NATIONAL REPORT: POLAND

Implementing an international research, training and awareness raising project entitled Open Doors

OPEN DOORS

Promoting Inclusive and Competent Health Care for LGBTI People

Title: **Promoting Inclusive and Competent Health Care for LGBTI People**

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1. Summary of the chapter

Although the Polish law states the necessity of providing high-quality healthcare services, in reality such services leave a lot to be desired. There are no top-down, legal regulations that would forbid any kind of discrimination based on the grounds of sexual orientation, gender identity or sex characteristics. The prohibition of conversion therapies and surgeries carried out on intersex infants (if their lives and health are not threatened), as well as an access to a dignified gender transition or adding to the Criminal Code some new provisions concerning hate speech against people with different sexual orientations and gender identities, are core issues in favor of certain legislative changes. One of the problems mentioned by the respondents are gaps in education. First of all, the core curriculum at school and university level does not include any content concerning human rights or anti-discrimination education. Moreover, there is no information concerning the LGBTI patients' health. Often, the healthcare workers have to obtain this kind of information on their own.

Future doctors are not prepared to deal with non-heteronormative patients, and do not know what kind of language to use. What is more, they often misdiagnose such patients. Additionally, their own beliefs and biases have an enormous influence on the way in which they treat their patients, who come to their office.

The respondents point out that there is a high demand for trainings for med students, doctors and administrative personnel. Issues addressed during such trainings would concern things such as reasonable terminology, inclusive language, minority stress and gender transition.

The authorities do not provide the healthcare workers with such trainings. Non-governmental organizations strive to share their own materials, organize various trainings and speeches. Unfortunately, such small-scale efforts occur only in bigger cities, and are only a drop in the ocean.

2. Overview of the health system

During the system transformation, the Polish healthcare system changed significantly. The socialist, centralised system was replaced with the insurance system, allowing certain market-based policies to operate. Management, financial, supervisory and control functions are divided between the Ministry of Health, the National Health Fund (NFZ) and the local government units. In many international rankings (comparing various healthcare systems) Polish system ranks among the poorest-performing in the European Union.

According to *Article 68* of the Polish Constitution, **everyone shall have the right to have their health protected. Equal access to health care services, financed from public funds, shall be ensured by public authorities to citizens, irrespective of their material situation.**

However, according to the results of an opinion poll conducted by CBOS and published in 2018, 66% of the citizens negatively assessed the functioning of the Polish healthcare system. At the same time, **57% of Poles** chose **health** as **the most important value in life**, right next to family.

There is no doubt that the financing plan of the Polish healthcare system requires certain reforms. Poland, of all the European Union countries, is ranked among the poorest-performing in terms of the country's finances allocated to the healthcare system (as it is only about **4.6% GDP**)[1].

Since the 1990s, Poland has been looking for new organisational and legal solutions while implementing further reforms. However, such reforms have not been well-thought-out, as they have been introduced on an *ad hoc* basis. There was no long-term strategy, nor an in-depth analysis of other existing solutions.

The current state of the healthcare system is the result of the combination of two implemented reforms. It can be defined as an insurance model, taking into consideration the fact that a patient can choose various healthcare providers, their operating rules, as well as numerous ways of financing those health services. However, it also has some features of a budget model; an insurer has the right to make certain decisions regarding, for example, contract terms and the level of health insurance premiums.

Unfortunately, all the activities undertaken so far did not produce expected results, as there was no quality improvement or greater availability of health services. In the following years, certain demographic and epidemiological factors are going to increase the need for healthcare services.

[1] Total general government expenditure on health, 2018 (% of GDP), *Source:* Eurostat

What is more, without any system changes, access to health services is likely to deteriorate. Contrary to the initial assumptions, a patient is not treated as an individual; numerous violations of patient rights as well as referring patients to other healthcare facilities, confirmed by the NIK, serve as a proof of this phenomenon.

The number and extent of the national prevention programmes is insufficient. The healthcare system, due to its poor planning, does not ensure an early detection of diseases. What is more, its funds are primarily spent on treatment, and not on disease prevention.

3. Legal framework

In the Polish law, **there are no legal regulations**, **procedures** or **protocols** concerning **discrimination** on grounds of sexual orientation, gender identity or sexual characteristics.

While we were about to finish this report preparation, ILGA Europe published an annual ranking of countries, measuring the level of LGBTI equality[2].

Unfortunately, Poland took the infamous last place among all European Union countries and at the same time, was hailed as the most homophobic EU country.

The ranking took into account factors such as equality and non-discrimination; family; civil society space; hate crime and hate speech; legal gender recognition and bodily integrity; asylum. For Poland, it is a clear decline when compared with the rankings from previous years. The violence against LGBTI people is a problem which is still largely present[3]. Polish law discriminates against gender and sexual minorities in many areas. LGBTI persons can not, among many other things count on any protection against discrimination in the area of health care.

Despite the fact that scientists from all over the world state that homosexuality is not considered a form of mental illness, and various countries prohibit conversion therapy, in Poland such practices are still legal. Although, it is difficult to estimate the exact number of people and institutions currently conducting similar pseudo-scientific practices, there are many media

[2] ILGA-Europe Rainbow Map and Index 2020
https://www.ilga-europe.org/rainboweurope/2020

[3] Raport o Polsce - Kampania Przeciw Homofobii 2016
https://kph.org.pl/wp-content/uploads/2016/08/hnm-raport-pl-www.pdf

reports and complaints made to the Ombudsman[4]. These serve as proof, that such therapies are still used and promoted.

