectrum of conditions, rather than a disorder of sex development. Health professionals who are interested in these topics need to find out by themselves training programs and trainers who can equip them with the necessary knowledge. Most health professionals which are familiar with the needs of trans and intersex patients in particular have had some experience in Western Europe or other countries, in which there are current health practices related to gender affirmation procedures (including psychological consulting, HRT, and gender affirmation surgery).

Medical training does not cover the LGBTI identities

Half of the interviewees shared the common opinion that the medical specialists in Bulgaria do not have the capacity and the necessary knowledge to consult, treat and provide adequate health care for their LGBTI patients. Of course, there are those who, as mentioned above, search and find information on their own when and if they feel the need to do so.

Many medical professionals in Bulgaria, despite their frequent and direct experience with LGBTI people, do not feel the need to learn more about the specifics of working with them simply because they do not believe that such patients have different needs. Most of the healthcare staff in Bulgaria are still from the older generations who have graduated before 1990. In general, these are people

who are less open minded and have studied from extremely outdated textbooks in which homosexuality was either not mentioned or referred to as an illness.

Unfortunately, medical students still study from textbooks which reinforce prejudice against LGBTI instead of addressing and deconstructing it. As one of the interviewed medical students mentioned *(Medical university, Sofia, 24, male)*, "Very often homosexuality is used as a synonym for promiscuity and a risky lifestyle." Another interviewee *(Doctor of infectious diseases, Losenets Hospital, Sofia and Military Medical Academy, Sofia, 33, female)* told us the following: "In Psychiatry textbooks that have been published a long time ago homosexuality is presented as a disease. Gender change topics are not discussed there, and gender self-identification that differs from the biological sex is categorized as a mental illness." The same was confirmed by yet another interviewee *(Student at Medical University, Sofia, 24, male)*: "In the forensic medicine textbook published 15 years ago, homosexuality has been used as a synonym for pederasty".

Most interviewees recognized that medical training does not help build an LGBTI-inclusive healthcare environment; it relies on outdated paradigms, and reinforces stereotypes. Textbooks are outdated and include statements about homosexual and transgender people which have been abandoned by the World Health Organization a long time ago, or more recently. The newer textbooks do not touch upon LGBTI topics at all. The need for post-graduate and in-service training was strongly felt. As one respondent underlined *(Microbiologist, National Center of Infectious and Parasitic Diseases, Sofia, 34, female)*: "I graduated about 10 years ago in Sofia, but I do not remember discussing such a topic in any of the subjects; so the students of medicine are left to believe whatever they decide. Moreover, there should be postgraduate training because things are changing. Specialists need to receive up-to-date information and have access to up-to-date research in Bulgarian language." The same opinion was shared by another respondent *(Doctor of infectious diseases, Losenets Hospital, Sofia and Military Medical Academy, Sofia, 33, female)*, who believed that training is the only way to deal with beliefs and attitudes that discriminate against some groups of patients. Nine out of the 10 interview respondents thought that topics such as LGBTI and sexual education should be introduced at school and should be studied more thoroughly in another context. Two of the interviewees said that parents should also be involved in such training.

The relevance of training on LGBTI issues to early-years medical students was strongly underlined by one of the respondents, while another one emphasized that the absence of such training creates a serious gap between education and real-life practice for health workers. "It has to be at school, at

university and after that. It is not necessary to devote a whole class at school only to LGBTI topics, but to be part of the curriculum, to discuss what these people are, what problems they face and how to get involved in addressing them, what new science says about it. It's not normal now for 25-26 year olds who are graduating medicine to have no idea what a trans person or intersex person is." (*Medical consultant and doctor intern in the Urology department, Multiprofile hospital for active treatment, Dobrich, 26, female).*

Only one from the 10 interviewed health workers said that he didn't think it would make sense to study LGBTI topics at school and university *(Medical consultant, Center for Emergency Medical Care, Sofia and CheckPoint Sofia, 26, male)*: "No, it makes absolutely no sense, because anyway, universities are studying all diseases and their main prevention, moreover and the cases in which they are transmitted. Medical textbooks and universities have a very literal, theoretical and practical emphasis on this, and there is no need for additional training for medical students."

How should a training on LGBTI issues for health professionals look like

As to how a training on LGBTI issues for health professionals should look like, whether it should be compulsory or voluntary, whether it should be live or online, there were different opinions. Some of the interview respondents believed that such training should be an integral part of the core medical curriculum, while others thought that such training should be in the form of an elective subject, or in-service training, freely chosen by those healthcare specialists who need it. The latter did not believe that making a training on LGBTI issues compulsory would increase its effect. The common opinion was that such training should be accessible for all health professionals. Most of the interviewees agreed that the absence of training on LGBTI needs leads to the common-sense conclusion that these people do not have any specific health needs, and when health professionals meet such patients in their practice, they are not able to respond adequately.

Here is what one of the interviewees said (*Medical consultant and doctor intern in the Urology department, Multiprofile hospital for active treatment, Dobrich, 26, female)*: "Training on LGBTI issues should be delivered in the same fashion in which training about the body, about sexual intercourse and about sexuality in general is delivered". The same interviewee critically reflected on her experience: "I have the feeling that the word "pedophilia" is more commonly mentioned, which has nothing to do with LGBTI topics, compared to LGBTI topics and questions".

According to some of the interviewees, such training should start with inclusive language, and build an incremental understanding of the diversity included in the LGBTI acronym. It was suggested that

LGBTI people be also made aware of the fact that most health professionals (who are not LGBTI) are struggling to find the right approach in working with such patients. "Things should be done step by step. Just as the LGBTI community must be accepted and people should treat it with understanding and tolerance, so should the LGBTI people have the understanding and tolerance that hetero people do not have this intense experience like them and it takes time, reflection and maybe a few generations until an inclusive language is established. I think every medical specialist should speak as neutral as possible, but speak in a friendly tone and with openness." - *Medical consultant and doctor intern in the Urology department, Multiprofile hospital for active treatment, Dobrich, 26, female*

Another interviewee shared *(Medical student, Medical university, Sofia, 24, male):* "In my opinion, a compulsory form of training in these matters would rather have the opposite effect. If it is voluntary, it would be helpful, even though we have a more critical selection of information. The mere organization of such training would raise awareness and would be a step in the right direction." Two more interviewees *(Medical students, 24, male and 25, female)* shared that a voluntary form is more appropriate because it gives the right to choose, and will have a more profound effect on those who chose to attend it.

Nine out of 10 interview respondents stressed the importance of making the training interactive and engaging for participants: "The most important thing for me is that the training is interactive, because there are some cases in which the participants are just passive listeners, and after some time they start thinking of other things. It just has to be involving one way or another - to have a practical focus, some tasks." - *Microbiologist, National Center of Infectious and Parasitic Diseases, Sofia, 34, female*

One interviewee recommended modular training, combining lectures with live practice. The latter was considered appropriate mostly for university-level students. As for who should participate in such training, 3 out of 10 people said that all people in general should be well aware of these topics at a basic level. Following up on this they suggested that basic training on LGBTI issues should be delivered to all medical students, as it is generally believed that it would be difficult to change the attitude and perspective of an older doctor who already has a work method in place.

In terms of topics, the topic of inclusive language and terminology was considered of primary importance by all interviewed healthcare professionals, as they reported to have encountered an

initial barrier there. Other topics such as LGBTI rights, biology (body diversity of the intersex people in particular), health specifics and needs, social medicine and laws were also listed.

LGBTI organizations do not currently provide training to health professionals on a regular basis. A pilot training based on the methodology developed by the Health4LGBTI project was conducted by Bilitis in 2017 to a small group of health workers in Sofia. The feedback from the training was used for refining the training methodology. Bilitis has also delivered lectures on intersex issues to the Association of Medical Students, and to different courses of medical students at the Medical Universities of Sofia and Plovdiv at their request. Such lectures were delivered in the form of guest speakers as part of different training courses. The curriculum for medical training depends on the university providing the training. LGBTI organizations are able to offer extra-curricular courses without licensing. These courses will be considered an awareness raising activity, rather than part of the medical qualification training. Licensing such a course will not be possible unless it is developed and offered by an accredited medical university.

Conclusions and recommendations

Outdated medical studies curriculums and textbooks lead to low awareness of health professionals on the specific needs of LGBTI people as patients and create obstacles to the equal access to healthcare for LGBTI in Bulgaria. Negative stereotypes and prejudice against LGBTI often interfere with professionalism, but the inappropriate behavior remains unsanctioned because of the lack of effective mechanism for protection of patients' rights in general (and of vulnerable groups in particular). Most health professionals are not able to establish a relationship of trust with LGBTI patients because they are not aware of what inclusive language means with regards to LGBTI. On the positive side, health professionals recognize the need to learn more about the needs and specific health risks of LGBTI patients, and are open to informal training that will equip them with the necessary knowledge. The creation of an LGBTI-inclusive healthcare environment in Bulgaria will require legal changes combined with awareness raising for health professionals. The provision of easy-to-access awareness raising courses on LGBTI topics for health workers is a necessary first step in this process.

Recommendations

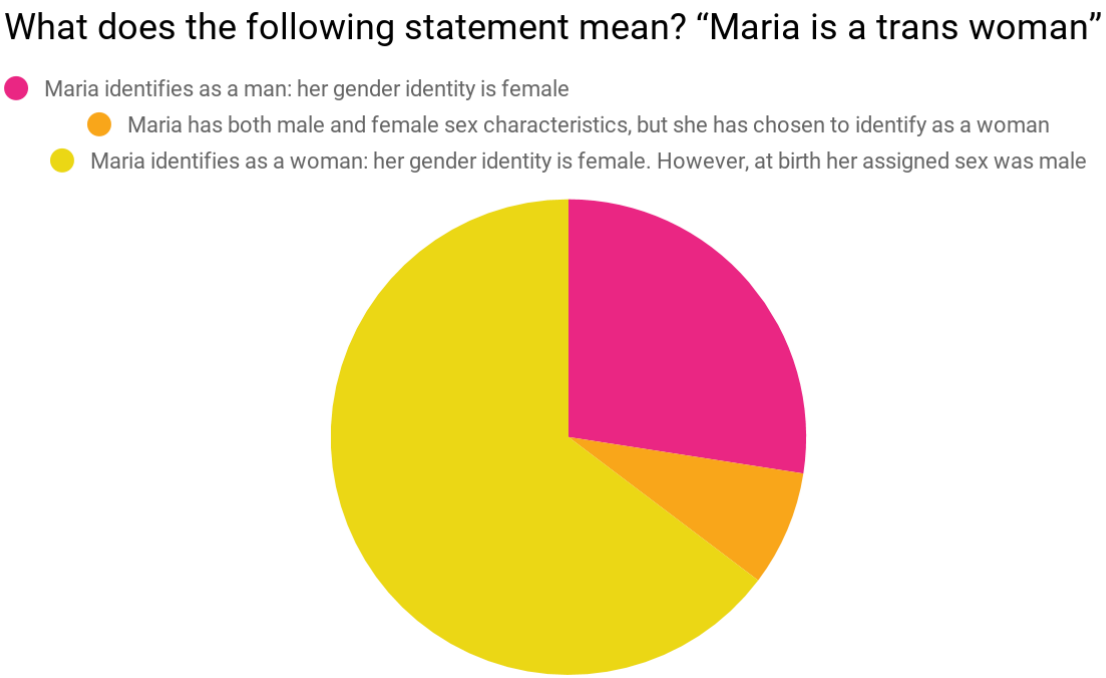
The Bulgarian state should:

