NATIONAL REPORT: HUNGARY

UNEASY SILENCES: LGBTI PEOPLE IN THE HUNGARIAN HEALTHCARE SYSTEM

OPEN DOORS

Promoting Inclusive and Competent Health Care for LGBTI People

Title: **Uneasy silences: LGBTI people in the Hungarian healthcare system**

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1. Summary of the report

While legislation prohibits discrimination based on sexual orientation and gender identity in healthcare settings, survey data shows that such discrimination is increasingly widespread. Incidents are, however, rarely reported. National health programs and strategies do not mention LGBTI people, most medical protocols are outdated and not inclusive of the needs and concerns of LGBTI persons. There is no legislation on intersex health, and legislation on legal gender recognition, access to trans-specific healthcare and assisted reproduction is openly discriminative. Public healthcare does not offer services tailored to the needs of LGBTI persons; civil society organizations try to compensate for this, but without public funding they reach only a small proportion of those that need such services. The Open Doors survey results show a promising tendency among young healthcare professionals regarding openness and acceptance. The need for more training is recognized widely by both interviewees and survey respondents.

2. Overview of the health system

Hungary has a tax-funded universal healthcare system, organized by the state-owned National Health Insurance Fund (Nemzeti Egészségbiztosítási Alapkezelő, NEAK). Participation in the insurance scheme is mandatory for everyone in the workforce, including those who are self-employed. Healthcare services are also purchasable outside the public health insurance system, the role of private healthcare is increasing.[1] Emergency services are offered regardless of insurance status, but those without insurance have to pay the costs afterwards.

Primary care is provided by family doctors most of whom operate as commercial entities based on a contract with NEAK. Patients can choose any family doctor, but family doctors can reject new patients unless the patient lives in the territory officially covered by that doctor.

[1] Udvardi, Attila. 2019. *Az egészségügy helyzete Magyarországon nemzetközi összehasonlításban*. Budapest: GKI Gazdaságkutató Zrt. https://www.gki.hu/wp-content/uploads/2019/05/GKI-Az-g%C3%A9szs%C3%A9g%C3%BCgy-helyzete-20190409.pdf

Specialized outpatient care is offered by hospitals or medical centres operated by local governments; most specialist services require a referral from a family doctor or another medical service provider.

The healthcare system is severely underfunded in Hungary; public funding of healthcare amounts to 4.6% of the GDP, one of the lowest among OECD countries.[2] The wage of doctors compared to the average wage has improved over the last decade (1.9 time of average wage for general practitioners, and 2.2 for specialists in 2015),[3] but in absolute numbers still lags behind other EU countries. This prompts a large outmigration of doctors and other medical personnel, resulting in massive staff shortages (4% of positions for doctors were not filled in 2018).[4] Outmigration primarily impacts younger doctors, sharply increasing the average age for doctors.[5] The underfunding and low salaries maintain the system of gratitude payments (*hálapénz*), a legacy of the old socialist system, in which patients make out of pocket, informal payments to doctors and nurses in hope of a better service.

3. Legal framework

Hungarian legislation prohibits discrimination based on sexual orientation and gender identity in the field of healthcare. Sex characteristics or intersex status is not explicitly covered, but since the grounds of discrimination contain an open-ended list, intersex status would likely qualify as discrimination based on other status. Same-sex partners are recognized as next of kins in the same way as different-sex partners are, recognition for non-biological parent-child relationships is limited. Lesbian women are excluded from assisted reproduction; surrogacy is banned for both same-sex and different-sex couples. There is no legislation on gender affirmation treatment for trans people or normalizing surgeries on intersex minors.