Within the Polish healthcare system, if a patient experiences some kind of discrimination, they can make a complaint to a director of a given institution, The Ombudsman, The Commissioner for Patients' Rights or a Regional Screener for Professional Liability of Chamber of Physicians. Such complaints are free of charge and do not require any special form. The Ombudsman (referring in english *Commissioner for Human Rights)* is an independent central office of Poland. Polish law entrusts the ombudsman with four responsibilities with respect to citizen rights: prevention, diagnosis, monitoring, creativity. The Ombudsman monitors current events. In case they find that due to intentional actions by agencies, organizations or institutions which are duty bound to respect freedoms and rights of the people, these freedoms and rights were violated, they undertake action. The people have the right to ask the ombudsman for intervention.
The Commissioner for Patients' Rights is a central public administrative body having jurisdiction to protect patient rights. The patient has a right to send a complaint to the Commissioner for Patients' Rights in the case of violation of the patient's rights by the health care provider. The Regional Screener for Professional Liability of the Chamber of Physicians is an independent body with legal personality of the Supreme Medical Chamber. They conduct explanatory proceedings regarding the professional liability of doctors for acts contrary to the principles of professional ethics and deontology.

TRANSGENDERISM

In the Polish law, there are no legal regulations concerning the possibility of a full gender recognition (namely, making all the necessary changes in a person's identity document). In this situation, in accordance with Article 189 of the Polish Code of Civil Procedure, transgender people are forced to bring an action against their own parents. If a person's parents are dead, a complainant can bring an action against a representative appointed by a court. The necessity of filing a lawsuit against one's own family in the process of gender recognition, affects transgender people's right to dignity and private life. Various complaints made to the Ombudsman prove that it may also cause emotional anxiety. When a person's parents do not accept their child's gender identity, and they do not want to cooperate with the transgender

[4] Sytuacja prawna osób nieheteroseksualnych i transpłciowych w Polsce, Raport RPO, Warszawa 2019

person, or their whereabouts are unknown, the procedure can be significantly prolonged.

RELATIONSHIP AND PARENTHOOD OF LGBTI PEOPLE

The Polish legal system does not allow people of the same-sex to marry, nor does it agree on the institutionalization of same-sex partnerships. What is more, it is impossible for LGBTI people to obtain a transcription of foreign act marriage certificate (in order to register the union with the Polish Civil Registry Office).

The Polish law does not allow same-sex couples to adopt children, and does not regulate the so-called institution of surrogate motherhood. In Poland, transgender women can "make" babies and transgender men can bear them. However, it is not clear what to write in a birth certificate of a child whose parent is/ both parents are transgender. Such interference with LGBTI people's fundamental right to respect for private and family life, results from lack of appropriate regulations (concerning same-sex and transgender families) as well as from various limitations in terms of gender recognition procedures.

THE HEALTH CARE SYSTEM

All the physicians and dental practitioners in Poland are obliged to follow the Medical Code of Ethics (*pl. Kodeks Etyki Lekarskiej - KEL*). This document establishes the ethical rules of behaviour, which should be followed and obeyed by all healthcare workers. What is more, the document formulates certain principles concerning the doctor-patient and doctor-doctor relationships. However, the Medical Code of Ethics was last updated in 1991. To this day, all the medical school students in Poland swear an oath, which can be found in the introduction of the KEL. The document is considered to be a legal act that should be obeyed by all physicians. The Medical Code of Ethics, as well as codes of ethics of some particular specialty groups, do not include any information on the LGBTI people.

Each patient has the right to access their medical records and information. What is more, each patient has the right to authorise someone to access their medical records and receive information on their health status. It is not important what kind of relationship is between the patient and the authorised person. Such authorisation may be written or oral. If a patient is over 18, conscious, aware and not legally incapacitated, a physician has no right to inform anyone about the patient's health status. However, if a patient is unconscious and totally unaware (of both self and external surroundings), a physician should inform the patient's closest person.

According to the Patient Rights Act[5], such a person is usually someone living in a committed, intimate relationship with the patient. The relationship can be non-marital and non-heteronormative.

Each patient has also the right to have their dignity respected and protected, as well as the right to intimacy. What is more, every patient has the right to respect for their private and family life. As a result, they can communicate with their loved ones in any preferred way. Additionally, patients have the right to give consent to participate in one's own medical treatments.

Various complaints addressed to the Ombudsman concern the fact that homosexual men are not eligible to donate blood and bone marrow. In fact, the disqualifying factor shouldn't be their sexual orientation, but risky sexual behaviors.

In Poland, there are no legal regulations concerning a method for gender determination on intersex people's birth certificates, as well as clear principles for healthcare services.

In a birth certificate is not possible to choose a gender different from male or female, or to postpone such a decision. Without choosing the child's gender, a birth certificate cannot be issued by the Polish Civil Registry Office.

The Polish healthcare system does not provide patients with sufficient protection against unequal treatment on the grounds of sexual orientation, gender identity or sexual characteristics. The discrimination can be also a direct result of the medical workers' prejudice against the LGBTI people. Various rules of international law and international standards[6] oblige countries to educate medical workers and to provide the non-heteronormative people with competent and integrating care (sensitive to the LGBTI people's needs). However, Poland does not implement those objectives. The law on equal treatment does not provide non-heteronormative people with any protection. As a result, the only way to solve this problem is a civil suit (*claim for infringement of personal interests*).