1	Introduce comprehensive medical studies curriculum, which among other things provides scientific information to the medical science students of the trans and intersex people and their health needs.
2	Ban unnecessary corrective surgery for gender reassignment on intersex children, which is accomplished without the consent of the intersex individual.
3	Include HRT and other gender-reassignment treatment within the coverage of the National Health Insurance Fund, to meet the needs of trans people, who are applying for legal gender recognition.
4	Raise awareness of General Practitioners (GPs) and health workers in general on the need to use inclusive language which does not reinforce the cis-hetero frames in medical discourse.
5	Raise awareness of GPs and other health workers on the specific health needs of lesbians, gay men, bisexual, trans and intersex patients, related to their lifestyles and the social pressure that they need to overcome, i.e. minority-stress related issues.

Annex 1: Online survey responses

30 people have indicated that they have graduated in the last 5 years. 26 people out of 41 who decided to respond indicated they had more than 3 years of experience in the field in which they are currently working.

In regard to LGBTI specific knowledge 33 out of 51 people understand the difference between sexual orientation, gender identity and gender characteristics and said that they are not necessarily related.

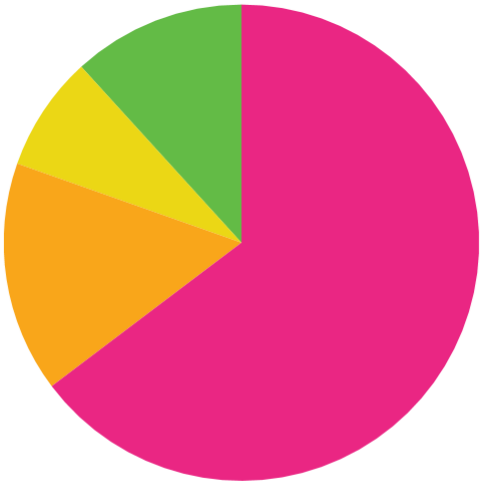


What does the following statement mean? “Peter is bisexual”

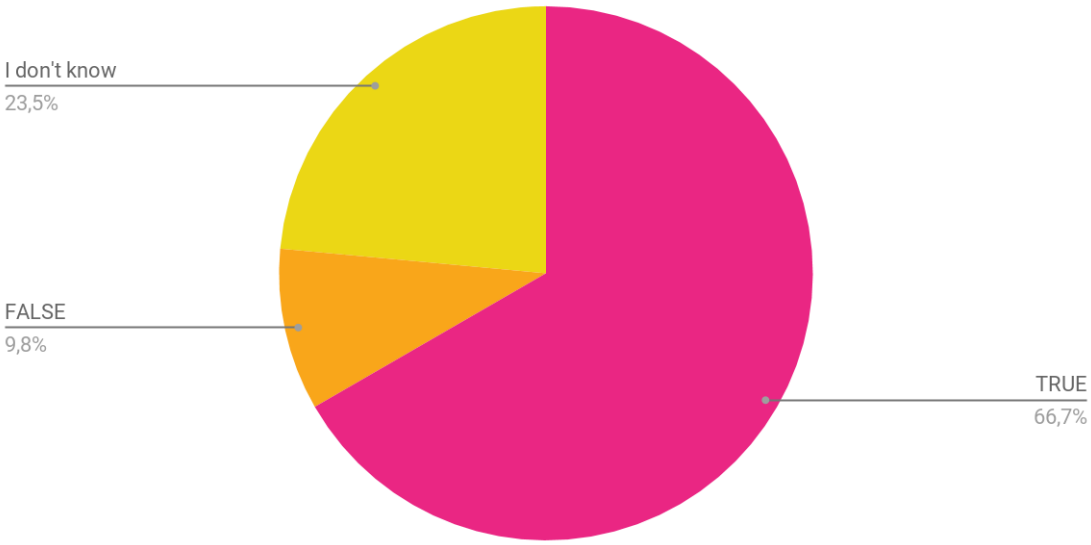
- Peter has sexual relationships with both women and men at the same time
- Peter is sexually attracted to both women and men

What does the following statement mean? “Laura is intersex”

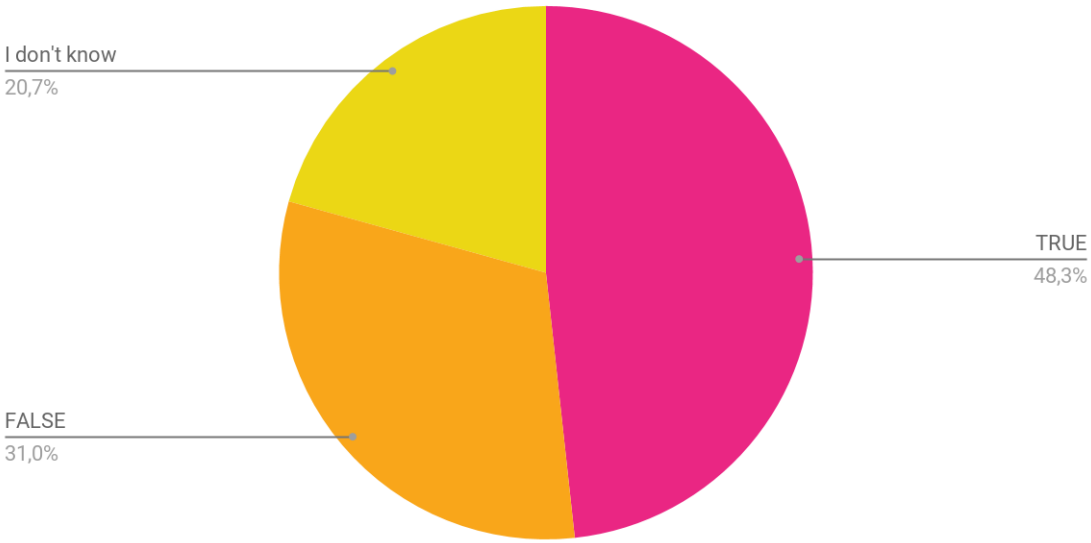
- Laura was born with sex characteristics that do not fit the typical definitions for male or female bodies
- Laura does not identify as either woman or man
- Laura’s assigned sex at birth was male, she has started transitioning to live as a woman, but her transition is not yet complete
- I don’t know



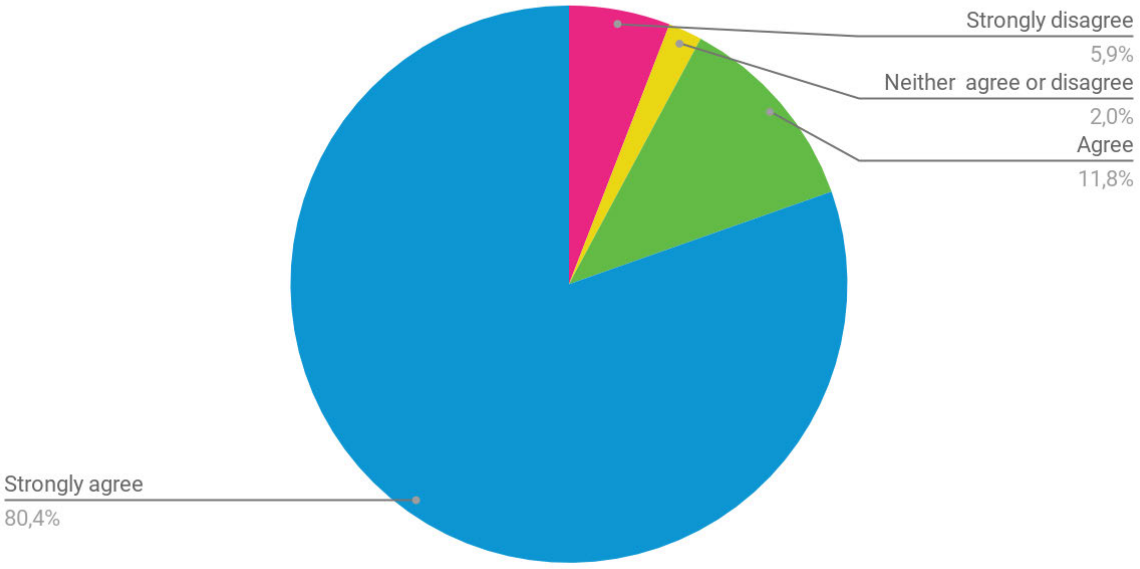
LGBTI youth have higher rates of suicidality than their heterosexual, cisgender youth



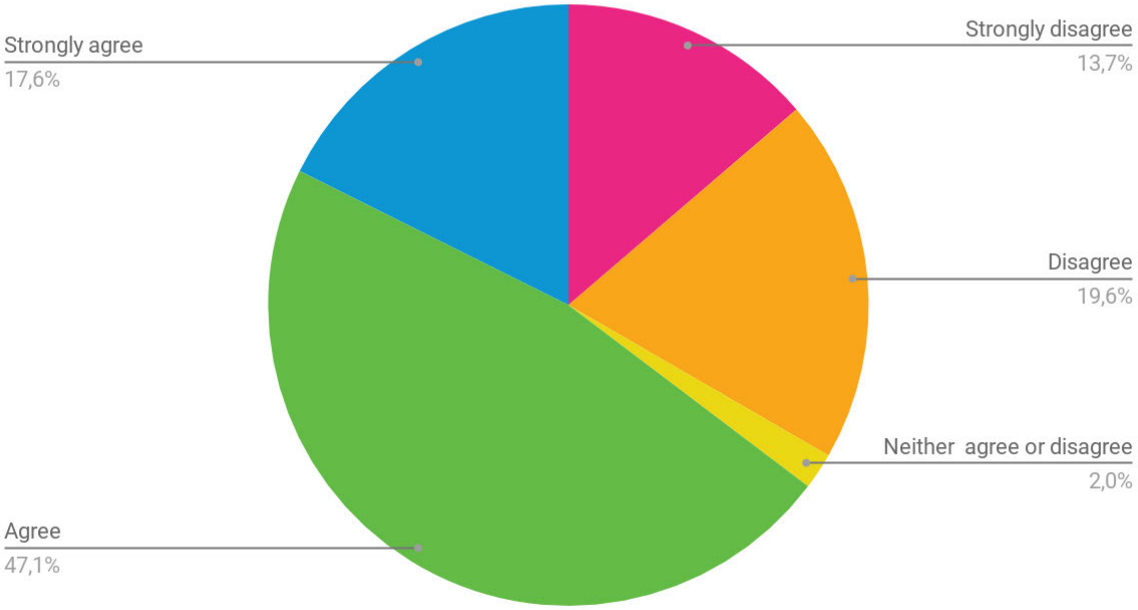
In your country it is possible for a person to legally change their name and gender in their official documents



