

# NATIONAL REPORT: SPAIN



**An Approach to Context  
and Realities of LGBTI  
Health in Catalonia**



Promoting Inclusive  
and Competent Health Care  
for LGBTI People



Title: **An approach to context and realities of LGBTI health in Catalonia**

Authors: **Nagore García, Núria Sadurní, Jose Antonio Langarita, and Pilar Albertin**

Graphic design: **Zsolt S. Szabó**

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## 1. Summary of the chapter

This chapter provides an analysis of the case of Catalonia, currently an autonomous community in Spain with its own health system. As part of the Spanish state, in Catalonia discrimination against LGBTI people is forbidden, and gay marriage is legal since 2005. Catalonia also counts with a specific administrative law against LGBTIphobia, which addresses health matters. The public health system has a service for trans\* people, which includes gynecology and psychology specialists. This service addresses trans\* matters from a non-pathologizing point of view and it works closely with trans\* activism. The Open Doors survey results, along with the interviews, show that there is not generalised LGBTIphobia among professionals and prospective professionals, but that they have significant weaknesses in knowledge and patient care in relation to LGBTI matters.

## 2. Overview of the health system

**Catalonia has a mixed healthcare system, a model committed to the use of all existing public or private resources, although the Catalan Health Institute (or ICS) is the largest public health services company managing around 80% of primary attention and many of the large hospitals. Despite the fact that ICS provides universal coverage and a comprehensive attention, some of the problems identified with the system are insufficiency of public resources, mismanagement, lack of transparency, corruption, care overload in primary healthcare and the lack of healthcare continuity.**

Administratively, Spain is divided into 17 autonomous communities and 2 autonomous cities (Ceuta and Melilla). Although the Treasury is centralised throughout the Spanish state, the healthcare system is dependent on each autonomous community competences, therefore, there are many significant differences between the healthcare systems of each autonomous community. All Spanish health systems consist of universal healthcare, but the way each one of them functions still differs in form. Since the two Spanish participant countries in the Open

Doors project are based in the autonomous community of Catalonia, and hence, their expertise is specific to Catalonia's health system, this national chapter is going to focus only on Catalonia.

On the 14th of June 1990, the Parliament of Catalonia approved the Health Care Law of Catalonia (LOSC), as a result of the transfers granted by the Spanish State in health matters. On January the 1st of 1991, the Catalan Health Service (CatSalut) came into operation. CatSalut is a model committed to the use of all existing healthcare resources, whether publicly or privately owned (mixed healthcare system). The Catalan Health Institute (or ICS) is the largest public health services company in Catalonia and provides healthcare to almost six million users throughout the country. It currently manages eight hospitals and 287 primary care teams.

Catalonia has a public health service that provides universal coverage and a comprehensive portfolio of services. All the residents in Catalonia have access to the public healthcare services. However, all undocumented people that for numerous administrative reasons have not been able to register in the local census often encounter problems to get their health card issued. LGBTI people in this situation often turn to NGOs for things such as HIV treatment or other health issues they might encounter, and they can still turn to an ER if needed, not always free of charge.

An extensive public assistance network is available in all the territory, with centres, services, professionals and 24-hour telephone support for the 365 days of the year. To access the user must identify with the health card (TSI), which is the document that allows access to the public service. In principle, patients can freely choose their healthcare provider among all the public centres in Catalonia. However, usually, a specific primary healthcare centre and a hospital are assigned based on the municipal registration. Each patient gets assigned a family doctor and a family nurse once they access the health system (either because they are born in Catalonia or because they migrate there). Also, if a person develops the need for a specialist doctor, they get assigned a doctor and, in some cases, also a specialist nurse. Although this assignment is randomised and it mostly depends on each professional's availability, if a patient wishes to change their doctor, they can ask for it. If there's no specific complaint on the doctor, it is usually difficult to change doctors because all doctors are overloaded with cases. Citizens who are not registered in Catalonia, although having the right to access healthcare, they do not have the right to freely choose their providers.

The Health Plan for Catalonia (2016-2020)<sup>1</sup> aims for a more flexible and decentralised management model and an intersectoral, interdepartmental and interadministrative strategy is called for to reduce social inequalities in health. Among the main principles of this plan equitable access and the perspective of particularly vulnerable groups are included. However, as stated in the same plan, in recent years, the economic recession has had dramatic social consequences. The imposed budget contention has been accompanied by an overburdened healthcare system and by the precarious nature of the settings in which the majority of health professionals are employed. According to the union Metges de Catalunya the insufficiency of public resources, a less consensual governance and management of the health system, mismanagement, lack of transparency, corruption, care overload in primary healthcare (Aznar, 2020) and the lack of healthcare continuity are depicted as some of the main problems of the system (Aller, Vargas, Sánchez et al, 2010).

Catalonia does not have specific data on discrimination against LGBT people in healthcare. However, there is some data from the FRA EU LGBT surveys from 2012 and 2019 regarding Spain that may shed some light in this sense. For the previous survey in 2012, only 28% of the respondents affirmed being openly LGBT with medical staff or health care providers while only 8% affirmed to feel discriminated against by healthcare personnel during the last 12 months. For Spain, difficulty or problems using or trying to access healthcare is very low (2%), more specifically only the 10% of the respondents considered their specific needs to be ignored and 12% found inappropriate curiosity within health professionals. In the latter study, from 2019, there is only one question regarding healthcare, which asks about discrimination experienced in the past 12 months by healthcare or social services personnel. For this question, a 15% answered affirmatively. Although it is a higher result than that from 2012, as this question also includes social services personnel and data regarding only healthcare is lacking, it is impossible to assess any improvement for this specific question.

### 3. Legal framework

**The Spanish constitution prohibits discrimination on any kind of grounds, although it does not specify discrimination on the basis of sexual orientation and gender. Moreover, in Catalonia, there is specific legislation prohibiting discrimination in healthcare based on sexual orientation, gender identity and expression, or sex characteristics: the Catalan Law**

<sup>1</sup> Pla de salut 2016-2020

[https://salutweb.gencat.cat/ca/el\\_departament/Pla\\_salut/pla-de-salut-2016-2020/](https://salutweb.gencat.cat/ca/el_departament/Pla_salut/pla-de-salut-2016-2020/)

**no. 11/2014, , to guarantee the rights of lesbians, gays, bisexuals, trans and intersex, and to eradicate homophobia, biphobia and transphobia<sup>2</sup>. Although being a pioneer law in the European context, its implementation remains a slow process and unequal among different fields of action.**

At a state level, the section 14 of the Spanish Constitution<sup>3</sup> is remarkable, as it states that “Spaniards are equal under the law and may not in any way be discriminated against on account of birth, race, sex, religion, opinion or any other personal or social condition or circumstance” Although the Spanish Constitution does not explicitly portrayal to discrimination based on sexual orientation, gender identity and expression and/or sex characteristics, there are several sentences of the Constitutional Court that consider discrimination on sexual orientation and gender as a failure to comply with Article 14 of the Constitution (STC 41/2006<sup>4</sup>, STC 176/2008<sup>5</sup>, STC 41/2013<sup>6</sup>, STC 92/2014<sup>7</sup>).