[5] Ustawa o prawach pacjenta i Rzeczniku Praw Pacjenta
http://prawo.sejm.gov.pl/isap.nsf/download.xsp/WDU20120000159/U/D20120159Lj.pdf

[6] Universal Declaration of Human Rights **Article 25**
https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf

4. Support and services to LGBTI patients

There are no specific services provided by the National Health Service targeting LGBTI patients either at national or regional level. However NGOs play an important role in promoting and supporting LGBTI health.

There are organizations, which take care of the psychological support for the LGBTI people. Such organizations operate helplines and conduct psychotherapy meetings. One of them is **Lambda Warszawa**, the oldest and still operating LGBTI organization in Poland. Except for its flagship initiatives, Lambda Warszawa hosts several support groups for, among many others, Adult Children of Alcoholics and Drug Addicts Anonymous. **Transfuzja Foundation**, on the other hand, takes care of psychological (as well as legal) help and support for the transgender people. **Lambda Szczecin** provides psychological consultations and sexologist's help. Moreover, there are several organizations that undertake various activities meant to prevent HIV infections as well as to help and emotionally support those, already living with HIV. **Zjednoczenie Pozytywni w Tęczy** runs a wide variety of educational and preventive activities targeted at various audiences. Over the last years of its activity, the Federation focuses its actions on assistance for HIV-positive persons, creating support groups and building together with other organizations, an integral system of support and assistance in Warsaw. **Buddy Polska Programme** focuses on helping men living with HIV, but it does not specifically target its activities at non-heteronormative men. The programme is available for everyone. However, its visual identity does include an element of the rainbow, which depicts openness towards a great variety of beneficiaries of the programme. Very often, right after receiving a positive test result, a common reaction is a feeling of guilt, remorse and fear of the future. Some people experience them shortly after receiving information about being infected, and some experience them after a while. In a situation like this, it may be helpful for a person to get in contact with someone who will just talk with them and understand, instead of judging. And this is precisely what the Buddy Programme truly is. In such situations, the Buddy Programme can really help. Specially prepared volunteers, gay or bisexual men living with HIV for some time now, may listen, provide support and help to deal with the infection. Furthermore, there is also **Cicha Tęcza Foundation** which provides the deaf LGBT people with psychological help.

There are other LGBTI-friendly organizations supporting and the community across the country,

for example Association of Volunteers Against AIDS "Bądź z Nami ", "Sieć Plus" National Network of People Living with HIV/AIDS.

Unfortunately, activities carried out by various public benefit organizations are simply not enough. Limited financial resources, the absence of support from the State as well as certain politicians from the ruling party, are constantly obstructing their actions. Organizations such as Ordo Iuris are still spreading misinformation about the work of non-governmental organizations. In 2019, the representatives of Ordo Iuris carried out a report concerning the funding sources of LGBTI organizations in Poland. According to Ordo Iuris, such organizations promote a homosexual lifestyle and the so-called "LGBTI ideology". Unfortunately, the politicians from the ruling party perform similar actions.

5. Research, programs and strategies

By the means of surveys, questionnaires and interviews, non-governmental organisations are gathering data on the LGBTI people's health needs. Then, they publish reports providing current data.

In 2017, Campaign Against Homophobia [*pol. Kampania Przeciw Homofobii (KPH)*] issued a Practical guide on LGBTI people's health for doctors (*Praktyczny przewodnik po zdrowiu LGBTI dla lekarzy*[7]). It contains descriptions of the most important health needs of transgender, bisexual and intersex people, as well as gays and lesbians. What is more, it also includes some practical guidelines for the healthcare professionals (on the same topics).
One year earlier, KPH issued a publication *Zdrowie LGBT: przewodnik dla kadry medycznej*[8], as a part of a project "Pełny dostęp - edukacja dla sektora ochrony zdrowia". This, in turn, was a part of a bigger programme Citizens for Democracy, funded by the EEA (European Economic Area). The publication (*74 pages long*) describes some LGBT people's specific health needs, LGBT patient rights and practical guidelines.

[7] Praktycznyn przewodnik po zdrowiu LGBTI dla lekarzy - Warszawa 2017 https://kph.org.pl/wp-content/uploads/2017/11/Praktyczny-przewodnik-po-zdrowiu-LGBTI-dla-lekarzy.pdf

[8] Zdrowie LGBT przewdonik dla kadry medycznej - Warszawa 2016 https://kph.org.pl/wp-content/uploads/2016/04/Zdrowie-LGBT-_-Przewodnik-dla-kadry-medycznej.pdf

Trans-Fuzja foundation carries out regular researches on transgender people's needs and experiences in a doctor's office. Thanks to some research projects such as Transgenderism and healthcare in Poland (*pol. Transpłciowość a opieka zdrowotna w Polsce*[9]*).* it was possible to gather information about the way in which transgender people deal with the complexities of the Polish healthcare system. The main goal of this research was to improve the quality of healthcare services for the transgender people. It is important to provide them with full access to medical and psychological support. What is more, each specialist should feel comfortable with their competencies, in order to provide their patients with support or to redirect patients to an appropriate institution or organisation. One of the objectives of people working on this project was also a desire to create a healthcare system that is free from any system and individual limitations.

The publication included information on transgender people's rights, abuse, and everything that should not take place during a doctor's appointment, counseling service or a stay in the hospital. A brochure, which is a part of the project, serves as a source of information on what to do, when a specialist's behaviour is, in any way, abnormal.

Those publications were launched thanks to financial support from ILGA-Europe, which is an international organization acting for LGBTI people.

Another brochure was published as a part of the same project. All the material contained in it, is a direct result of a thorough analysis of the results of a nationwide social survey (which took several months to complete), as well as work of a team of psychologists from Trans-Fuzja Foundation.