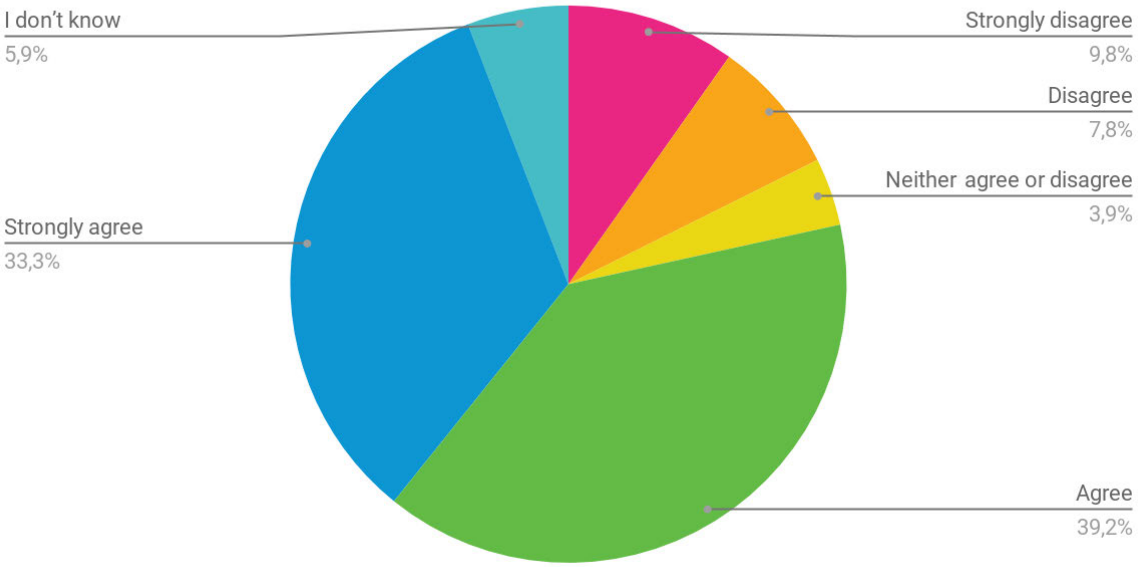
LGBTI people should have the same rights as any other member of society



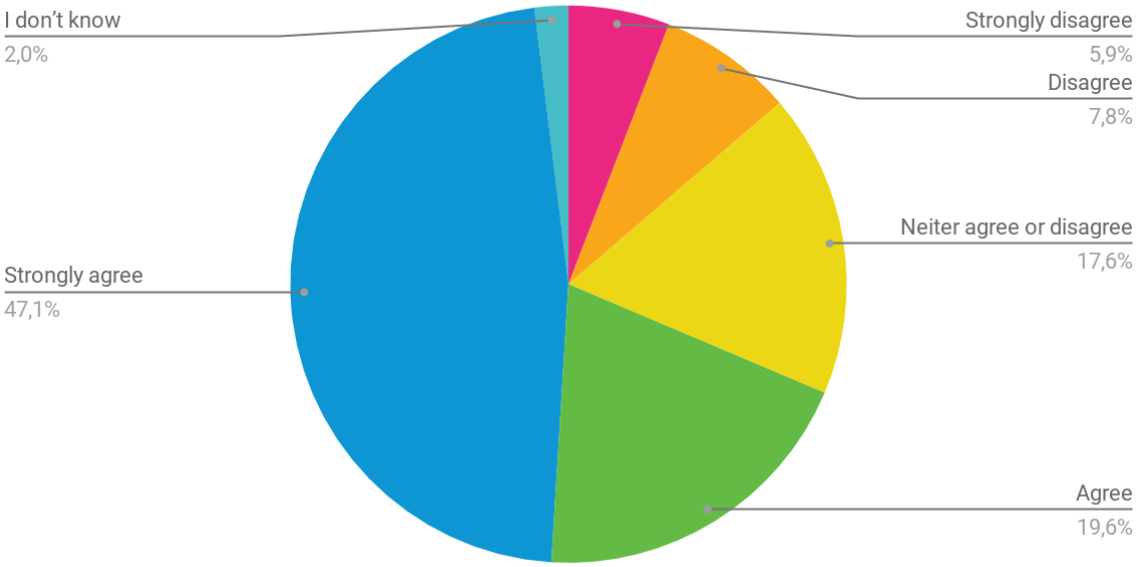
LGBTI people have unique health risks and health needs



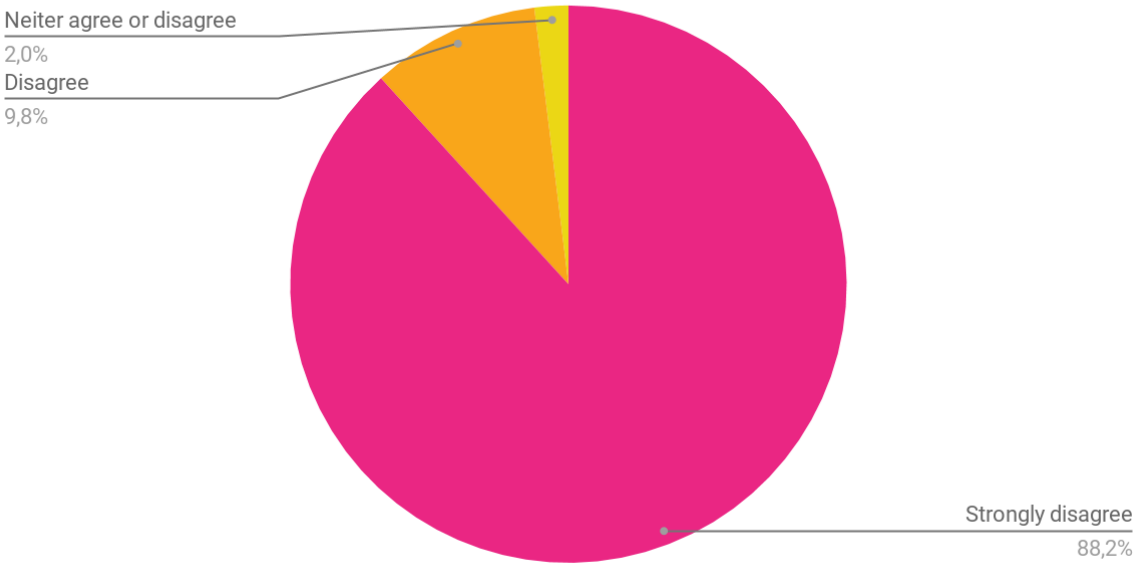
Same sex sexual attraction is a natural expression of sexuality in humans



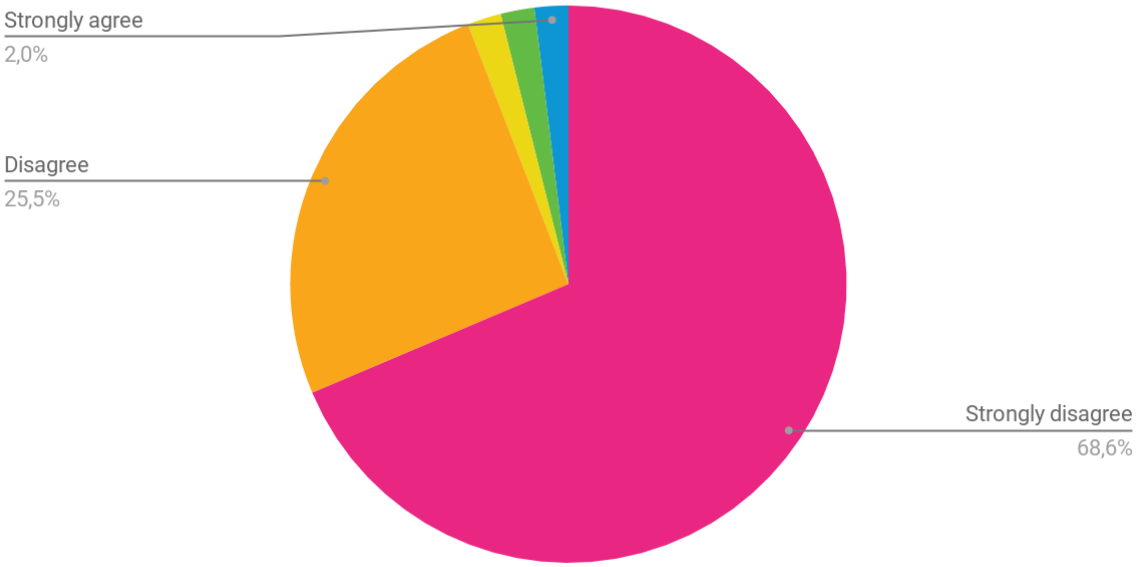
A gender identity different from the sex assigned at birth should not be considered a mental disorder.