The Spanish criminal code prohibits discrimination on the basis of sexual orientation and gender through the principle of non-discrimination. According to the criminal code, it constitutes an aggravating circumstance in case it accompanies an already punishable crime, such as a physical attack, an insult, or a threat<sup>8</sup>. In case this discrimination does not accompany an already punishable crime, such discrimination might be an administrative offence only in the regions (autonomous communities) where there is a regulation in place.

Regarding the Civil Code<sup>9</sup>, same-sex marriage and the adoption and fostering for same-sex couples were included in 2005. In 2007 the Law no. 3/2007 for the regulation of the register concerning people’s sex<sup>10</sup> was approved. This regulation allows the right to change the sex in the official documents. However, it is done only after the dysphoria’ diagnosis and two years of

<sup>2</sup> Law of 10 October 2014 no. 11 for guaranteeing the rights of lesbian, gay, bisexual, transgender and intersex people and eradicating homophobia, biphobia and transphobia: <https://www.parlament.cat/document/intrade/152585>

<sup>3</sup> Section 14 of the Spanish Constitution approved in 1978:

[http://www.congreso.es/portal/page/portal/Congreso/Congreso/Hist\\_Normas/Norm/const\\_espa\\_texto\\_ingles\\_0.pdf](http://www.congreso.es/portal/page/portal/Congreso/Congreso/Hist_Normas/Norm/const_espa_texto_ingles_0.pdf)

<sup>4</sup> Constitutional Court decision 41/2006 of February, 13.

[https://www.boe.es/diario\\_boe/txt.php?id=BOE-T-2006-4755](https://www.boe.es/diario_boe/txt.php?id=BOE-T-2006-4755)

<sup>5</sup> Constitutional Court decision 176/2008 of December, 22

[https://www.boe.es/diario\\_boe/txt.php?id=BOE-A-2009-1240](https://www.boe.es/diario_boe/txt.php?id=BOE-A-2009-1240)

<sup>6</sup> Constitutional Court decision 41/2013 of February, 14. <https://www.boe.es/buscar/doc.php?id=BOE-A-2013-2724>

<sup>7</sup> Constitutional Court decision 92/2014 of June, 10 <https://www.boe.es/buscar/doc.php?id=BOE-A-2014-7058>

<sup>8</sup> Organic Law 10/1995 of 23 November 1995 on the Criminal Code (art. 22, 314, 510, 511, 512).

<https://www.boe.es/buscar/act.php?id=BOE-A-1995-25444>

<sup>9</sup> Royal Decree of 24 July 1889 publishing the Civil Code (art. 44).

<https://www.boe.es/buscar/act.php?id=BOE-A-1889-4763>

<sup>10</sup> Law of 15 March 2007 no. 3 regulating the rectification of the mention of the sex of persons in the register (art. 4.1a, 4.1b, 4.2): <https://www.boe.es/buscar/doc.php?id=BOE-A-2007-5585>

hormonal treatment, while sex reassignment surgery is not needed to change the sex information in official documents.

Other legislation regulating LGBTI issues are the Law no. 14/2006, on assisted human reproduction techniques<sup>11</sup>. In the article 6.1 is stated that all women of legal age can be users, regardless of marital status and sexual orientation. The Sexual and Reproductive Health Care (ASSIR) units provide access to RHA techniques in the public use healthcare network however waiting lists are so long, that many women turn to private healthcare services. First, despite the letter of the law, only heterosexual women with a partner and fertility problems could have access to in vitro fertilization or artificial insemination through public health. Later, in 2016 a specific Protocol including guidelines for single and lesbian women started to be applied. Surrogacy does not present regulation, which in practice means that those same-sex couples looking for surrogacy options must look for it abroad, mainly in the US. Although surrogacy is mostly practiced by straight couples, most of the critiques against surrogacy are raised in discussions about gay families, putting pressure into these kind of family configurations (Pérez-Navarro, 2019). According to a recent study (Fernández-Garrido, 2017), surrogacy is an option with split support within LGBTI+ activism. Some feminist stances claim that surrogacy leaves surrogate mothers without agency and that it particularly intersects with race and class issues. Other feminist stances would support surrogacy if certain regulations would stand in place.

In terms of health, at national level, the article 10 of the Act no. 14/1986 of the General Health Law regulates the respect for personality, dignity and privacy as well as no discrimination based on gender or sexual orientation, among other reasons. The Act no. 33/201 on General Law Public Health regulates the right to equal treatment equality in public health. In this regard, nobody can be discriminated against due to sexual orientation, gender identity, or any other personal or social circumstance in the Health system.

At the Catalan level, the Article 15 of the Statute of Autonomy of Catalonia<sup>12</sup> recognizes the right to all people "to live in dignity, safety and autonomy, free from exploitation, from ill-treatment and from all types of discrimination" and "to freely develop his or her personality and personal abilities". Besides, sexual orientation is included: the article 40.7 refers to equality of different

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<sup>11</sup> Ley 14/2006, de 26 de mayo, sobre técnicas de reproducción humana asistida (this law is not translated to English): <https://www.boe.es/buscar/pdf/2006/BOE-A-2006-9292-consolidado.pdf>

<sup>12</sup> Art. 15 of the Statute of Autonomy of Catalonia approved in 2006: [https://web.gencat.cat/en/generalitat/estatut/estatut2006/titol\\_1/](https://web.gencat.cat/en/generalitat/estatut/estatut2006/titol_1/)



stable couple unions, regardless of sexual orientation; and article 40.8 promotes equality and eradication of racism, antisemitism, xenophobia and homophobia<sup>13</sup>.

Catalonia has also a specific law regulating health matters, the Health Care Law of Catalonia 15/1990, of July 9<sup>14</sup>. Article 6.2 states that the Catalan Health Service has to guarantee the right to health without any discrimination on the basis of race, sex, religion, opinion, or any other personal or social condition or circumstance, but it fails to refer to discrimination based on sexual orientation, gender identity and expression and/or sex characteristics.