In 2017 the last current report was published[10]. It described the situation of the LGBTI people in Poland, in the years 2015-2016. Three biggest organizations in Poland, working on behalf of LGBTQIA people (KPH, Lambda Warszawa, Trans-fuzja). Ever since 1994, they have been carrying out various researches on the social situation of the non-heteronormative people, such as lesbians, gays, bisexual and transgender people. Additionally, this report concerns also asexual people. In the publication, there are following topics: coming out, mental well-being, health, prejudice-motivated violence, minority stress, hate speech against lesbians and gays, LGBT schoolchildren, transgender people, non-heterosexual women. What is more, the report

[9] Transpłciowość a opieka zdrowotna w Polsce - Warszawa 2015
http://transfuzja.org/download/publikacje/transplciowosc_a_opieka_zdrowtona_w_polsce.pdf

[10] Sytuacja społeczna osób LGBTA w Polsce - raport za lata 2015-2016, pod redakcją Magdaleny Świder i dr. Mikołaja Winiewskiego

includes information on relations between the healthcare representatives and transgender people, internalized homophobia, transphobia, aphobia and various aspects mental health.

6. Professionals and capacity building

Results of the Open Doors online survey show a quite positive attitudes of respondents towards LGBTI people and, on average, fair knowledge on issues concerning the health of LGBTI people. Nevertheless, education on issues related to LGBTI people and their health is very poor and the need for training is essential starting with terminology and inclusive language.

As stated above (see Methodology) the OpenDoors online survey, targeting professionals with a background in medicine, nursing, mental health (including psychology) or social work, including university professors; professionals with a different background currently working in healthcare; and students above the age of 18 enrolled in secondary or university programs in the above mentioned area, was intended to investigate knowledge, attitudes, experience and practices, and training needs of respondents.

The questionnaire consisting of 41 questions was entirely anonymous and took about 25 minutes to complete. The questionnaire was published on the official Lambda Warszawa website, all its social media accounts and various Facebook groups. What is more, it was also sent in personalised messages requesting the respondent to complete the survey.

The answers to the questionnaire were collected between **10.02.2020** and **12.03.2020** from **188 respondents**. 67% of them hold a university degree or a diploma awarded by other educational institutions, in medicine, healthcare, mental health (such as psychology) or social work. 68% of respondents are currently working in various healthcare institutions, governmental organizations and other healthcare organizations. 51% of respondents are currently attending various higher education institutions or other educational institutions.

When it comes to the respondents' professional experience, 32% of them graduated in medicine, 22% in psychology and 17% used the box *other*, adding that they graduated in, for example, pedagogy or sociology. 4% of respondents graduated in social work and 2% of respondents are people with a paramedical background, particularly nursing and patient care. When choosing

their medical specialties, the majority of respondents (16%) selected options such as *psychiatry*, *psychology* and *psychotherapy*. 7% selected *other* options such as neurology or ophthalmology. While answering a question: "Where do you work?", 50% of respondents chose the public healthcare system, 28% in the private healthcare sector, 12% work at various universities or other training institutions. 11% of respondents chose *other* such as corporations or pharmaceutical companies. 4% work in professional organizations and 4% work in national institutions or in the ministry.
100% of (working) respondents are in direct contact with clients/patients. 70% work in a *big city*, 22% work in a *city* or *small town*, 6% in the *suburbs* and 2% in the *countryside*.

82 out of 188 respondents are between **the ages of 26 and 35**. 63 respondents are between the ages of 18 and 25. 30 respondents are between the ages of 36 and 45. 11 respondents are between the ages of 46 and 55, and 2 respondents are older than 56.

While answering a question: "Which gender do you identify with", 66% of respondents chose *female* and 31% chose *male*. 1 respondent did not want to answer this question. The rest of respondents identify themselves as *non-binary*. 51% of respondents identified themselves as heterosexual, 25% as gay or lesbian, 17% as bisexual, and 5 respondents did not want to answer this question. The remaining respondents identified themselves as asexual, demisexual or pansexual.

The second part of this research project was based on 10 interviews (check the profile of interviewers in a attachment below the report) conducted with people working in the healthcare system; people from various institutions involved in education and training of healthcare staff; people responsible for determining and formulating the public health policy. Meetings with the interviewees were organized between **February** and **March 2020**, and their main purpose was to **collect data on the knowledge and attitudes of the healthcare workers**. In the near future, those results will lead to development of instructional materials for the healthcare workers and students preparing to work in the healthcare system. The main objective is to raise the healthcare workers' awareness of the LGBTI community's needs. Each interview lasted for about 60 minutes. It was enough time to answer all 25 questions from the questionnaire and, to have a short, informal discussion. The selection of interviewees was as diverse as possible (in terms of their gender, experience, as well as, the size and type of a represented facility or institution).

6.1 Knowledge

Respondents were asked a set of questions divided into two subgroups in order to assess their level of knowledge of LGBTI terminology and health issues which can affect LGBTI people. The general level of knowledge among the interviewees was relatively high. However, it is quite clear that issues related to transsexuality and intersexuality in particular, are still unknown and raise many questions.