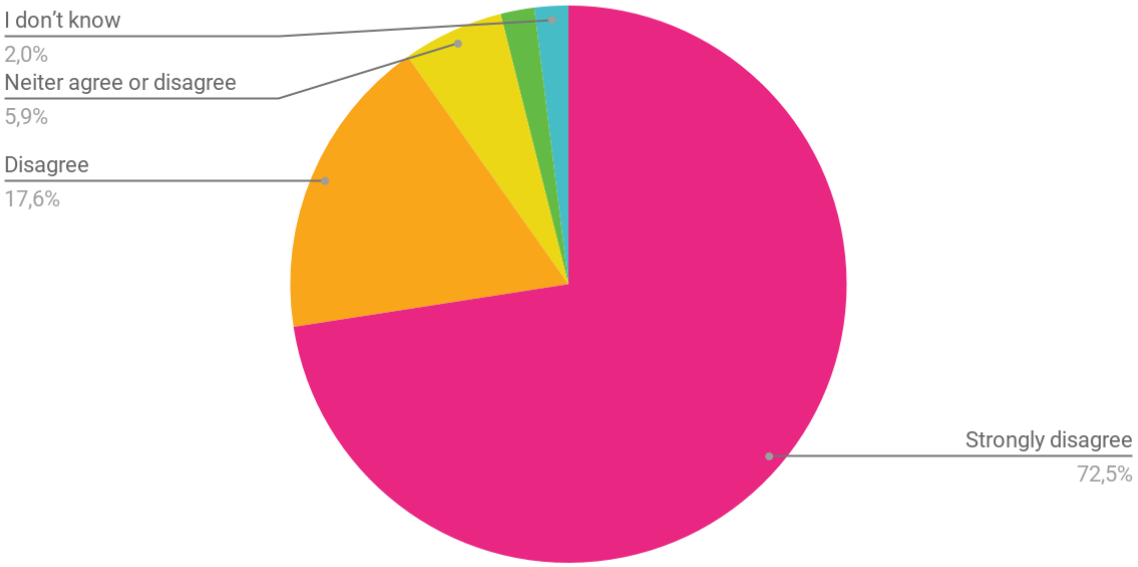
I would NOT feel comfortable dealing with a patient or client who is LGB



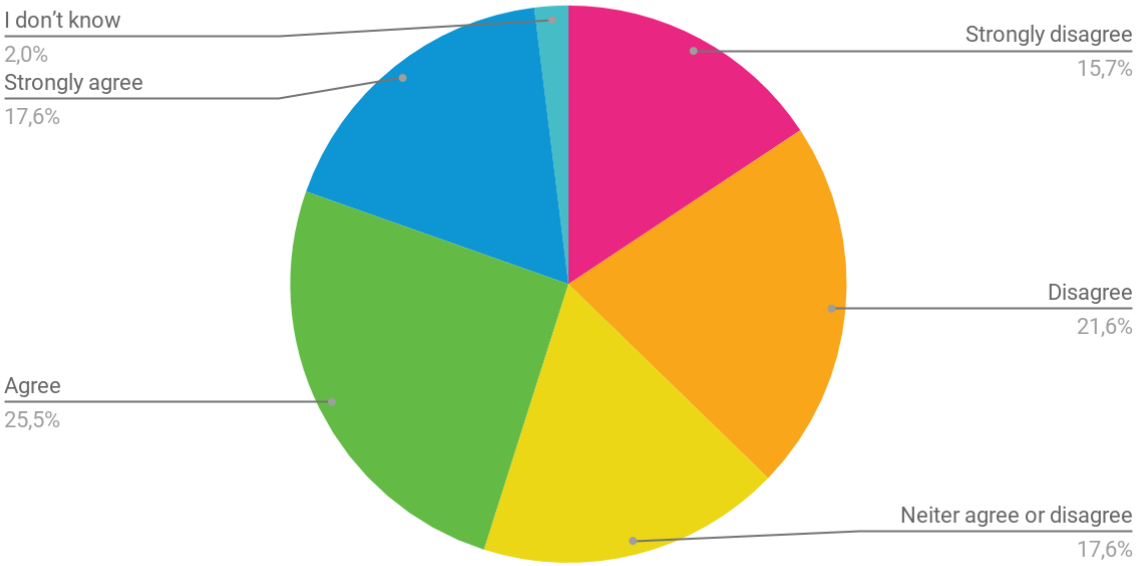
I would NOT feel comfortable dealing with a patient or client who is transgender



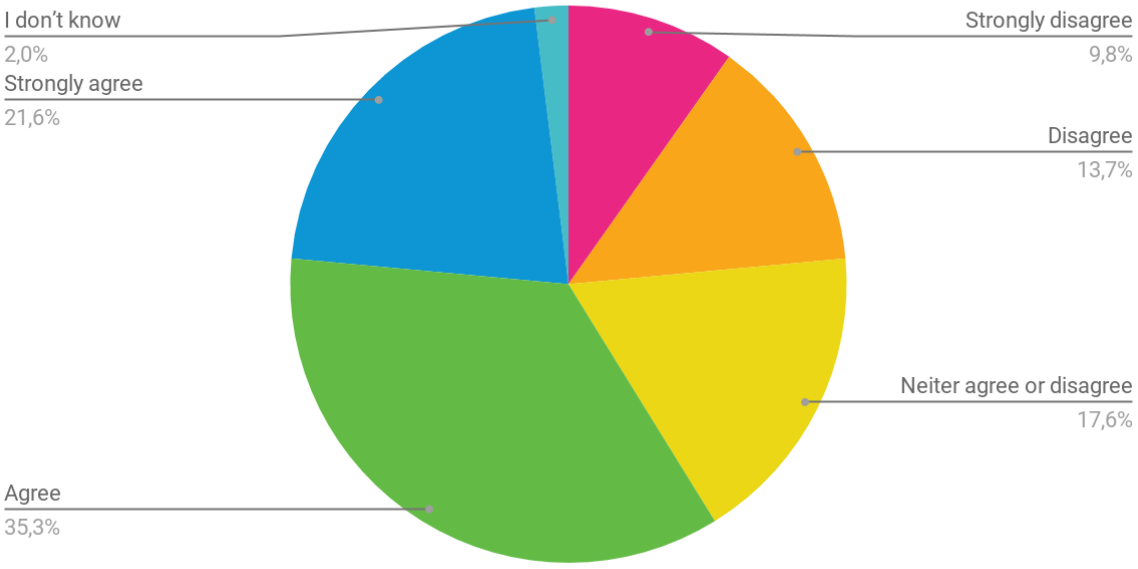
I would NOT feel comfortable dealing with a patient or client who is intersex



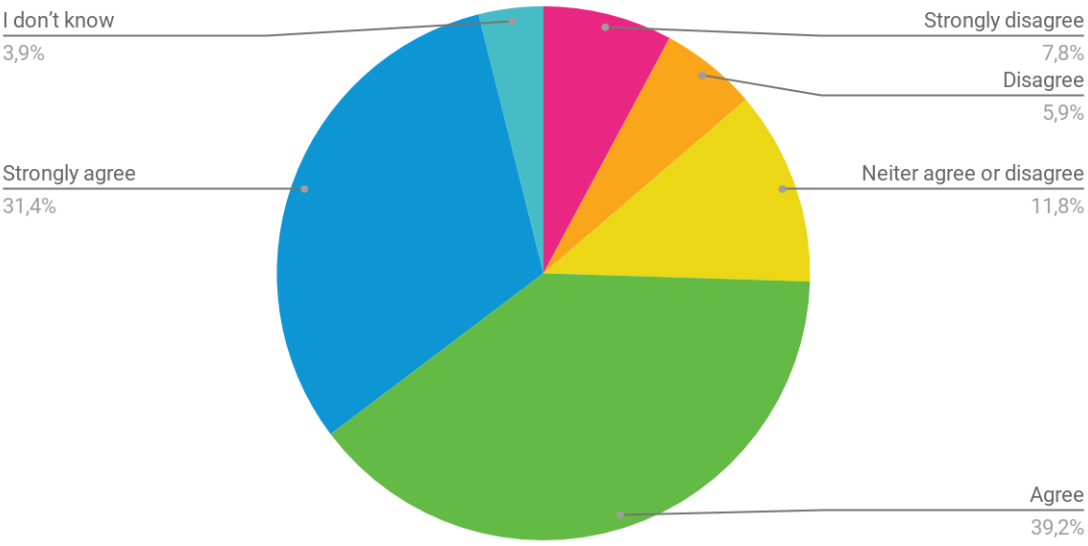
It is important for a health professional to know about a patients' or clients sexual orientation to provide them with appropriate service



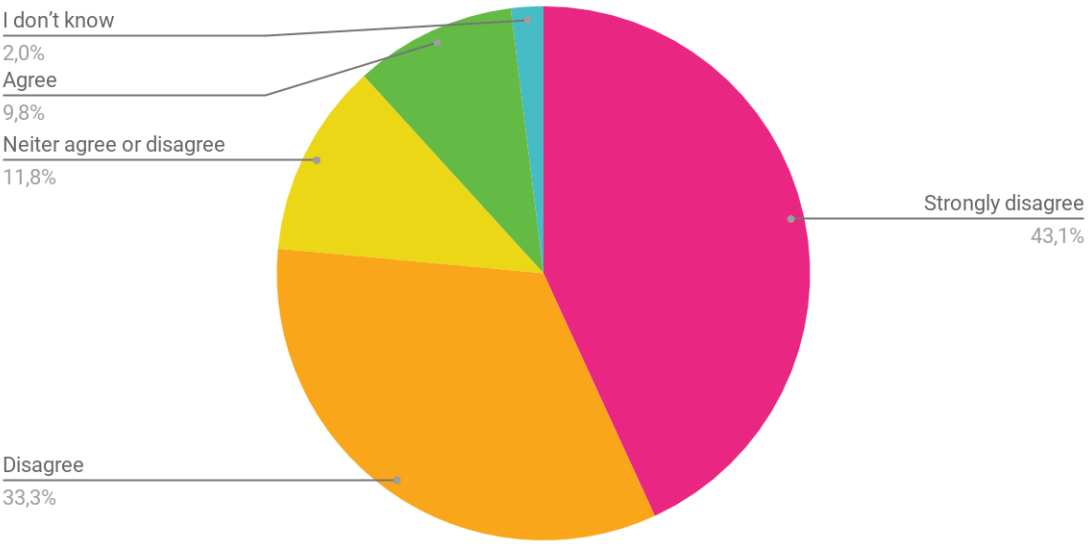
It is important for a health professional to know about a patients' or clients gender identity to provide them with appropriate service



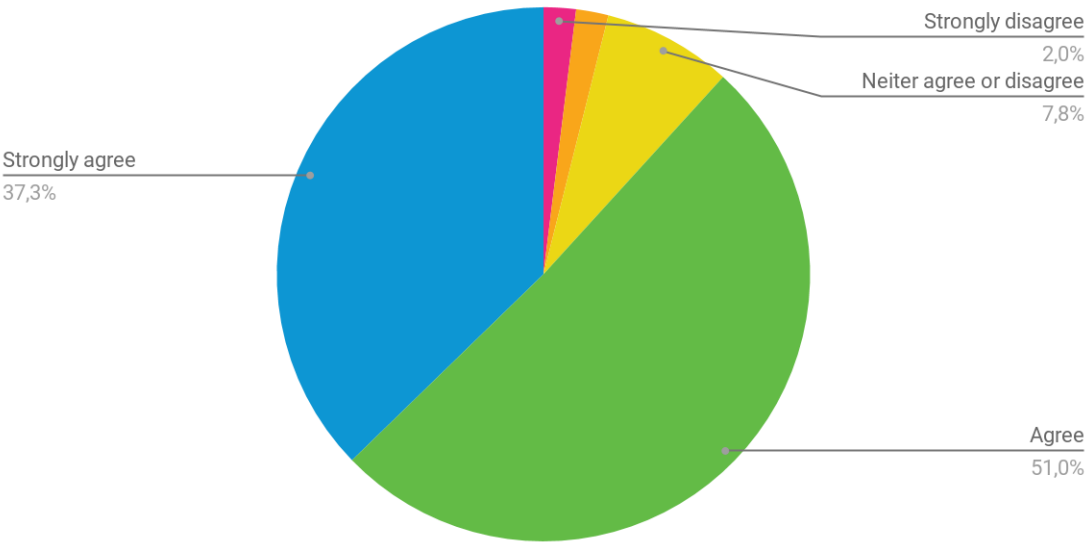
It is important for a health professional to know about a patients' or clients intersex status to provide them with appropriate service