[2] OECD. 2018. *Health spending.* https://data.oecd.org/healthres/health-spending.htm

[3] OECD. 2017. *Remuneration of doctors (general practitioners and specialists).* https://www.oecd-ilibrary.org/sites/health_glance-2017-55-en/index.html?itemId=/content/component/health_glance-2017-55-en

[4] PJ. 2020. "Nagy az orvoshiány Budapesten, de még nagyobb vidéken." *index.hu*, January 4, 2020 https://index.hu/belfold/2020/01/04/orvoshiany_magyarorszag_orvos_szakember_ksh/

[5] Udvardi 2019

3.1 Prohibition of discrimination

The Health Care Act adopted in 1997[6] was the first Hungarian legislation to explicitly prohibit discrimination based on sexual orientation. The Equal Treatment Act[7] adopted in 2003 harmonized equal treatment provisions across various fields of law. The Act prohibits discrimination based on sexual orientation [Art. 8. m)] and gender identity [Art. 8. n)]. Sex characteristics or intersex status is not specifically mentioned, but the list of grounds based on which discrimination is prohibited is open, including also discrimination on any other status, characteristic, or attribute [Art. 8. t)]. This would likely cover discrimination against intersex people, even though no such case has been brought forward so far.

Healthcare providers are specifically included in the scope of the legislation [Art. 4. k)], and a separate chapter is devoted to discrimination in the field of healthcare [Art. 25]. Besides direct and indirect discrimination, the Act also prohibits harassment, segregation, retaliation and instructions given to discriminate. Since the adoption of the Equal Treatment Act, the Health Care Act no longer contains a list of grounds of discrimination. Art. 7(1) simply states that "Each patient shall have a right, within the frameworks provided for by law, to appropriate and continuously accessible health care justified by his health condition, without any discrimination."

Victims of discrimination can choose between several forums to seek remedy. Between 2005 and 2020, the Equal Treatment Authority was an autonomous public body set up specifically to investigate cases of discrimination. In January 2021 the Authority was dissolved and its tasks were taken over by the Commissioner for Fundamental Rights (ombuds). The procedure of the ombuds is free, relatively quick and victim-friendly. The ombuds can declare that discrimination has been committed, prohibit the continuation of discriminatory conduct and impose a fine, but cannot award compensation to victims of discrimination. The ombuds can also issue recommendations to public bodies and turn to the Constitutional Court in case of discriminatory legislation. Due to the recency of the ombuds's power regarding equal treatment, there has been no cases of discrimination on grounds of sexual orientation or gender identity in the field of healthcare brought in front of the Commissioner, but there were

[6] 1997. évi CLIV. törvény az egészségügyről (Act no. CLIV of 1997 on health care, Health Care Act)

[7] 2003. évi CXXV. törvény az egyenlő bánásmódról és az esélyegyenlőség előmozdításáról (Act no. CXXV of 2003 on equal treatment and the promotion of equal opportunities, Equal Treatment Act)

several such cases brought in front of the Authority, predominantly ending in a settlement.[8] Besides the Commissioner, victims of discrimination can also turn to courts, and request compensation. Furthermore, every hospital has at least one patients' rights advocate[9], to whom patients can report any violation of their rights guaranteed by the Health Care Act. Patients' rights advocates are integrated in the so-called Integrated Rights Protection Service operated by the Ministry of Human Capacities. The services offered by the patient advocates includes enhancing recognition and enforcement of patients' rights both on the sides of professionals and patients, lodging complaints with the health care institution, as well as representing patients in such procedures. According to the statistics published in their 2018 annual report, the Integrated Rights Protection Service received 14 102 requests in their healthcare segment, 52% were about the right to healthcare services and 20% about the right to human dignity. There are no mentions of any LGBTI-related complaints. According to the experiences of Háttér Society, cases of discrimination against LGBTI people are severely underreported; our 2010 research[10] found that only 6% of those who experienced discrimination in healthcare settings reported it.

The interviewed healthcare workers had only a very vague knowledge of the aforementioned legislation. When asked, most respondents could not list any legislation relevant for the health of LGBTI people, but when prompted about the Equal Treatment Act, they acknowledged that sexual orientation and gender identity are mentioned there.

Besides the Equal Treatment Act and the Health Care Act, codes of ethics of professional chambers also prohibit discrimination. Medical doctors, pharmacists and other healthcare professionals are required by law[11] to be members of the relevant professional chambers (Hungarian Medical Chamber, Chamber of Hungarian Healthcare Professionals and Hungarian Chamber of Pharmacists). Professionals, whose university degree is not in medicine but who work in healthcare, such as psychologists, biochemists, biologists or physicists, belong to the

[8] EBH/499/2013, EBH/36/2018.