A part of the questionnaire was meant to examine the respondents' knowledge (based on the results of various commonly available studies). To make it easier, respondents received a glossary of terms such as: gender identity, a cisgender person, intersexual person etc. Respondents' task was to choose one out of four provided options, and one of them was "I do not know." When asked about sexual orientation, gender identity and sex characteristics, most respondents (83%) are aware of the fact that these terms have completely different meanings and are not in any way similar. The next question concerned the knowledge about gender identity. A vast majority of respondents (85%) knows that a transgender woman's identity is female, although at birth her assigned sex was male. The interviewees were also asked about the meaning of the following sentence: "Piotr is bisexual." 175 out of 188 chose the correct answer: "Piotr is sexually attracted to both, women and men." However, the sentence: "Laura is intersex" was more difficult and the answers were more divided. 55% of respondents chose the correct answer: "Laura was born with sex characteristics that do not fit the typical definitions for male or female bodies." 22% chose the answer: "Laura does not identify as either woman or man" and 18% did not know how to answer this question. The majority of respondents (90%) are aware of the fact that the actual rate of suicide among LGBTI youth is higher, than among heterosexual or cisgender youth. There is a fact that lesbians are more likely to suffer from obesity, than heterosexual women. 45% of respondents claim that is false, and 41% simply do not know. A statement that "Gay men may experience anxiety and suffer from depression more often than heterosexual men" is true for 86% of respondents. The majority of respondents (46%) correctly replied that even after the surgical removal of both breasts, breast cancer may still occur among transgender men. 30% of respondents do not know, 24% claim that it is false. 60% of respondents agree that it is virtually impossible to contract HIV from people receiving antiretroviral therapy, if their viral load is undetectable. 81% of respondents know that in Poland, regulations within the healthcare institutions do not consider people remaining in same-sex non-martial partnerships, as the nearest relatives. 78% of respondents claim that it is possible

in Poland to legally change a person's name and gender in their official documents. When asked about various research projects and campaigns about LGBTI people's health, as well as about organizations carrying out activities somehow connected with LGBTI people's health, the answers varied. Some interviewees could recall some publications and campaigns, but they did not remember any details and could not say which institution published/organized them. The most recognizable organizations were: Campaign Against Homophobia (Kampania Przeciw Homofobii), Lambda Warszawa and Trans-Fuzja. There were also interviewees who did not recognize any of those organizations. They learnt about Lambda and its activities, when they were offered this interview.

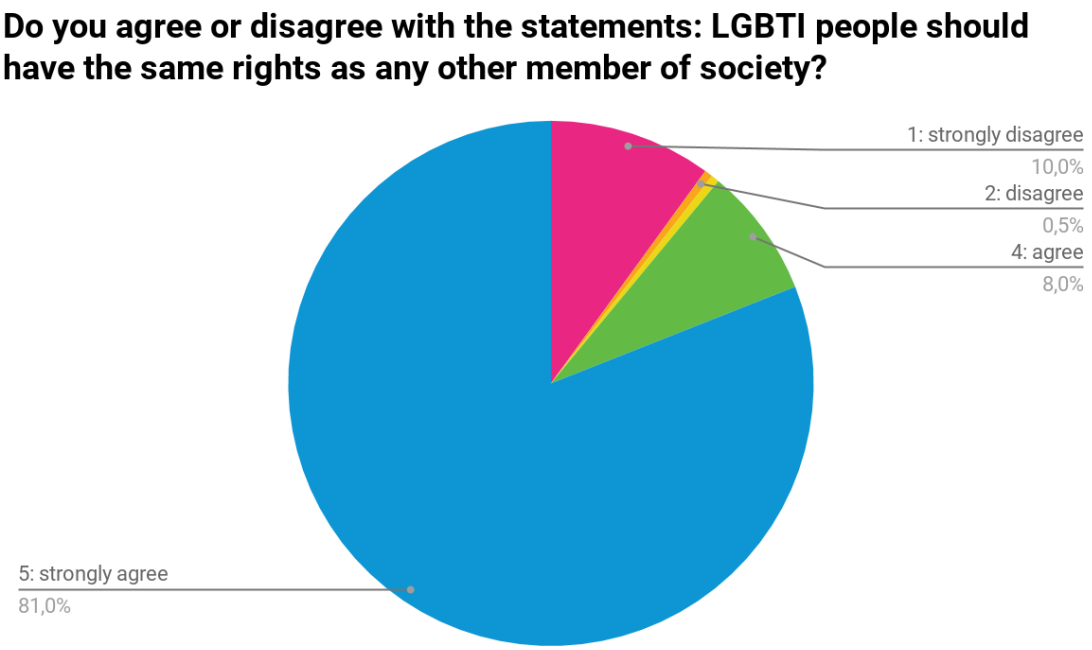
The interviewees are aware of the fact that there are no legal regulations concerning same-sex relationships. One of the interviewees claims (although not certainly sure) that same-sex marriages or partnerships contracted abroad are valid in the light of the Polish law. Unfortunately, it is not true.
Some interviewees point out that in Poland, one can be penalized for incitement to national, racial, ethnic or religious hatred. However, there are no laws against incitement to hatred on grounds of sexual orientation or gender identity.

6.2 Attitudes

Respondents to OpenDoors online Survey were asked to indicate if they agreed or disagreed with a set of statements in order to assess their attitudes towards LGBTI people. Respondents were invited to provide responses on a scale of 1 to 5, where 1 denotes total disagreement and 5 denotes total agreement. "I don't know" was included as a possible reply.

89% of respondents agree or strongly agree that LGBTI people should have the same rights as other people.