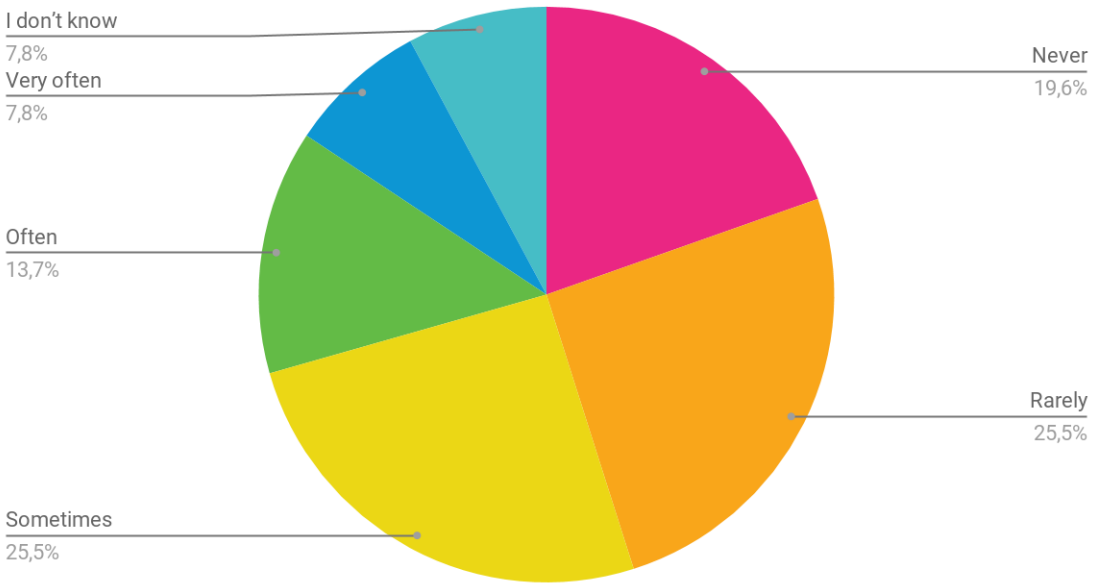
I find it difficult to talk about sexual orientation, gender identity and/or sex characteristics with my patients or clients



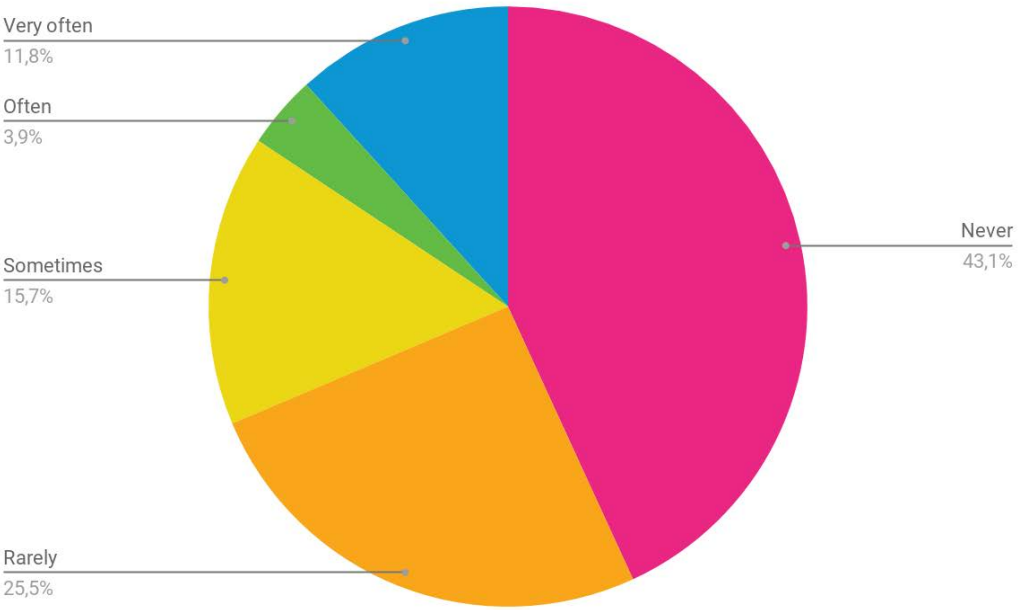
It is important to create an inclusive environment for LGBTI patients or clients



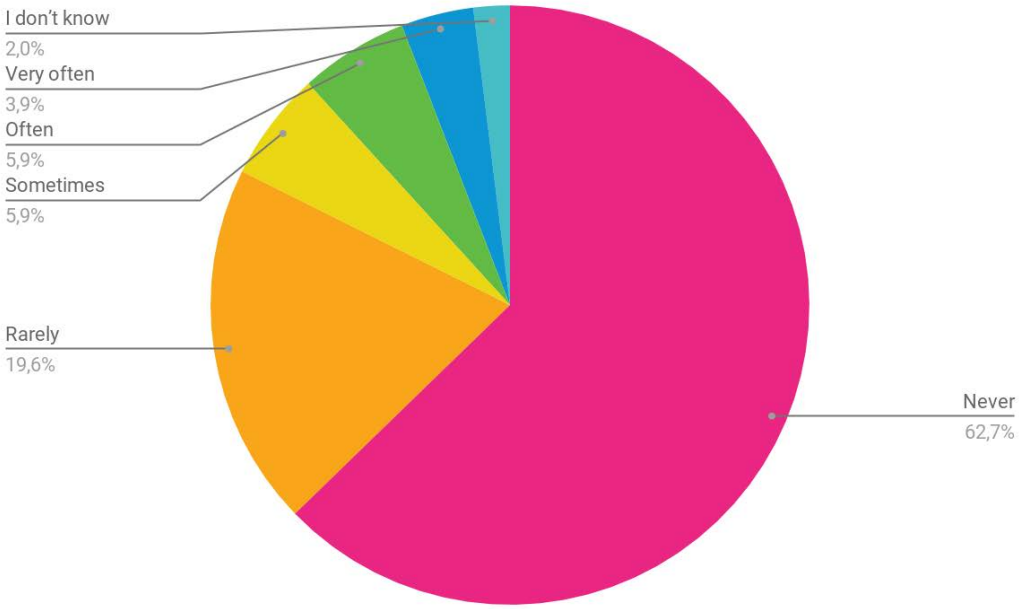
How often have you had patients or clients that were openly LGBTI?



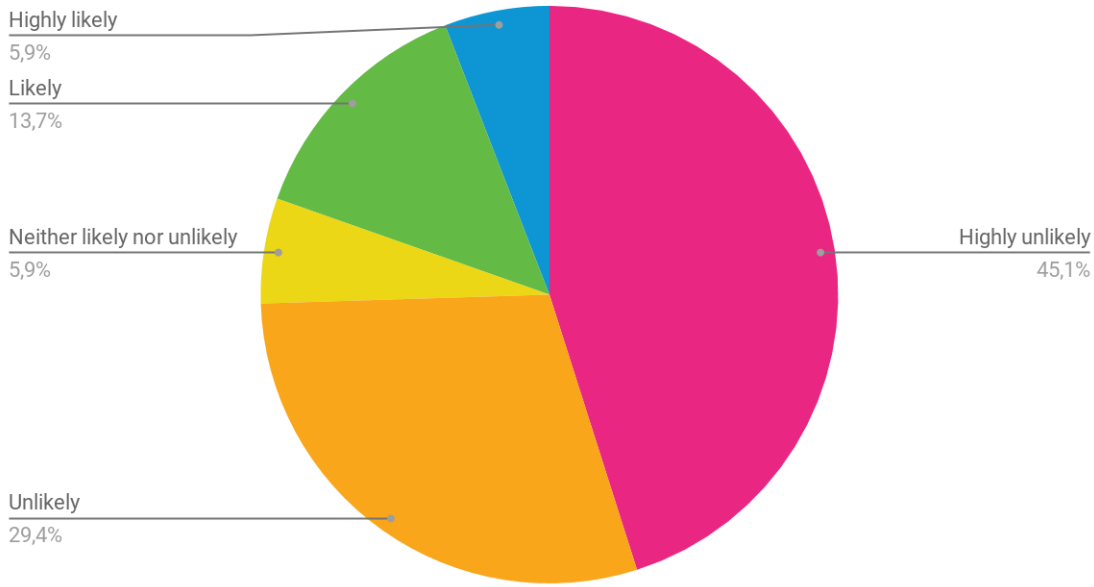
How often have you experienced or overheard humiliation and intimidation based on sexual orientation, gender identity or sex characteristics?



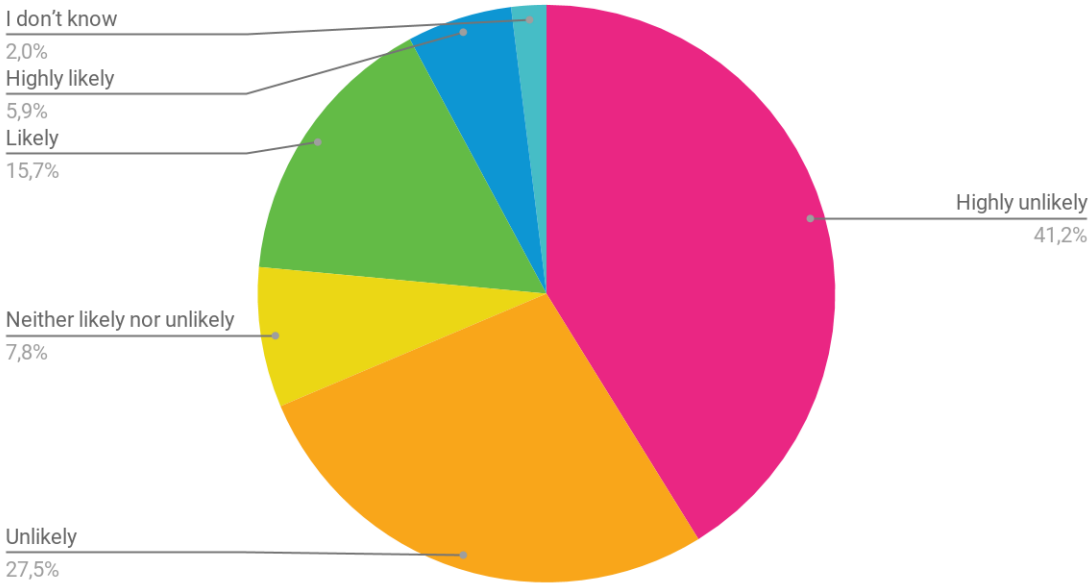
How often have you experienced or overheard rejection of service based on sexual orientation, gender identity or sex characteristics?