Most importantly, the main legislation prohibiting discrimination in healthcare based on these matters is the Catalan Law no. 11/2014 for guaranteeing the rights of lesbians, gays, bisexual, transgender and intersex people and to eradicating homophobia, biphobia and transphobia. The first article establishes the aim of the law, which is to regulate the means and measures to effect the right to equality and non-discrimination on the basis of sexual orientation, gender identity or gender expression, in the fields, both public and private and in all the areas of social life. More specifically, article 16 displays the dispositions in health matters, by which mainstreaming of a gender perspective and consideration of the specific needs of LGBTI people in health services is remarked. Art. 16 also establishes the responsibilities of public administrations of Catalonia towards LGBTI people: the right to health and development of specific strategies for their needs; guarantee of a non pathologizing approach; development of specific health policies, research and participation mechanisms; and the promotion of respectful practice, and of prevention, and awareness-raising actions.

The article 17 of this law, also establishes that healthcare should not treat intersex conditions as a pathology. However, not much is developed in relation to intersex people. The Law no. 26/2018, on the rights and guarantees of children and adolescents<sup>15</sup>, is of interest to this matter, as in the article 9 includes genital mutilation as a violation of rights, although it does not specify intersex minors. However, it should be remarked that in November 2018 the Congress asked the Government for the express prohibition of genital mutilation in intersex minors. The Committee on Children and Adolescents of the Congress claimed to the Government, through a new law proposal, legislative measures to prohibit genital mutilation in intersex minors and to guarantee

<sup>13</sup> Art. 40.7 and 40.8 of the Statute of Autonomy of Catalonia approved in 2006.

<sup>14</sup> Llei 15/1990, de 9 de juliol, d'ordenació sanitària de Catalunya (this law is not translated to English): <https://portaljuridic.gencat.cat/eli/es-ct/l/1990/07/09/15>

<sup>15</sup> Ley 26/2018, de 21 de diciembre, de derechos y garantías de la infancia y la adolescencia (this law is not translated to English): <https://www.boe.es/buscar/pdf/2019/BOE-A-2019-1986-consolidado.pdf>

their bodily integrity, their autonomy and self-determination<sup>16</sup>. At the present, some autonomous communities such as Madrid<sup>17</sup>, Aragón<sup>18</sup>, the Balearic Islands<sup>19</sup> and the Valencian Community<sup>20</sup> have laws that prohibit genital mutilation in intersex minors in cases where there are no medical risks, and allowing intersex people to undertake surgeries only when they can take active part in the decision making.

Existing legislation however, does not guarantee that discrimination is not being reproduced within healthcare settings. According to the 2017 annual report of the Observatori contra l'homofòbia ("Observatory against Homophobia"), although discriminations in healthcare are less reported, they had increased in relation to the previous years and represented the 3,6% of the discriminatory incidents reported to the Observatori contra l'homofòbia in 2017. 75% of these incidents were reported by lesbian or bisexual women and 25% by trans people. In this report they also describe a case of a couple of lesbian women who received discriminatory treatment in the process of assisted reproduction in a private clinic where they were denied access to a specific test based on their sexual orientation. Look Wide's project national report for Catalonia (2019) shows a similar case of difficulty of access to assisted reproduction techniques for a lesbian couple. However, the reporting of discrimination in health settings is very low and it only represents a 1,8% from all the incidents reported to the Observatori contra l'homofòbia in 2018. This data does not necessarily point to the fact that discrimination in health settings does not occur, but it suggests that the Observatori contra l'homofòbia is not perceived as a relevant reporting centre for discrimination related to health. This opens up a discussion on the efficiency of discrimination reporting.

Claims can be also made either directly at healthcare centres or through an online application. These arrive at the Direction of the centre, which then contacts the professional in order to

<sup>16</sup> Proposición no de ley, medidas legislativas para prohibir la mutilación genital en los menores intersexuales y garantizar su integridad corporal, su autonomía y autodeterminación, page 62 (this proposal is not translated to English):

<http://www.congreso.es/portal/page/portal/Congreso/PopUpCGI?CMD=VERLST&BASE=pu12&FMT=PUWXTDTS.fmt&DOCS=1-1&DOCORDER=LIFO&QUERY=%28BOCG-12-D-448.CODI.%29>

<sup>17</sup> Ley 2/2016, de 29 de marzo, de Identidad y Expresión de Género e Igualdad Social y no Discriminación de la Comunidad de Madrid (this law is not translated to English):

<https://www.boe.es/buscar/pdf/2016/BOE-A-2016-6728-consolidado.pdf>

<sup>18</sup> Ley 4/2018, de 19 de abril, de Identidad y Expresión de Género e Igualdad Social y no Discriminación de la Comunidad Autónoma de Aragón (this law is not translated to English):

<https://www.boe.es/buscar/pdf/2018/BOE-A-2018-7154-consolidado.pdf>

<sup>19</sup> Art. 16 Ley 8/2016, de 30 de mayo, para garantizar los derechos de lesbianas, gays, trans, bisexuales e intersexuales y para erradicar la LGTBfobia (this law is not translated to English):

<https://www.boe.es/boe/dias/2016/06/30/pdfs/BOE-A-2016-6310.pdf>

<sup>20</sup> Ley 23/2018, de 29 de noviembre, de igualdad de las personas LGBT (this law is not translated to English):

<https://www.boe.es/boe/dias/2019/01/11/pdfs/BOE-A-2019-281.pdf>

make a reasoned statement of the situation. If required, the Head of the centre manages the claim with superiors. Professionals know well this system, but no case of discrimination based on sexual orientation, gender identity and expression and/or sex characteristics is known by the interviewees.

Another mechanism for denounce discrimination is through the Catalan Ombudsman, who has the function of responding to the complaints of all people who are helpless due to the actions or inaction of the administrations. More specifically, as the Patient Ombudsman, the Catalan Ombudsman has the mission of guaranteeing the rights of all users of the Catalan health system.

Interview participants<sup>21</sup> show divergent knowledge of the existing legislation. More or less half of them, mostly those with teaching or coordinator positions at universities, lack knowledge about the legislation or know there is a Catalan law against LGTBphobia but ignore the details of the law. The other half, which are mostly people who work providing healthcare and in some cases also at a policy development level, know well the legislation or at least its practical implementation. Despite the differences in their work positions some of the participants were feminist or trans activist too, and there are also come critical voices against existing legislation.

The Law no. 11/2014 considers three aspects: the punitive, social pedagogy and attention and protection. Some activist voices have questioned the punitive side of the law and hate crime discourse, precisely for reinforcing this punitive logic. For example, a participant who is a doctor in primary health care and feminist activist (S07) states the following:

***"I don't like the Law against homophobia. I find the hate crime discourse really dangerous."***

On another hand, participant S10 is an activist in a platform for trans healthcare and she reminds us that the healthcare system is thought from a cis perspective:

***"All legislation is based on a cis logic which excludes trans people."***

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<sup>21</sup> You can find more information in relation to the participants of the interviews in the annex section.