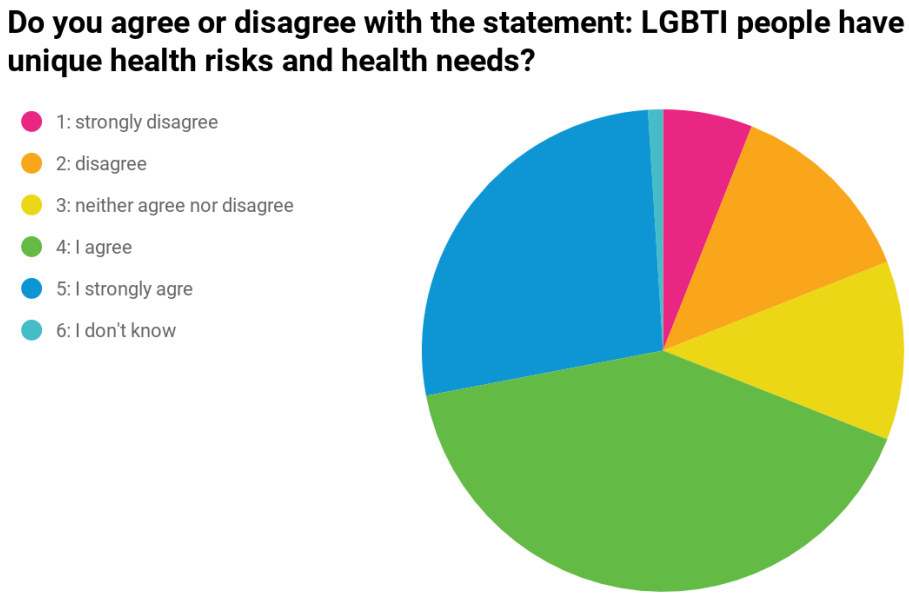
Chart I. Examination of respondents attitudes



85% of respondents believe that having same-sex sexual desire is something completely natural. 8% have no opinion and 6% disagree with this statement. 84% of respondents believe that having gender identity that is different from gender assigned at birth, should not be treated as a mental disorder. 8% have no opinion and 7% disagree with this statement. 98% of respondents would feel comfortable in close contact with transgender patients or clients and 91% of respondents would feel comfortable in close contact with intersex patients or clients. It proves that the majority of respondents have a positive attitude to the LGBTI community. What is more, they also have a positive approach towards those patients, who have a sexual orientation that is different that non-heteronormative, gender identity different that cis-gender and those who have sex characteristics different that generally accepted. 63% of respondents do not agree with a statement that LGBTI people should keep information such as their sexual orientation, gender identity or sexual characteristics, only to themselves. 22% have no opinion and 13% disagree with this statement. 38% of respondents claim that the healthcare workers should know their patients' or clients' sexual orientation (so that appropriate assistance could be provided). 29% disagree with this statement and 27% have no opinion. 64% of respondents believe that the healthcare workers should know their patients' or clients' gender

identity (so that appropriate assistance could be provided). 16% disagree with this statement and 16% have no opinion. For 10% of respondents it is difficult to talk with clients and patients about their sexual orientation, gender identity and/or sexual characteristics.
The majority of respondents believe that in a doctor's office, the LGBTI people should feel comfortable while talking about who they are and whom they love. At the same time, most of them think that it is not necessary for a doctor to have information on a patient's sexual identity. Moreover, respondents claim that a doctor should know about a patient's gender identity. It is also significant to know whether a patient has already gone through the entire or partial process of gender transition, or maybe they have not done it yet.
Only 1 out of 10 respondents declare that it is uncomfortable for them to talk with patients about their sexual identity, gender identity or sex characteristics. It might be partly due to the lack of knowledge, various prejudices and many other factors, however, most of the respondents do not have such problems.
68% of respondents agree or strongly agree that LGBTI people experience some distinctive health risks and, in this regard, have various specific needs. 19% disagree or strongly disagree with this statement and 12% have no opinion. 90% of respondents believe that it is important to create an inclusive environment for their LGBTI clients and patients.

Chart II. Examination of respondents attitudes



It is optimistic that a significant number of interviewees do notice the specificity and exceptional character of the LGBTI people's needs in terms of healthcare. The majority of respondents think that it is necessary to create healthcare facilities that are open and friendly to the non-heteronormative communities.

83% of respondents agree with a statement that all the irreversible surgical interventions for intersex children should be delayed (except in cases of special urgency), until the person concerned is able to make their own decision. Despite quite limited knowledge concerning intersexuality, the majority of people believe that there should be no surgical intervention without a patient's conscious consent.

6.3 Experience and practices

When asked how often they (respondents) are in direct contact with openly LGBTI clients/patients, the most common response is that *rarely/sometimes* (48%). 26% do not know the answer to this question. 17% respond that it happens *often/very often*. 9% respond that it *never* happens.

Chart III. Assessment of respondents experience and practices

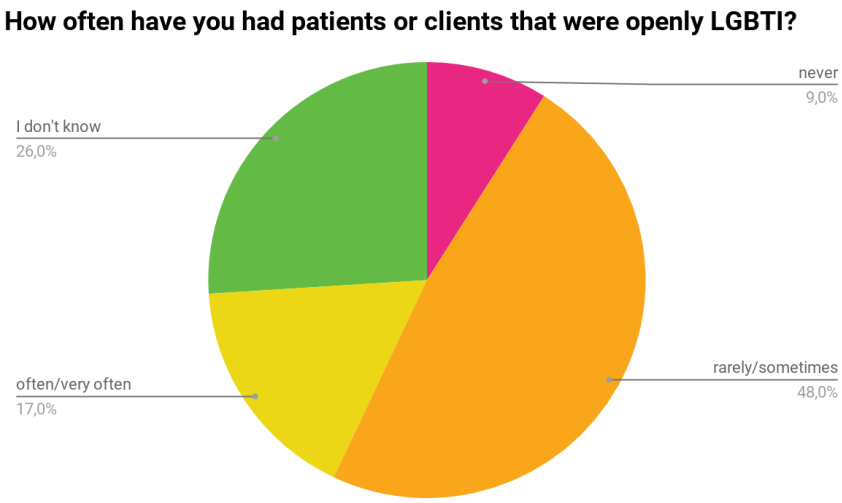


Table I. How often have you experienced or overheard any of these during your studies or at your work?