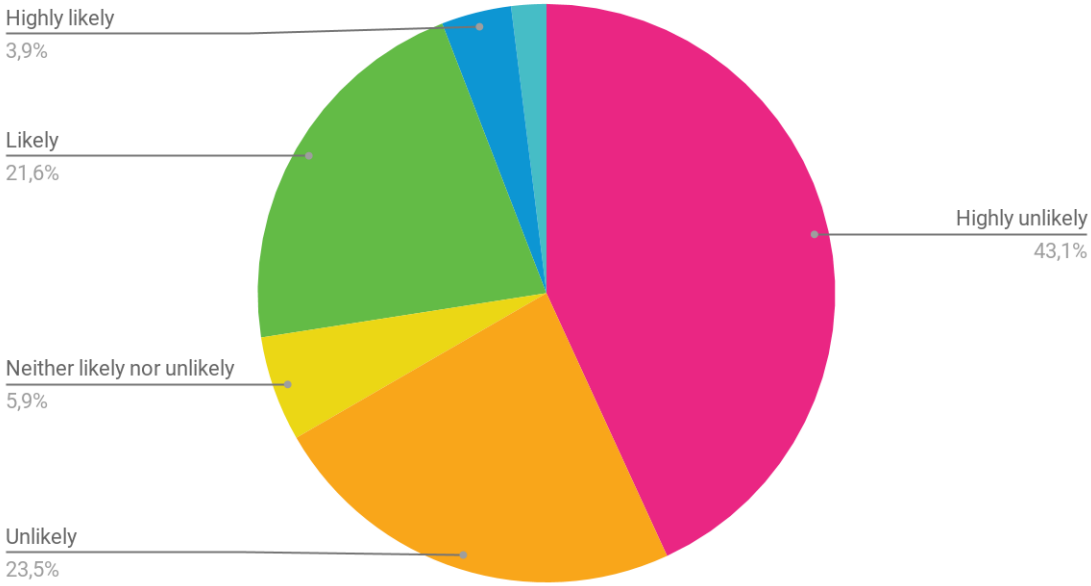
How likely are you to ask about a new patient's sexual orientation?



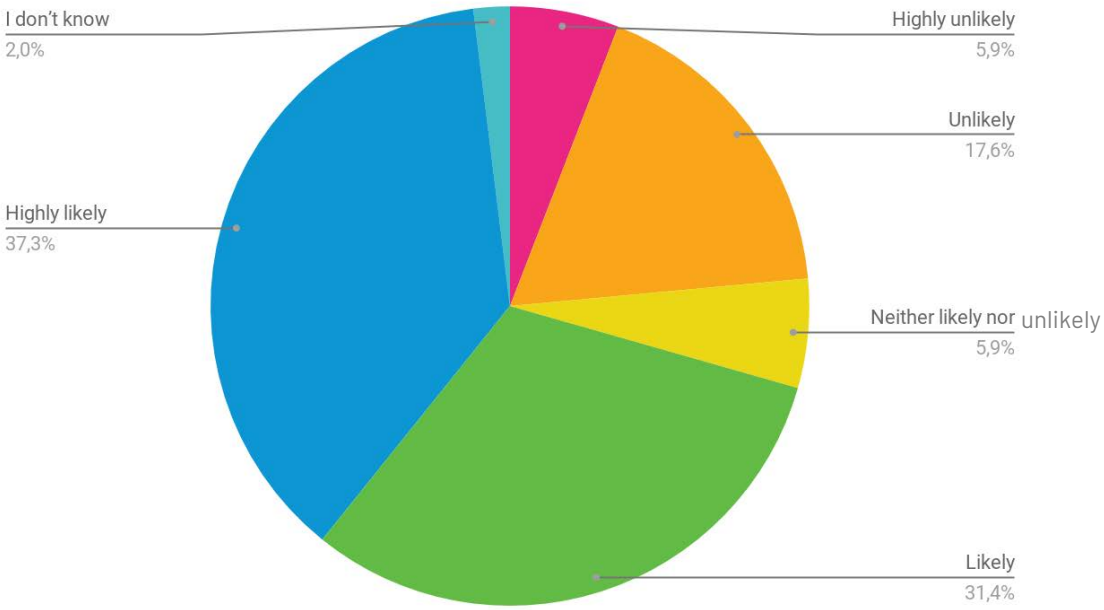
How likely are you to ask about a new patient's gender identity?



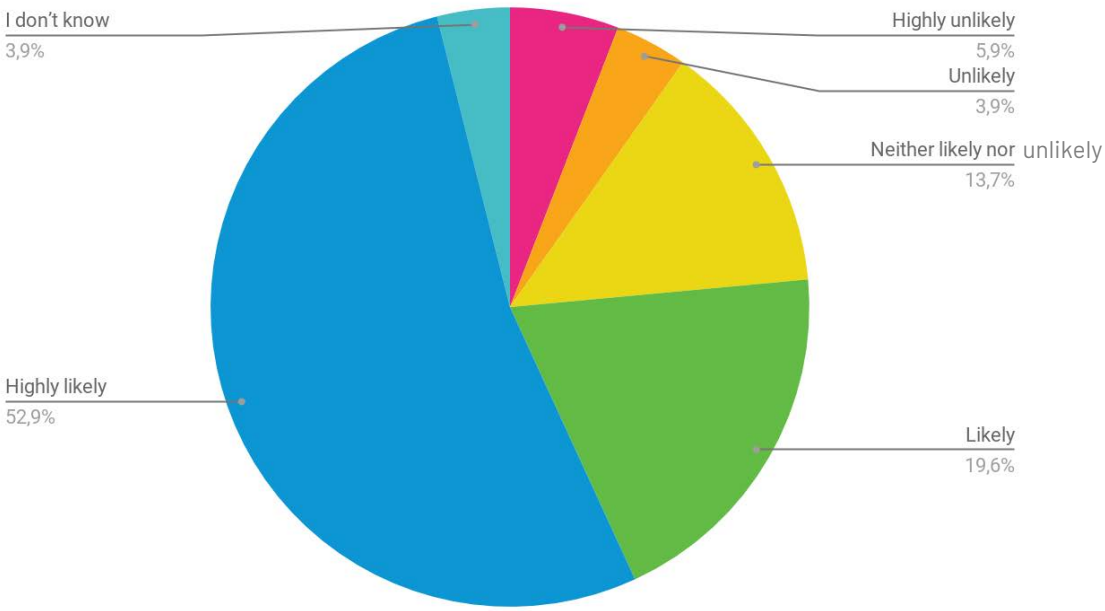
How likely are you to ask about a new patient's sex characteristics?



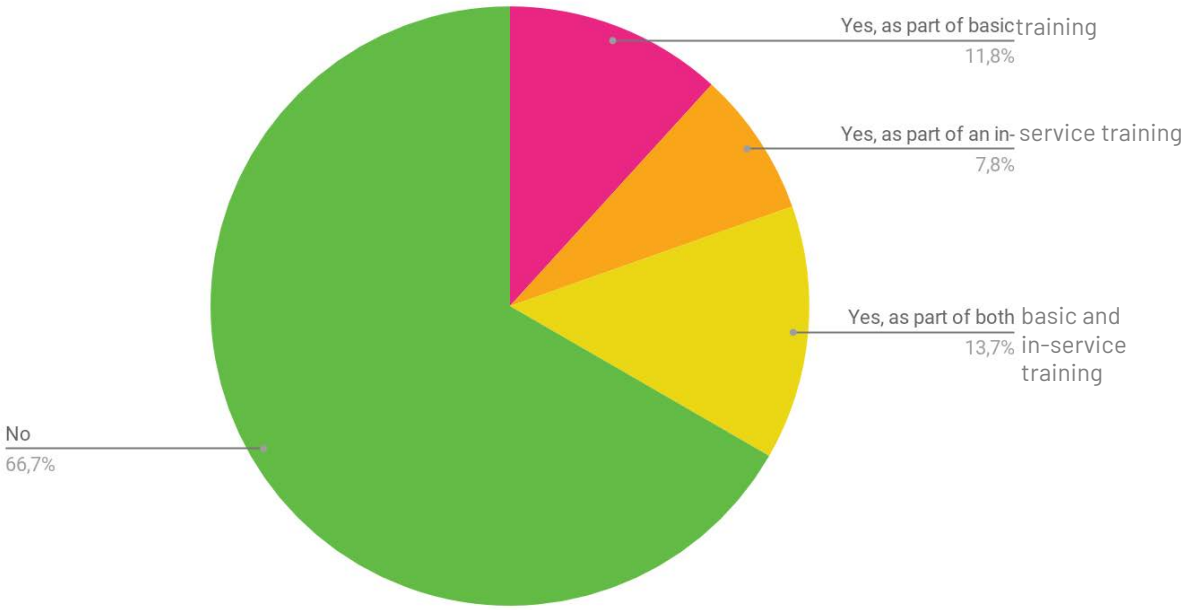
How likely are you to use neutral language when asking about the family relations of patients / clients (e.g. partner instead of husband/wife)?