In other matters, since 2001 the ICS has its own codes of ethics as an institution which applies to all the professionals working in the organization. The Ethics Code was revised in 2016 and fosters values of competence, participation, commitment, equity, innovation and transparency. Professional associations of Medicine, Nursing and Psychology also have their own Code of Ethics. For example, the Council of Medical Associations of Catalonia (2005) and the Council of Associations of Nurses from Catalonia (2013). No specific codes of ethics have been found for specific fields of Medicine. However, The Catalan Society of Family and Community Medicine (CAMFiC) has an Ethics group which is not intended to dictate deontological rules, but to provide elements of reflection on ethical aspects of the daily practice and a sexuality group which works for the implementation of gender and sexual diversity perspective in primary healthcare through publications, training and conferences.

## 4. Research, programs, and strategies

**The NGO Observatory Against Homophobia publishes a yearly report on LGBTIphobia, including those in the health area. The Catalan national health plan does not mention any LGBTI specification, only the Health Consortium of Barcelona treats this specificity. There is a Catalan law against LGBTIphobia which directly addresses health matters.**

### 4.1 Data collection

The Catalan Government, through the Department of Health, carries out a yearly national (Catalan) health survey. This survey has been conducted yearly since 2010, and there are 5.000 respondents per year (out of a population of about 7.5 millions). The survey asks the respondent's gender and give the option of "boy/man", "girl/woman", and "non-binary". This classification follows the protocols for gender identity of the Catalan Government. Besides asking about gender identity, it also asks about "biological sex". However, it does not ask about intersex status though. The option of "non-binary" is in the survey since 2019, when the protocol for gender identity of the Catalan Government started being followed. Until then, the survey asked only about sex (and not gender) giving only the options "boy/man" and "girl/woman". Nevertheless, survey results from 2019 are only segregated into the categories "boy/man" and "girl/woman", just as results from the previous years, and they do not take into account the category "non-binary". The 2019 results show that, whereas women assess their health status as 76.5%, men assess it as 83.6%, 5 points higher.

There is a system that measures satisfaction with health services, the Satisfaction Survey Program (PLAENSA®). This program started in 2001 to evaluate the quality of the public health system, and so far, 338.000 people have answered the survey. Respondents are users of primary health care, hospital care, mental health services, and social care. The research is split into several areas, and each area has been researched at different years. The most recent survey is from 2018. In all surveys from 2001 until 2016, the survey asks about sex and results are split according to it. In some of the results from 2017 and 2018, the survey is shown to have asked about gender, although it does not specify which genders. Surveys do not ask about intersex status or sexual orientation. In this sense, women and men assess different levels of satisfaction depending on the service.

The Observatory Against Homophobia report includes discrimination cases reported in the health field, in relation to sexual orientation, gender identity and expression, and sex characteristics. Also, the platform TransForma la Salut ("TransForm Health") developed a report to claim a new assistance model for trans people's health. Even though this is not research per se, the report explains the problems of the health services for trans people, dating as of 2016.

Finally, the city of Barcelona has commissioned a piece of research in relation to the support and assistance model for trans people in the city of Barcelona as well as for intersex people. In these reports there are a diagnosis of the situation of assistance to DSD people's (people with differences in sex development) and intersex people's health in Barcelona city (Gregori Flor, 2016). In this report, it's assessed that many people that are broadly identified into intersex conditions do not identify themselves as such. And that, even so, they share similar problems in relation to different areas, including medical assistance.

## 4.2 Health plans

The Health Plan (Pla de Salut 2016-2020) is the indicative instrument and frame of reference for all public actions in the field of health in Catalonia. It covers mental health and substance use, sexual and reproductive health (including HIV), and also health inequalities. In fact, in the diagnosis of the plan it points out how the economic crisis has increased health inequalities. Among these, sex and social class are highlighted; also long-term unemployment is identified as a risk factor for mental health and other problems such as unwanted loneliness in women over 65 are included. However, sexual orientation, gender identity and expression or sex characteristics are not mentioned.

At a local level, each city or county has their own Health Plan. For Instance, the Health Consortium of Barcelona develops its own plan Pla de Salut: 2016-2020 Consorci Sanitari de Barcelona i actuacions estratègiques a la ciutat de Barcelona. This municipal plan covers mental health and substance use, sexual and reproductive health including prevention and care of sexually transmitted diseases. It has a strong focus on health inequalities distinguishing factors such as age, sex, socioeconomic status and employment situation. In contradistinction to the general plan, this refers to LGBTBI people specifically. It is reckoned that LGBTBI people are still discriminated against, which has consequences for their health.

Different actions refer to lesbian women:

- Modification of the protocol of AHR to include lesbian women and women without a male partner.
- Writing a guide for sexual and reproductive health professionals on health of lesbian and bisexual women.

This plan also states that HIV, syphilis, and gonococcus infections are the most common reported diseases in Barcelona, which mainly affect young men who have sex with men. According to this, initiatives that help increase the number of people who know their serology are considered to help reduce the delayed diagnosis, improve the quality of life for seropositive people and decrease community transmission of STIs. These include:

- Continuation of the Sauna Programme for Early Detection of HIV in men who have sex with men in saunas and leisure locations in Barcelona.
- Promotion of condom access in relationship spaces for men who have sex with trans men and trans women
- Start up the STIs functional units in hospitals

## 5. Support and services to LGBTI patients

In Catalonia the only public health care service particularly addressing LGBTI people is **Trànsit**, a service for trans health. The unit started in 2012 but it operates only in Barcelona. The service is saturated and they cannot accept more patients, thus a new process of deployment of the service in the territory has started, although very slowly. There are two other protocols by the Health Department which are of interest for the LGBTI community: **assisted reproduction protocol** and the **new STI protocol** which is under revision and different organizations work on the field offering support to LGTBI people.

The only service addressed specifically to LGBTI patients is Trànsit, a service for trans health care. The Catalan Health Department's model of healthcare for trans people (2017) is a pioneer model that does not assume the trans fact as a pathology, thus it does not require the accreditation of a clinical diagnosis to access attention. This achievement is the result of the complaint and the proposal of a model of attention elaborated by the trans collective *Transforma la Salut*<sup>22</sup>. This protocol includes guidelines for hormone treatments in adults and minors and surgical interventions for people over 16.