[9] Health Care Act, Art. 30; 381/2016. (XII. 2.) Korm. rendelet az Integrált Jogvédelmi Szolgálatról (Government Decree no. 381/2016. (XII.2.) on the Integrated Right Protection Service)

[10] Faix-Prukner, Csilla and Krisztián Rózsa. 2015. *A leszbikus, meleg és biszexuális emberek tapasztalatai az egészségügyben Magyarországon. Kutatási beszámoló*. Budapest: Háttér Társaság. https://hatter.hu/kiadvanyaink/egeszsegugy-2014

[11] 2006. évi XCVII. törvény az egészségügyben működő szakmai kamarákról (Act no. XCVII. of 2006 on professional chambers in the field of healthcare)

Hungarian Medical Chamber. The chambers are responsible to investigate ethical misdemeanours, accordingly they have their own code of ethics and ethical committees.

The Code of Ethics of the Hungarian Medical Chamber[12] formulates basic ethical requirements regarding communication and treatment, such as that doctors should avoid being patronizing or arrogant. There are three articles mentioning discrimination: Art. II.1.3(3) states that doctors should refrain from discrimination of their patients or colleagues based on their political views, gender, skin colour or religion; Art. II.1.3.(8) contains that doctors should follow the principles of fairness and equal treatment, and avoid all forms of discrimination; and Art. II.1.3.(7) contains that the personal worldview, political, philosophical or religious views of the doctor cannot be forced on the patient, treatment should not be dependent on accepting such values. Sexual orientation, gender identity or sex characteristics are not specifically mentioned.

The Code of Ethics of the Chamber of Hungarian Healthcare Professionals[13] contains similar provisions. Art. I.6. and II.4. contain that treatment should not depend on the worldview, political, philosophical or religious views and other values of neither the healthcare worker nor of the patient. Art. I.8. states that health workers shall avoid any act of discrimination of their patients or their co-workers. Art. II.5. underlines that healthcare workers should take special care so that patients of underprivileged groups are provided the same quality of care as others, but only age, disability, health status, socio-economic situation and suffering from an infectious disease are explicitly mentioned.

The Code of Ethics of the Hungarian Psychological Association[14] aims at identifying the basic rights and obligations which frame the work of a psychologist. One of the basic principles stated in the code of ethics is the respect of human dignity. This section mentions that any form of discrimination shall be avoided by the practitioner, but the list does not name sexual orientation and gender identity. However, in the section on "Relationship with the client" the

[12] Magyar Orvosi Kamara. 2011. *A Magyar Orvosi Kamara Etikai Kódexe.* https://mok.hu/public/media/source/etikaiKodex/EtikaiKodex_2018_11_24.pdf

[13] Magyar Egészségügyi Szakdolgozói Kamara. 2014. *A Magyar Egészségügyi Szakdolgozói Kamara Etikai Kódexe.* http://www.meszk.hu/docview.aspx?r_id=3436393234

[14] Magyar Pszichológiai Társaság and Magyar Pszichológusok Érdekvédelmi Egyesülete. 2014. *Pszichológusok szakmai etikai kódexe.* http://mpt.hu/wp-content/uploads/2014/10/Pszichol%C3%B3gusok-Szakmai-Etikai-K%C3%B3dexe.pdf

text mentions that discrimination based on gender identity and sexual orientation must be avoided.

3.2 Next of kins

Hungarian legislation offers recognition to same-sex couples in the form of cohabitation since 1996[15] and registered partnership since 2009.[16] Registered partnership grants most of the rights that come with marriage except for taking the partners' name and rights related to parenting. Same-sex partners cannot adopt jointly or adopt their partner's child, and there is no presumption of parenthood for registered partners. This means that Hungarian legislation does not allow for a child to have two parents of the same gender. The partner of the child's parent (co-parent) is recognized as a step parent ('*mostohaszülő*') if the parents are in a registered partnership,[17] and *de facto* parent ('*nevelőszülő*') if the parents are cohabiting.[18]