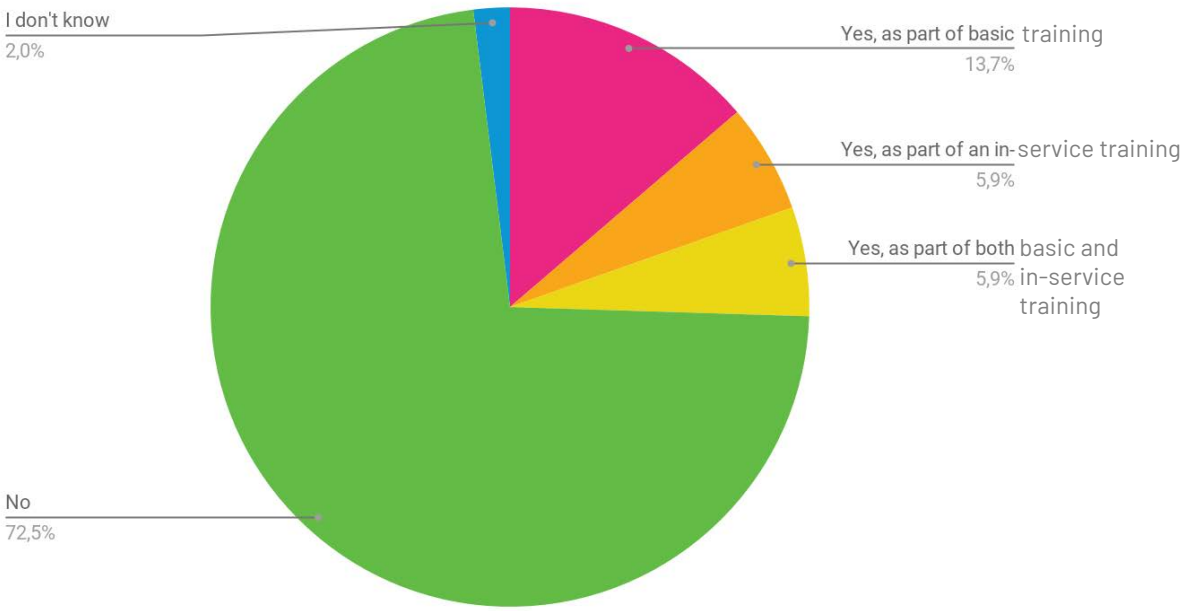
How likely are you to address someone by their preferred name and gender, regardless of what is contained in their documents?



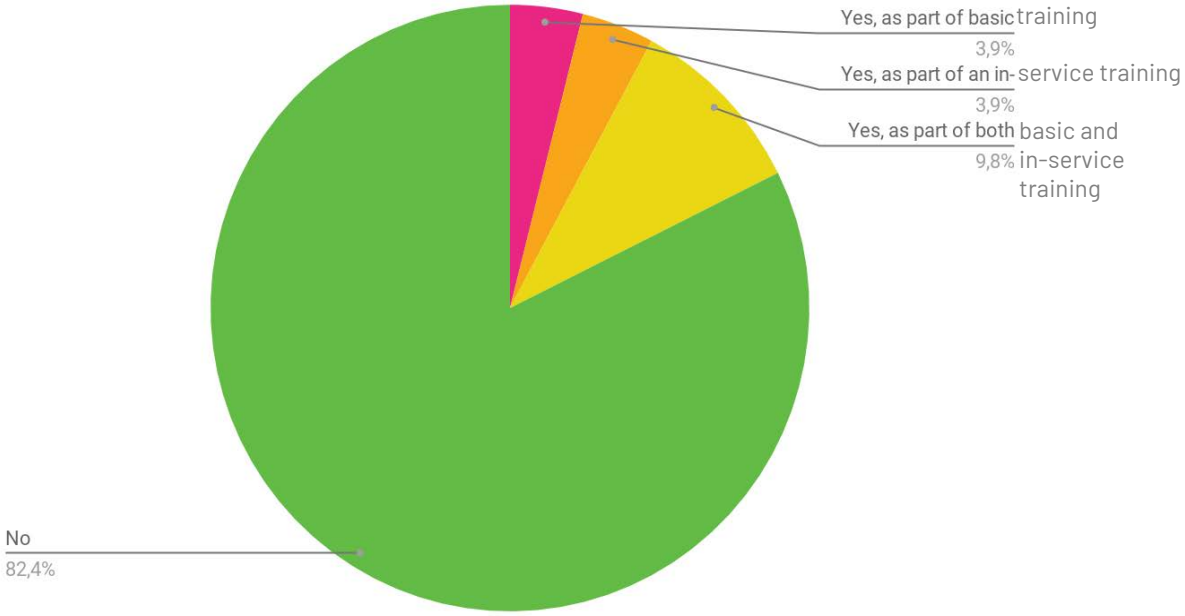
Have LGBTI concepts and terminology and inclusive language been covered as part of your basic training or during a specialized in-service training course?



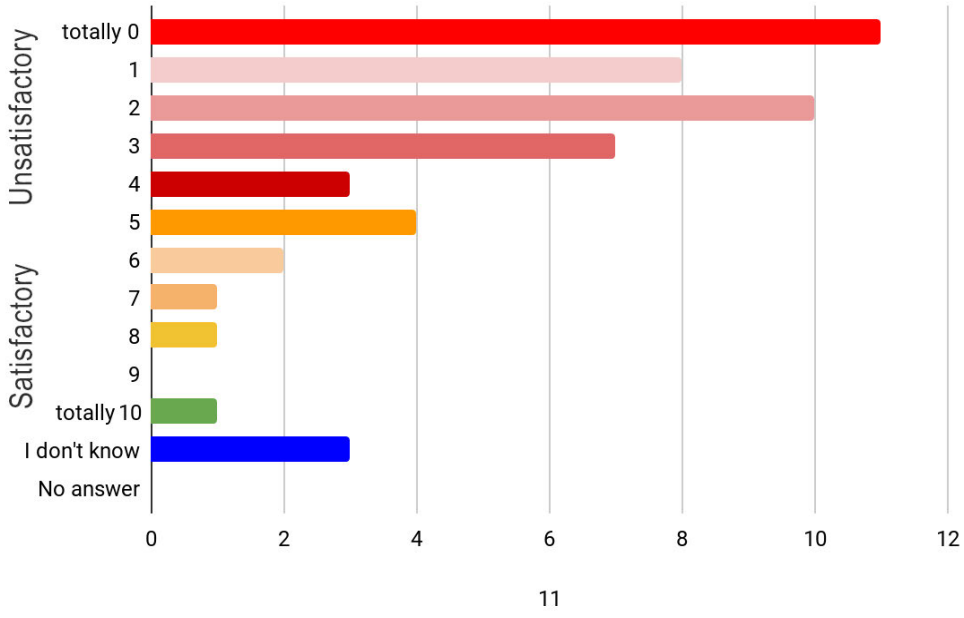
Have social prejudices against LGBTI people been covered as part of your basic training or during a specialized in-service training course?



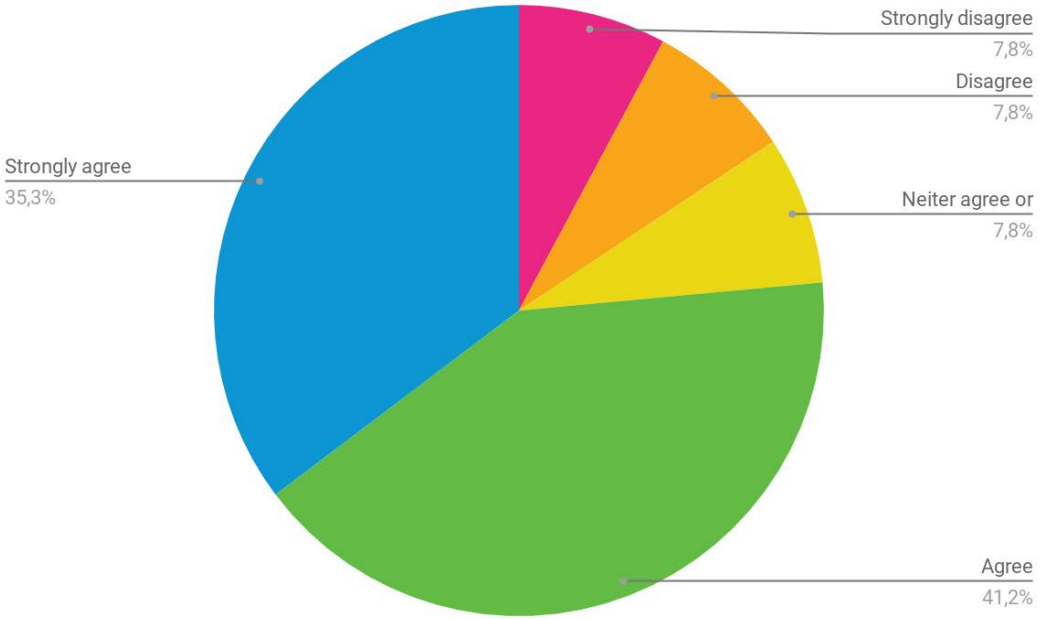
Have barriers to accessing healthcare by LGBTI people been covered as part of your basic training or during a specialized in-service training course?



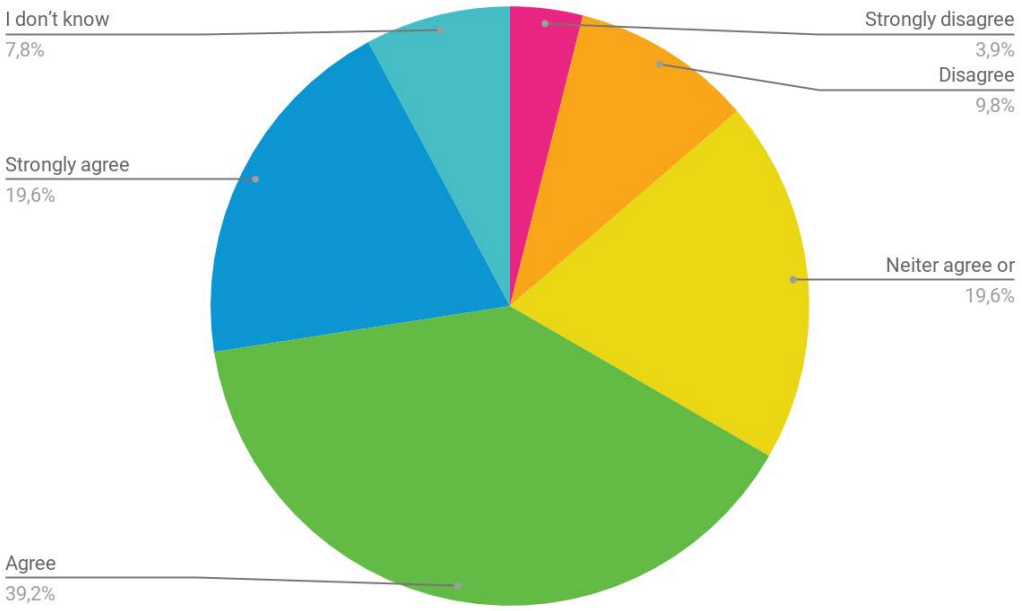
Overall, how would you rate the quality of the coverage of LGBTI health issues in the education you have received so far?