Experience	Never	Rarely/ Sometimes	Often/ Very often	I don't know
Stereotypes and opinions resulting from various prejudices against LGBTI people	4%	46%	49%	1%
Jokes about someone's (actual or constructive) sexual orientation, gender identity or gender characteristics	5%	46%	48%	1%
Teasing someone about their sexual orientation, gender identity or gender characteristics	20%	51%	28%	1%
Humiliation or harassment based on someone's sexual orientation, gender identity or gender characteristics	49%	41%	9%	1%
Refusal to provide assistance, due to someone's sexual orientation, gender identity or gender characteristics	81%	16%	1%	2%

26% of respondents claim that they will probably ask about their new patients' sexual orientation. On the contrary, 26% claim that it is not very probable.

In the case of 32% of respondents, the likelihood that they will ask about their new patients' gender identity is small. 36% think it is not very likely that they will ask about their new patients' sexual characteristics.

In case of 60% of respondents, the likelihood that they will use a more neutral language while asking about their patients' family situation (for example, using expressions such as a *partner* instead of a *wife/husband*), is very high. 80% of respondents claim it is very likely that while addressing other people, they will take into account not only a name that their patients/clients prefer, but also gender (regardless of what information is included on their ID card).

Interviewees (4/10), who claim that they do not work/ have contact with LGBTI people on a daily basis, are less aware of the community's needs. Such interviewees stress that everyone should be treated equally and provided with the same kind and quality of service, regardless of their sexual orientation, gender identity or sexual characteristics. Other interviewees point out issues such as the minority stress, lack of understanding and acceptance, a sense of trust, safety and professionalism during medical consultations, as well as the language of equality used by the healthcare workers.

> ***"I would adapt the language more so that the person does not feel offended***
> **-trainee doctor-**

They also refer to other matters such as access to information about one's partner or (in case of parents) about an influence of a child's gender identity on their health. Last but not least, they mention the joint sickness insurance scheme for same-sex partners.
When it comes to various factors which make it difficult for LGBTI people to have access to the healthcare system, the majority of interviewees stress the transgender people's problems. For example, **transgender men might have difficulties to arrange a gynaecologist appointment**. Interviewees mention various sardonic comments which might be made by patient registration clerks. What is more, even gynaecologists might lack certain knowledge. **There are not enough specialists with necessary competencies to help transgender and intersex people**. Another important issue is the fact that **information included on an ID card might not correspond with a patient's actual gender identity**, which might result in many uncomfortable situations (for the transgender people). Patient registration clerks as well as doctors might feel uncomfortable and not know how to handle a situation like that.
According to some interviewees, it is a big problem that the **gender reassignment surgery is non-refundable**. It means that a concerned person has to pay for it. An exception to this, is the hysterectomy and mastectomy for the transgender men, as these surgeries are partially financed (in order to prevent or treat cancer).

LGBTI people look for competent and recommended doctors. Unfortunately, patients from small cities and towns do not have much choice. As a result, they are often forced to consult healthcare workers, who are not capable of providing high-quality services as well as a sense of security. Some interviewees claim that in order to avoid such difficult situations, **many LGBTI people delay or even decide not to go to any general practitioner or specialist**. Two

interviewees point out that **some problems stem from various attitudes and prejudices of people working in this sector**, and not only from administrative and legal issues.

Yet another factor which makes it difficult for the healthcare workers to provide LGBTI people with a high-quality service is (according to the interviewees) lack of knowledge. **In medical schools, topics included in syllabuses do not concern LGBTI people** (and if they do, this topic is only scarcely mentioned). Even students of some psychology-related degrees, experience very similar problems.

What is more, various healthcare institutions suffer from overcrowding. As a result, doctor's/ specialist's appointments must be shorter, so there is almost no chance of creating a bond between a doctor and a patient. **It is difficult for a doctor/specialist to create some kind of safe space and a sense of trust**.

> **"The infrastructure of the old hospitals is not adapted for intimate conversations in terms of conditions which would satisfy the patient's need for safety. Very often we have to talk in the room in which there is an another patient next to us".**
> **- trainee doctor-**

The interviewees (10/10) do not ask about their patients' sexual orientation or gender identity. Usually, they try to deduce such information from conversations or patients' medical history. During therapy, the interviewed psychotherapists ask about their patients' associations and relationships. However, patients have a choice whether they want to open up and talk about it, or not. The interviewed venereologist does not ask about patients' sexual orientation, but asks male patients about their sexual intercourses with other men.

> **"You can also go wrong and recognize ulcerative colitis when you have rectal chlamydia. If the doctor does not receive the necessary information during the interview with the patient, he will not think about rectal chlamydia".**
> **- venereologist-**

The rest of interviewees ask whether their patients live alone (or not) and receive any kind of help and support from their families, friends and loved ones.