Trànsit, trans people healthcare unit, started in 2012 but it was not until 2017, that the instruction 14/2017 of the Ministry of Health was approved. This instruction enabled Trànsit as the gateway to surgical interventions at the Gender Identity Unit at the Hospital Clinic in Barcelona, the only hospital which performs such surgeries to date and which have a limited quota: until 2018, 15 vaginoplasties and 15 mastectomies were established, the reason why waiting lists are so long (6-7 years). It is also important to note that the Unit at the Hospital Clinic adopts a pathologizing perspective of transsexuality and of the healthcare model, thus it has been questioned by a critical sector of the trans movement and many trans people refuse to be attended there.

One of the participants describes some of the problems with the implementation of the model:

***" [In Transforma la Salut] we want the total elimination of the UIG (gender equality unit) [...], a more effective control over the UIG lists, especially the hospital route for minors, when we***

<sup>22</sup> Transforma la Salut was an initiative of [Generem!](#) open to different trans groups which joined such as [ACATHI](#), [AMPGIL](#), [Associació Trans\\*](#) [ATC libertat](#), [Activistes trans\\*](#) [independents](#), [Chrysallis Catalunya](#), [Colors de Ponent](#), [Enfemme](#), [LGTB Terrassa](#), [JTB - Joves Trans de Barcelona](#), [TransVaginarías](#) i [Violeta](#).

***believe that it is not necessary because it is a social right and one very easy to deal with. Finally, we also have a serious problem with the model monitoring committee that incorporated psychiatrists [...]. And the last thing is that the territorial deployment of Trànsit is very slow and most health care providers are private [...] there are people in the country who have no coverage and have to go to Barcelona to be attended."***

More Trànsit units are being developed within ASSIR units (sexual and reproductive health care units) in other locations of the Catalan territory such as Olot in Girona or Reus in Tarragona, but there is a lot to be done.

Despite these difficulties, Trànsit is a highly valued service and has been highlighted as a good practice by several interviewees. As expressed by a transfeminist activist and sexual education promoter:

***"Trànsit seems like a good project to me. We can also take a critical look at it because it's still a medical accompaniment, and I don't think medical accompaniment should be the only accompaniment for LGBT people. [...] But knowing this I think there are some projects such as Trànsit which make our lives a little easier."***

And according to another participant:

***"It is a project that gives a lot of autonomy, it does not require any diagnosis or humiliation process to access the treatments. I think it is a project that is based on listening. It is true that they may reproduce some narratives of sexuality that you can share more or less, but they do have a basis for listening and autonomy. Access is very easy. Trànsit is very respectful, transparent, people really like to go."***

The Catalan health department has another two protocols which include the LGBTI perspective: on the one hand the assisted reproduction protocol, from 2011<sup>23</sup> was revised in 2016 to include lesbians, but it does not trans people. On the other hand there is a STI protocol under revision,

<sup>23</sup> [http://canalsalut.gencat.cat/web/.content/\\_A-Z/R/reproduccio\\_assistida/documents/protocol\\_rha\\_def.pdf](http://canalsalut.gencat.cat/web/.content/_A-Z/R/reproduccio_assistida/documents/protocol_rha_def.pdf)



which has included a new strategy for the papillomavirus vaccine for boys under 25 who have sex with boys among other actions.

Besides the services that the Catalan Department of Health offers, there are also several non-governmental organizations, associations, or private foundations, as well as public services which offer health assistance of some kind and which assist either primarily or significantly LGBTBI people. Some of these are:

- **ACAS (Associació Comunitària Antisida de Girona)**<sup>24</sup>: ACAS is a non-governmental AIDS service organization created in 1990. Its territorial scope of action includes the entire demarcation of Girona and is based in four of its counties. It is an association made up of volunteers who, on a non-profit basis and from an interdisciplinary and community perspective, collaborate in the prevention of HIV/AIDS, health education, social awareness and care for people affected by this infection. It is the only organization that carries out the HIV quick test in the counties of Girona.
- **ACASC (Associació Ciutadana Antisida de Catalunya)**<sup>25</sup>: The Anti-AIDS Citizen Association of Catalonia is a non-governmental organization, declared a Public Utility Entity in 2006. Based in the Raval neighborhood in Barcelona, its objective is to comprehensively improve the quality of life of people affected by HIV/AIDS and to inform and sensitize the population in order to prevent the disease, fighting to preserve the rights of people affected by HIV as users of public health and as full citizens. They have several programmes including day-care centre, HIV quick test, shelter, intervention in prisons and hospital accompaniment. They offer psychological care and therapeutic workshops.
- **Actua Vallès**: Organization based in Sabadell (Central Catalonia) which offers mutual aid groups, shelters, workshops and hospital care. They also do volunteer training and carry out publication.
- **BCN-Checkpoint**<sup>26</sup>: BCN-Checkpoint is a community center based in Barcelona for the detection of HIV and other sexually transmitted infections aimed at gay men, MSM and men who have sex with trans women. It aims to respond to the impact of HIV in the community and promote sexual health. It is a space conceived and managed by the community itself, with an open approach to sexuality free of fears, moralisms or

<sup>24</sup> ACAS: <http://acas-girona.blogspot.com/>

<sup>25</sup> ACASC: <https://acasc.info/>

<sup>26</sup> BCN-Checkpoint: <http://www.bcncheckpoint.com/bcn-checkpoint/>

prejudices. The center also carries out community studies, collaborates with the main scientific institutions in the country and participates in national and international research projects. BCN Checkpoint was a statewide pioneer in introducing rapid HIV testing in non-clinical settings. Its model of community intervention has been recognized by the World Health Organization (WHO), UNAIDS and the European Center for Disease Prevention and Control (ECDC).

- **CEJAS**<sup>27</sup>: Center Jove d'Atenció a les Sexualitats (CJAS) is a service of the Association of Sexual and Reproductive Rights and accredited by Catalunya that offers specific attention to adolescents and young people. It has been a preventive-educational service open to the public in Barcelona since 1992. Its goal, based on Sexual and Reproductive Rights and its defense, is to care for and accompany young people and their environment, in the process of growth to promote the experience of a positive and responsible sexuality. Sexual rights, the biographical perspective and feminism are the three bases of their intervention.
- **Comité 1er de Desembre**<sup>28</sup>: This is the Unitary Platform of AIDS NGOs of Catalonia. It is a non-governmental organization established in 1998 as a platform of NGOs working to respond to HIV/AIDS in the territory of Catalonia, to eradicate stigma and discrimination against people living with HIV/AIDS and influencing regional and state policies to promote social, legal and administrative changes that contribute to improving the living conditions of people living with HIV/AIDS and guaranteeing their sexual rights and reproductive. The Platform, of a unitary nature, is currently made up of 23 organizations<sup>29</sup> whose users are people living with HIV/AIDS.
- **Creación Positiva**<sup>30</sup>: It is a feminist NGO created in 2001 in Barcelona that works for the defense of sexual rights and the promotion of sexual health. The gender perspective is applied in all their actions. They offer individual and group orientation, workshops and they also have different programmes addressed for imprisoned women.
- **Gais Positius**<sup>31</sup>: It is an association of gay and bisexual men with HIV who have been working to respond to HIV and AIDS since 1994 for the LGBTI community with a rights-based approach. It is based in Barcelona and their featured services are:

<sup>27</sup> CEJAS: <https://www.centrejove.org/>

<sup>28</sup> Comité 1er de Desembre: <http://www.comitedesembre.org/>

<sup>29</sup> Some of these organizations are described in this report. To check the whole list: <http://www.comitedesembre.org/index.php/a-homepage-section/>

<sup>30</sup> Creació Positiva: <https://www.creacionpositiva.org/>

<sup>31</sup> Gais Positius: <http://gaisspositius.org/>

reception and information, mutual aid groups, rapid HIV / syphilis test, psychological / legal / social orientation, career guidance and free drug information.