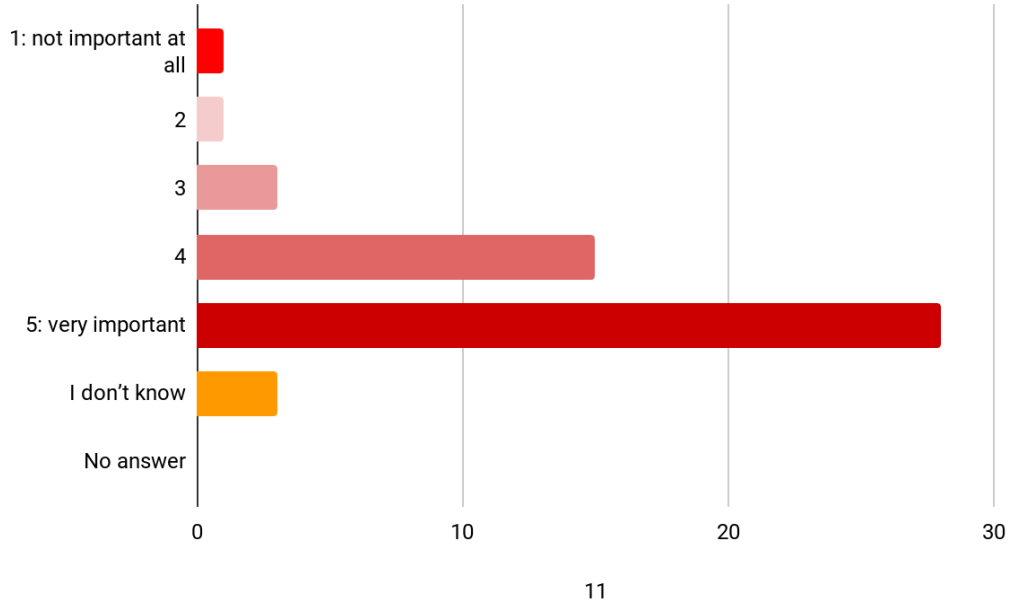
LGBTI perspective should be an integral part of the educational curriculum of all professionals working in the field of healthcare.



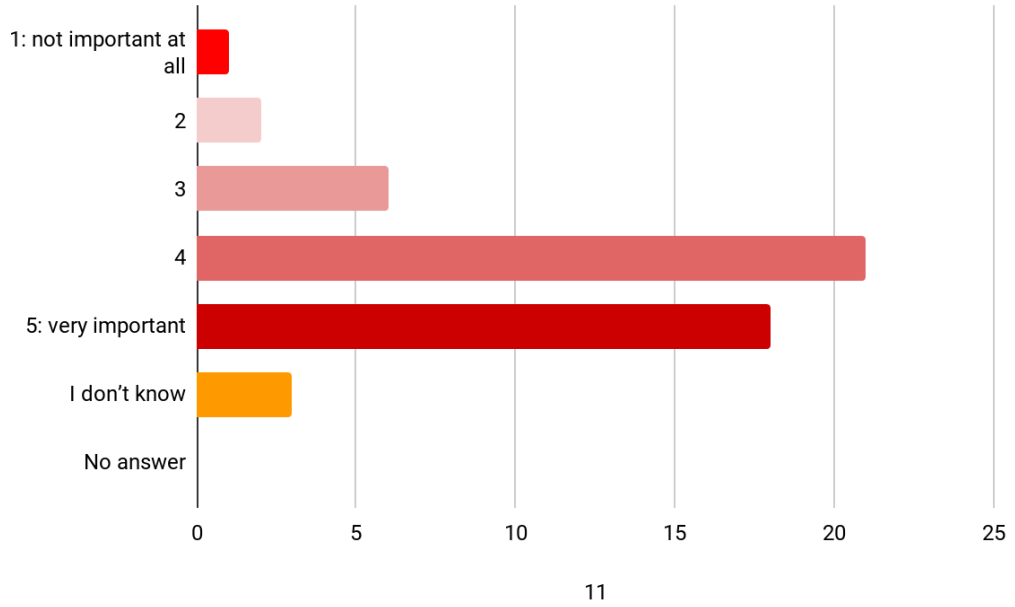
I have the knowledge and skills to provide good quality services to LGBTI patients or clients.



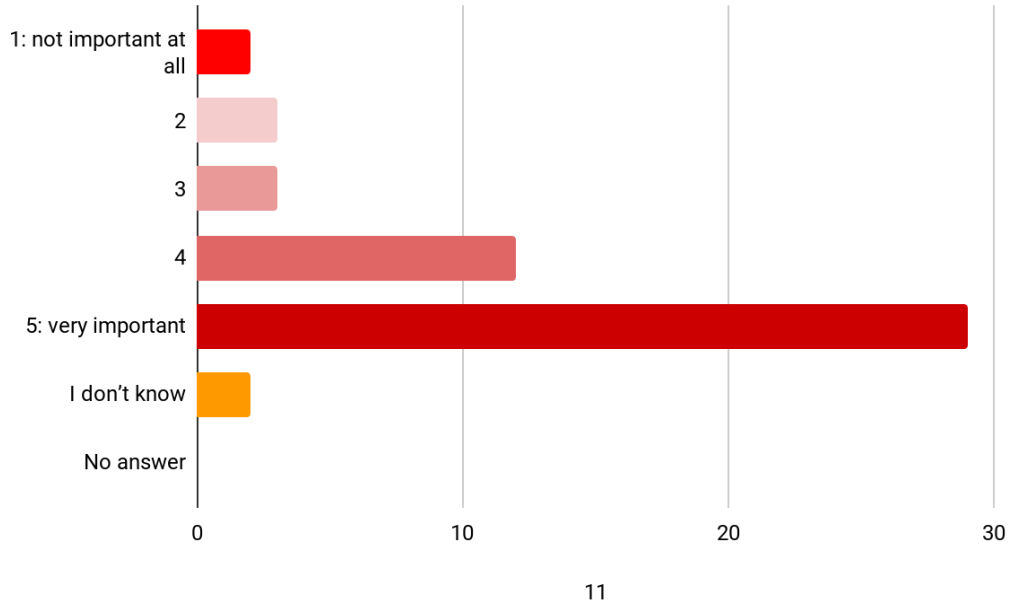
In your opinion, how important it is for the differences of sex development / intersex conditions to be covered in a training on LGBTI issues?



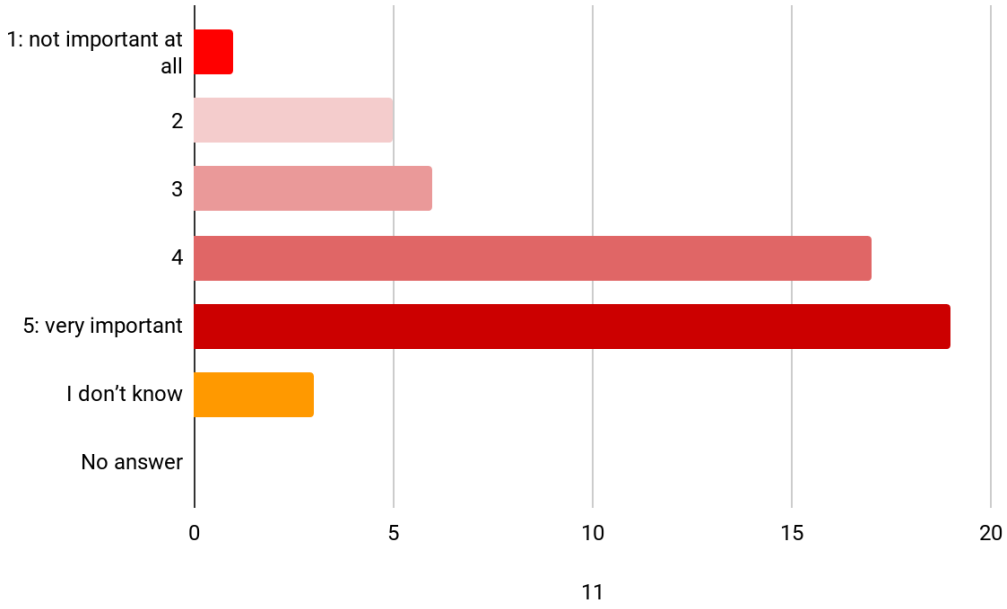
In your opinion, how important it is for the gender affirmation treatments to be covered in a training on LGBTI issues?



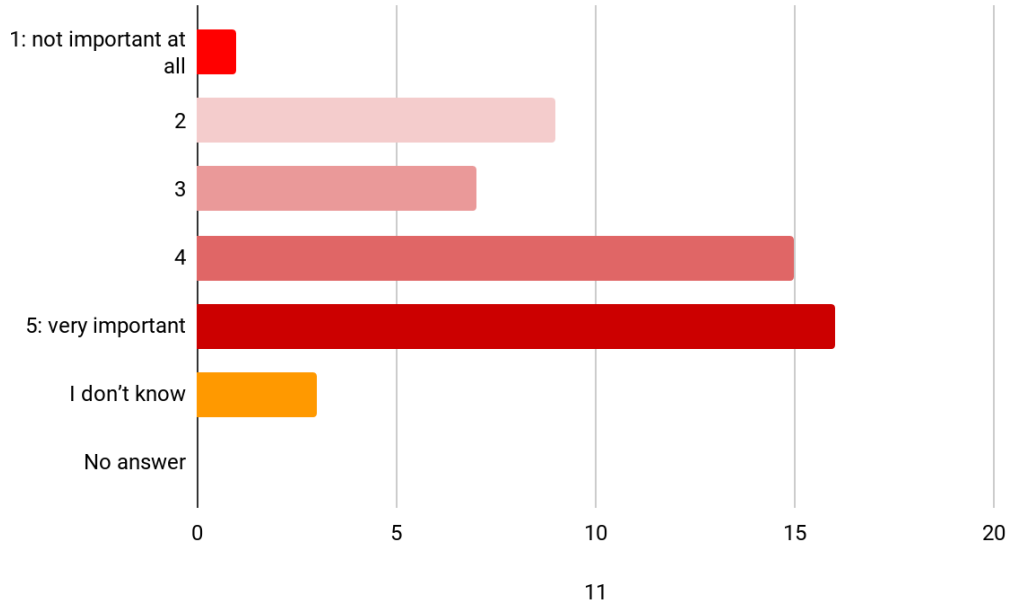
In your opinion, how important it is for the guidelines and protocols on LGBTI health to be covered in a training on LGBTI issues?



In your opinion, how important it is for the legislation on same-sex partnership and parenting to be covered in a training on LGBTI issues?



In your opinion, how important it is for the legislation on legal gender recognition to be covered in a training on LGBTI issues?



In your opinion, how important it is for the LGBTI organizations and their services to be covered in a training on LGBTI
issues?