> **"I asked generally: Do you live with someone? Can anyone take care of you?".**
> **- venereologist-**

> **"In my hospital department one doctor asked a visitor in a waiting room:**
> **Are you waiting for your sister?, She answered: let's say that! However, I guessed that their relationship was closer and those women were a couple.".**
> **- trainee doctor-**

Frequently, they also ask about patients' partners, without suggesting if they mean men or women. It is becoming common practice however, there are still many doctors (including general practitioners) who do not ask this type of questions.

When asked about various experiences connected with LGBTI people, some interviewees talk about same-sex partners' appointments. Sometimes, it seems to be quite controversial and leads to various unfavourable comments made by the healthcare workers. However, such comments are usually made in private, and not in front of patients. One of the interviewees mentions a doctor whose behaviour is extremely unprofessional. While talking to some friends, the doctor calls a patient "faggot", assuming that the patient is a homosexual (on the basis of his appearance and behaviour).

6.4 Training

Section E of the Open Doors Online Survey was dedicated to training with a first set of questions aimed at investigating which topics on LGBTI issues were covered in the basic training of the respondents or in a specialized service training course, how they rate the quality of training received and if they feel prepared to deal with LGBT patients/clients.

The second series of questions, on the other hand, aimed at identifying which topics respondents would like to be addressed during a training on LGBTI issues as well as the preferable format and content of an ideal training.

With regard to the format and methods an ideal training should have, Open Doors survey respondents' choices are reported here below in order of preference:

Table II. Ideal structure of training according to the survey respondents

Format	Methods
- **combination of elearning and in person training (29,1%)** - **in-person training (25,9%)** - **e-learning (23,8%),**	- **research results (83,6%)** - **case studies (75,7%)** - **debating (64,5%)** - **meeting with LGBTI people (57,7%)** - **brainstorming (42,3%)** - **role play (19%)**

Almost all respondents would be willing to participate in a training course on LGBTI issues even if no training credits are granted (77,8% in any case; 3,2% if credits awarded).

All interviewees claim that various trainings are necessary. Only a few interviewees took part in some kind of trainings or webinars so far (on a similar subject), usually organized by some non-governmental organisations. There are various opinions as to the form of such training (whether it should be online or traditional). The majority of interviewees are in favour of a classroom training or a combination of forms mentioned above. The most requested elements of such trainings are: case studies, presentations of some everyday situations which LGBTI people have to deal with, presence of representatives of this community willing to share their stories and a monitored discussion. The majority of interviewees say that such training should be divided into two parts: basic and advanced. The first one would include some basic terminology such as: the language of equality, LGBTI people's mental health, the minority stress, barriers to healthcare access, transgender and intersex people's perspective. This basic version of training would be directed to general practitioners, nursing staff, social and administrative workers and directors of healthcare institutions. The advanced version of such training would include some elements discussed in basic training, but also some additional elements such as the concept of intersectionality.

Conclusions

The situation of LGBTI people in the field of health care has not changed much in Poland in recent years. There is still lack of basic legal regulations aimed at preventing discrimination of non-heteronormative people using health services. This discrimination is most often manifested in inappropriate comments from medical staff, degrading attitude towards the patient or conversion therapy which is still being carried out in Poland.

The research showed that the main problems concerning the topic of discrimination are the incompetence of specialists, ignorance and also education gaps among doctors and medical staff. It mainly results from the fact that the university program preparing future doctors does not (or does it very briefly) cover the content related to LGBTI issues and the challenges they face when visiting a doctor. Most health care institutions also do not organize trainings that would allow their employees to acquire the necessary knowledge and skills in this field. Mainly NGOs train physicians and administration by raising their qualifications and paying attention to the proper and desirable behaviour towards people with a different (non-hetero) psychosexual orientation, other (than cis) gender identity and people who do not fall under the social classification of male and female gender characteristics.

Recommendations

1	**Regulate the legal situation of transgender people** Introducing legal regulations on the procedure of gender recognition reassignment process based on the respect for the right to dignity and deciding on one's own body.
2	**Regulate the legal situation of intersex people.** Prohibit the operation of "normalizing sex" without the consent of the person, when this intervention is not urgent and necessary (does not threaten his/her life or health).
3	**Prohibit performing reparative therapy practices** that are designed to cure people of homosexuality / bisexuality, change psychosexual orientation or sexual identity.
4	**Introducing issues in the field of anti-discrimination** (with a particular reference to the discrimination in the health care) **in the medical studies program**.
5	**Encouraging a cooperation between medical institutions and organizations working for LGBTI community** (training, distribution of educational materials and promoting social campaigns: posters, leaflets).
6	**Creating an open and friendly atmosphere encouraging people to come out** (through materials promoting openness provision to LGBT people in medical institutions).

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The interviewees:

[1] a psychologist with 7 years' experience, currently working with LGBTI people in Warsaw

- [2] a resident psychiatrist who did a 13-month training in a teaching hospital in Białystok; has been working in a hospital in Warsaw for three years now
- [3] a midwife currently working in pregnancy pathology department of a teaching hospital in Warsaw, has 10 years' experience as a university teacher
- [4] 4th year nursing student, currently working in the Children's University Hospital in Lublin
- [5] a psychotherapist working for 13 years, with 8 years' experience of working with transgender people
- [6] a trainee doctor, medical graduate after a 6-month training in a hospital
- [7] a venereologist with 3 years' experience of working in a Hospital for Infectious Diseases
- [8] a haematologist with 3 years' experience, currently working in the Systems Research Institute, Polish Academy of Sciences
- [9] a dentist with 2 years' experience
- [10] a nurse with 3 years' experience, currently working in the Voivodeship Hospital for Infectious Diseases in Warsaw