- **Genera**<sup>32</sup>: It is an association formed more than 10 years ago that works on sexual work and trafficking issues from a feminist and human rights perspective. They run different programmes addressed to sex works which cover health care issues.
- **H2O**<sup>33</sup>: H2O is an LGBT collective from the county of Camp de Tarragona whose main objective is to dignify and improve the situation of LGBT people in our society, in all its areas and especially in education, understanding this as a transforming tool of our reality. They have a specific health programme for the youth, an information point about health and sexuality issues.
- **Stop SIDA**<sup>34</sup>: Stop Sida was born in 1986 as a grassroots community association (with the name Gais per la Salut), with the aim of responding to the devastating impact of HIV on the homosexual community, before the administrations themselves did. Now it is a community LGTB+ organization that offers VIH/syphilis quick test, support for people with HIV, legal, social and health support, career guidance, information point and other programmes on drugs and sex and sex work.
- **SIDA STUDI**<sup>35</sup>: SIDA STUDI is a non-profit association declared of public utility, with a horizontal organizational operation, which has collaborated in social transformation since 1987. From a feminist and rights perspective, SIDA STUDI exists to contribute to generating a social and political transformation that ensures that all people can enjoy their sexuality in a pleasant, healthy way and free from sexist violence. They work to promote the empowerment of people and communities whose sexualities are being vulnerabilized (through the criminalization of women's, cultural, bodily, functional, and sexual and gender diversity's sexuality) and the self-determination of people in relation to her body, pleasure, affections and possible risks (male violence, HIV and other STIs and unplanned pregnancies).
- **Xarxa SAI**<sup>36</sup>: The Xarxa SAI is a public network of LGBTI Comprehensive Care Services set up by the General Direction of Equality of the Generalitat de Catalunya. It is a network of local and regional services distributed throughout the territory of Catalonia to raise awareness and information on the diversity of sexual orientation and gender

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<sup>32</sup> Genera: <http://www.genera.org>

<sup>33</sup> H2O: <http://www.h2o.cat>

<sup>34</sup> Stop Sida: <https://stopsida.org/>

<sup>35</sup> SIDA STUDI: <http://www.sidastudi.org/>

<sup>36</sup> Xarxa SAI: [https://treballiaferssocials.gencat.cat/ca/ambits\\_tematics/lgbti/atenciointegral/](https://treballiaferssocials.gencat.cat/ca/ambits_tematics/lgbti/atenciointegral/)

identity and prevention of LGBTIphobia. In relation to health matters, it should be noted that they process the health card with the meaningful name of trans\* people, both for adults and minors.

## 6. Professionals and capacity building

**436 people responded to the Catalan version of the survey. In general, the report depicts significant knowledge weaknesses among Catalan professionals and future professionals. The attitudes toward LGBTI people are generally accepting, although the experience and practice point to another direction.**

As part of the research, a survey was developed and carried out. The Catalan version of the survey was responded by 436 people. Out of the total, 217 (50%) have a degree from a university or another training institution in the field of medicine, healthcare, mental health (including psychology) or social work; 209 (47.9%) currently work at a healthcare provider, government agency or professional organization active in the field of healthcare, and 278 (63.8%) are currently enrolled at a university or other training institution in the field of medicine, healthcare, mental health (including psychology) or social work.

Out of the 217 participants that have finished a degree, 38.5% studied nursing or patient care, 21.7% studied psychology and mental health, 15.2% studied general medicine, 8.2% studied social work, 2.5% studied health management, and 16.4% studied other degrees. Out of the 278 participating students, 36.8% are studying nursing or patient care, 28.3% are studying psychology and mental health, 23.64% are studying general medicine, 8.1% are studying social work, and 3.1% are studying other degrees.

### 6.1 Knowledge

According to the survey results, certain terms related to LGBTI matters are not a big problem either for professionals or for future professionals. That is the case of the terms transgender and bisexual, which were properly answered by over 70% of the sample. Both terms are better used by future professionals (by a difference of a 7% in “transgender” and 10% in bisexual), which seems to point that future professionals will have a better understanding of these subject positions. On the other hand, both professionals and future professionals have problems understanding the term “intersex”. Only a 40% of both groups understand the term

properly. In relation to health and administrative problems particularly concerning LGBTI people, almost half of the sample answered incorrectly, with little difference between professionals and future professionals. The only matter in which the answers improve is the one related to being able to legally change someone's name and gender in their official documents. A 66% of professionals and a 65.5% of future professionals properly answered this item.

From these results, we can conclude that, whereas some basic terminology seems to be wider understood by new generations of professionals, most of the basic matters stay unknown to these future generations. Hence, we believe their better knowledge could be due to reasons other than better training in the health sector.

## 6.2 Attitudes towards LGBTI patients

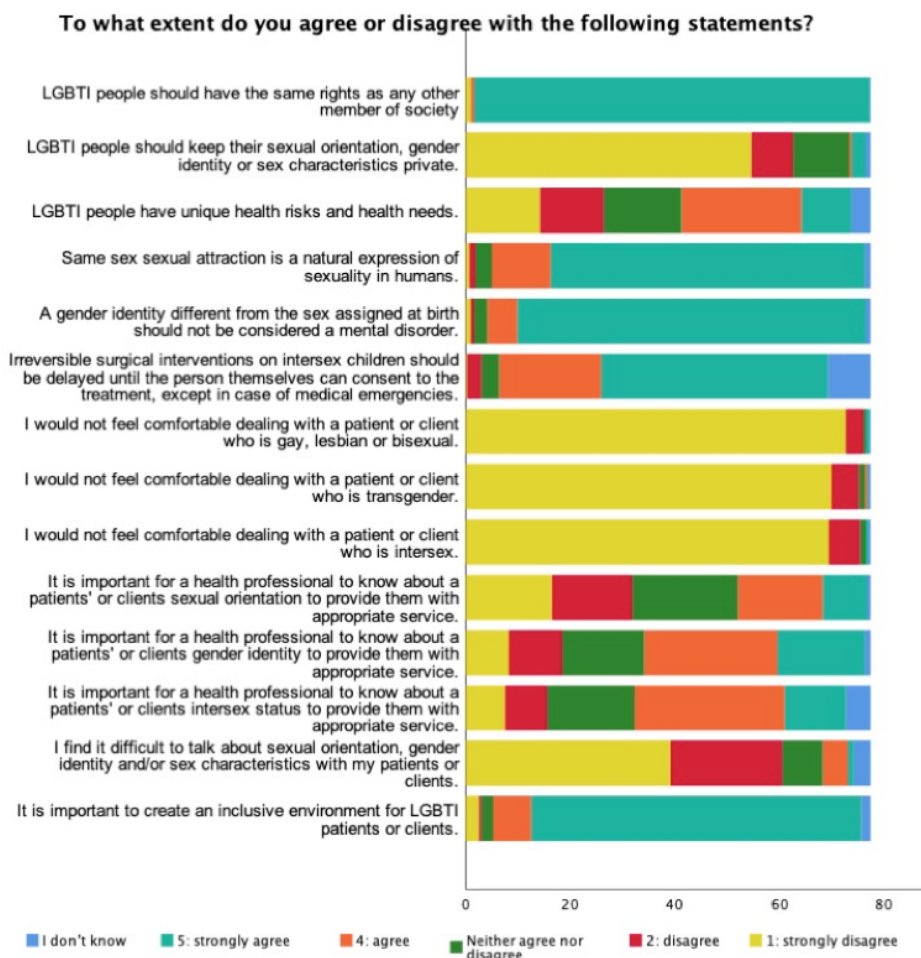
In general, surveyed professionals and future professionals appear to have positive or indifferent attitudes towards LGBTI patients, as shown in the graph. 75% agree that LGBTI people should have the same rights as any other member of society, and only around 2% of respondents disagree with this. Also around 75% of respondents claim they would feel comfortable dealing with a patient or client who is either lesbian, gay, bisexual, transgender, or intersex. In relation to this, only a 5.9% of respondents find it difficult to talk about sexual orientation, gender identity, or sex characteristics with patients or clients. Creating an inclusive environment for LGBTI patients or clients is also a concern of around 70% of respondents.

On the other hand, respondents had divided opinions on a variety of attitude questions. This happened when asked about the importance for health professionals to know about a patient's sexual orientation, gender identity or sex characteristics to provide them with an appropriate service. This is also the case when asked about unique health risks and needs of LGBTI people, a matter that makes sense with the generalised lack of knowledge on the matter as portrayed in the previous subsection.

Finally, most of the respondents marked that they either agreed or highly agreed with the fact that gender identity that is different from the one assigned at birth should not be a mental disorder (around 70%) and that irreversible surgical interventions on intersex children should be delayed until they can consent (about 63%).

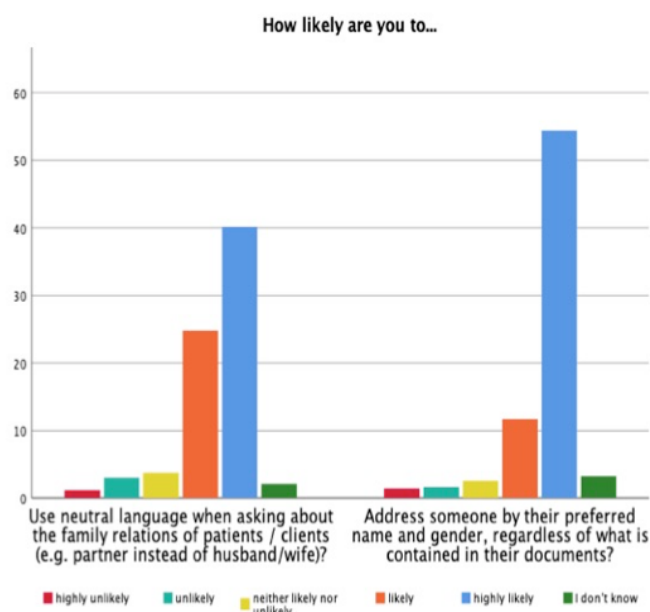
## 6.3 Experiences and practices

Whereas the previous subsections seem to point to a wide interest or concern towards LGBTI people, practices and experiences claim otherwise, as shown in the following graph. When asked about how often they have had openly LGBTI patients, about 18% of respondents marked that they did not know. In a similar line, around 15% of respondents marked that this rarely or never happened. What's more, when asked about experiencing or overhearing different kinds of discrimination or violence against LGBTI people during their studies or at work, the odds were rather high. Only around 2% of respondents never had heard stereotypes and prejudices views, or heard jokes about someone's SOGISC. Also, only around 10% of respondents had never witnessed or experienced teasing and bantering on the basis of SOGISC. On the other hand, humiliation, intimidation and rejection of service based on SOGISC is less common according to respondents, although a small percentage still report having seen or experienced humiliation and intimidation sometimes or more often (19.5%) and, in a very small proportion, rejection of service sometimes or more often (6.4%).



Graph 1. Respondents attitudes and experiences and practices.

When asked about how likely they were to use neutral language when asking about their patient's family relations, about 65% of professionals and future professionals answered that they are likely or highly likely to do so. Also, when asked whether they address someone with their preferred name and gender, regardless of their documents, about 66% said they would, and only 3% said they wouldn't.



Graph 2. Professionals use of neutral language and use of preferred name and gender.

## 6.4 Training

Even though university education is a matter that each autonomous community has their own autonomy over, there is some shared core curriculum throughout the Spanish state. Each university degree has got three kinds of courses: stem courses, mandatory courses, and optional courses. Both stem and mandatory courses are mandatory for all students. While stem courses' content is dictated by the Ministry of Education (at the Spanish level), mandatory courses' content is decided by each university, as is optional courses' content.

Neither the state core curricula (at the Spanish level) or the national core curricula (at the Catalan level) for any regulated training has got LGBTI as part of the curricula. Although intersex condition is studied as specialised training at certain health programs, it is not always referred to as "intersexuality", but rather as "hermaphroditism", and it is studied always as a condition that needs to be treated. In this sense, in the case of university programs each of them has their own rate of stem, mandatory, and optional courses.

In the case of Medicine, almost all courses are stem courses and the rest of the credits are made up with optional courses, since there are no mandatory courses. In the case of Nursing and Psychology programs, half of the courses are stem courses. Finally, in the degree in Social



Work only 25% of the courses are stem, since another 25% of the degree credits are internships. In the case of vocational training, there are also core courses, with differences between programs.

No core curriculum includes a module on LGBTI issues and needs, although some programs have started including optional courses on the matter. It is the case of the Psychology program at the University of Girona, with an optional course called "Psychosocial treatment of sexo-affective diversity: LGBTI. Homophobia and transphobia".

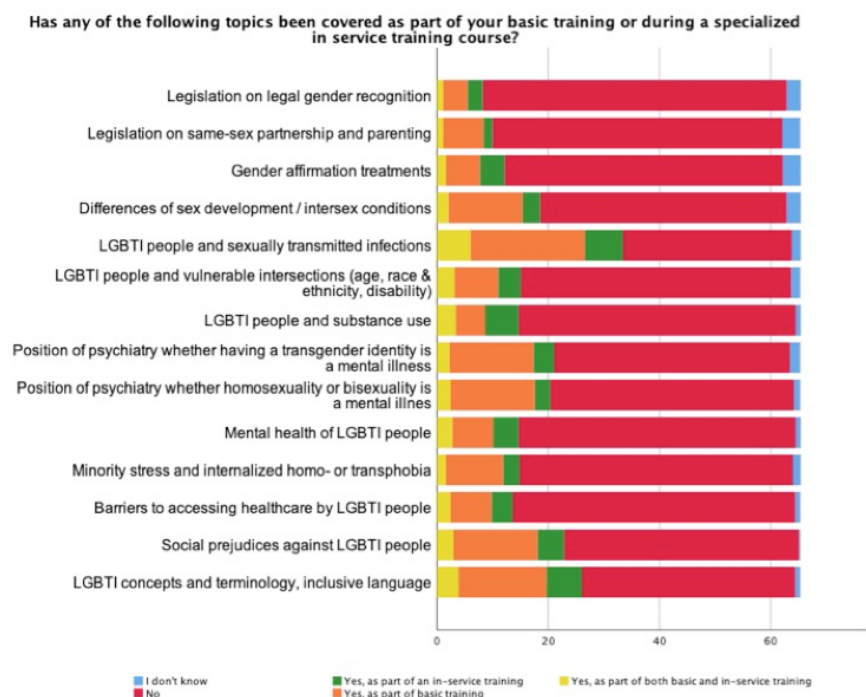
There are no administrative problems for LGBTI NGOs to create courses and train professionals or future professionals, but this is not taking place at the moment. What interviewees for this project have explained is that sometimes they invite LGBTI activists to one class to explain a particular matter.

On the other hand, as explained previously, there is a Sexuality group which works for the implementation of gender and sexual diversity perspective in primary healthcare, and one of the ways they do so is by training their peers.

Finally, the Trànsit service, which, as explained earlier, is a specific service for trans people, offers the possibility of participating in rotations in the service so other professionals can open the same trans health service in their home institutions. So, far, only one person has been trained by this rotation. Freeing a doctor of their medical responsibilities for as long as the rotation lasts is a political position by the medical institution that employs this doctor, which is one of the reasons why it is difficult for other doctors to access such training.

## 6.5 Training needs

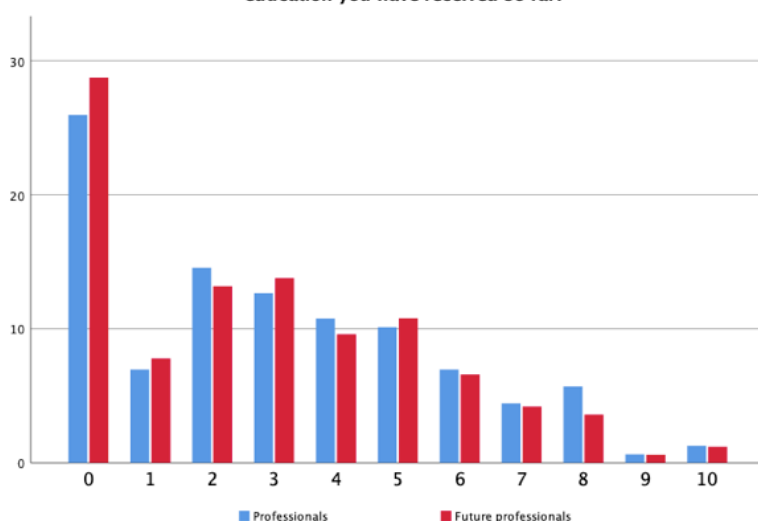
According to the survey, more than half of the respondents haven't been trained in any LGBTI issues, as shown in graph 3. The item that is reportedly most taught, with only around 20% of trained respondents, has to do with sexually transmitted diseases and LGBTI people.



Graph 3. Respondents LGBTI related topics covered in training.

When asked about how they rated the quality of the coverage of LGBTI health issues that they had received in their education (graph 4), both professionals and future professionals give it a failing mark. The mean answer for professionals is 3.04, and for future professionals is 2.82, with a common mode of 0. This is an indicator of the need to incorporate and improve training at least at some point of health professional's training itineraries.

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



Graph 4. Respondents perception of the quality of the coverage of LGBTI issues in their education.

## 7. Conclusions and recommendations

The situation in Catalonia shows that an heteronormative perspective is still persistent within the healthcare system. Although having pioneer legislation such as the Catalan Law 11/2014, of October 10, to guarantee the rights of lesbians, gays, bisexuals, trans and intersex, and to eradicate homophobia, biphobia and transphobia and specific protocols such as the Catalan Health Department's model of healthcare for trans people it is seen that the implementation of these is slow and challenged. Official training does not include mandatory LGBTI related issues and the results of the survey show that there is still a lot of violence portrayed and an absolute need for training.

On the basis of this research, the following recommendations are proposed:

1	Ensure application of the Catalan Law 11/2014 in its specific health matters.
2	Ensure the universalisation of health care in Catalonia, issuing health cards to all residents regardless of their legal and administrative status, without census registration needed.
3	Establish training programs aimed at health professionals at all levels of intervention and professional fields. Training must have two sides. On the one hand, clinical training to form specific aspects that affect LGBT people, especially in relation to pathologies that are more prevalent in the LGBTI community. On the other hand, also training that contributes to rethinking the heterociscentrate paradigm.
4	Ensure that appropriate training and sensitization is provided to students in universities.
5	Increase involvement and collaboration between LGBTI organizations, universities and the health system.
6	Encourage and facilitate the deployment of more Trànsit units in the Catalan territory. Incorporate, once the service is up and running, all the health professionals needed for a service of this nature and ensure agile diversion channels from primary care to the county Trànsit service.

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