Art. 3:r of the Health Care Act recognizes the following persons as next of kin: spouse; a direct-line relative; an adopted, step and foster child; adoptive, step and *de facto* parent; sibling, and cohabiting partner. Due to Art. 3(1) of the Registered Partnership Act the spouse in this provision also includes registered partners. The Health Care Act also clarifies persons who have the right to visit, attend the patients or gain knowledge on their medical records, or make decisions on their behalf. Patients can choose freely with whom they keep contact when treated in an in-patient facility [Art. 11:2]. When giving birth, women have the right to freely name any person of age to be present during labour and delivery [Art. 11:5]. Patients can also forbid the disclosure of any information to other persons, which may be disregarded in the interest of their care at the request of their next of kin. In cases the patient has no or limited legal capacity to practice the right of consent or refusal, it is their legal guardian (most commonly, their parent) or a person the patient specifically authorizes practices the rights of consent or refusal. In case no such person is appointed, the right is exercised by their spouse

[15] 1996. évi XLII. törvény a Magyar Köztársaság Polgári Törvénykönyvéről szóló 1959. évi IV. törvény módosításáról (Act no. XLII of 1996 on the modification of Act IV of 1959 on the Civil Code of the Republic of Hungary), currently: 2013. évi V. törvény a Polgári Törvénykönyvről (Act no. V of 2013 on the Civil Code, Civil Code), Art. 6:514

[16] 2009. évi XXIX. törvény a bejegyzett élettársi kapcsolatról, az ezzel összefüggő, valamint az élettársi viszony igazolásának megkönnyítéséhez szükséges egyes törvények módosításáról (Act XXIX of 2009 on Registered Partnership and Related Legislation and on the Amendment of Other Statutes to Facilitate the Proof of Cohabitation, Registered Partnership Act)

[17] Civil Code, Art. 198

[18] Civil Code, Art. 199

(registered partner) or cohabiting partner [Art. 16(2) ba)]. In case of a patient's death, their spouse (registered partner) and their cohabiting partner also have the right to request access to their partner's medical record and treatment data [Art. 24(11)]. In case of children, the co-parent can gain information about the children [Art. 11(2) and 24(11)], but cannot exercise the right of consent or refusal (unless specifically authorized so by the parent) [Art. 16(2)].

3.3 Assisted reproduction

The Health Care Act includes a closed list of human reproduction procedures that can be carried out in Hungary: in vitro fertilization and embryo implantation; artificial in vivo fertilization using the sperm of the spouse or cohabiting partner, or donor sperm; in vitro fertilization using donor sperm and embryo implantation; implantation of donated embryos; other methods to promote fertilization of female reproductive cells, to enhance the ability of said cells to become fertilized, and to promote the adhesion and development of fertilized reproductive cells [Art. 166(1)]. All other forms of human reproduction procedures (including gestational surrogacy) are outlawed [Art. 166(5)]. The Criminal Code imposes criminal sanctions on parents and doctors involved in commercial surrogacy.[19]

Access to the human reproduction procedures mentioned above is limited to spouses, two persons of opposite genders cohabiting, or single women who due to their age or health conditions would likely not be able to conceive [Art. 167(4)]. The Registered Partnership Act contains human reproduction procedures as one of the exceptions where the provisions on spouses do not apply to registered partners [Art. 3(4)], so women in a lesbian relationship (whether registered partners or just cohabiting) cannot participate in assisted reproduction.

Assisted reproduction services are financed by the state if medical indication is provided.[20] Public health insurance covers 5 in vitro fertilizations and 6 inseminations. If at least one child is born alive from these procedures, additional 4 procedures are financed by the state for subsequent children [Art. 2. cd), ce) and cf)). These human reproduction procedures are available as self-financed treatments as well, but in that case the patients have to pay for it

[19] 2012. évi C. törvény a Büntető Törvénykönyvről (Act no. C of 2012 on the Criminal Code), Art. 192

[20] 30/1998. (VI. 24.) NM rendelet az emberi reprodukcióra irányuló különleges eljárások végzésére vonatkozó, valamint az ivarsejtekkel és embriókkal való rendelkezésre és azok fagyasztva tárolására vonatkozó részletes szabályokról (Decree no. 30/1998. (VI. 24.) of the Minister of Welfare on detailed regulations of the special procedures for assisted reproduction and for the provision and frozen storage of gametes and embryos), Annex 2

entirely even if they would be state-financed otherwise. Even self-financed treatments are only available for spouses, cohabiting different-sex couples and single women. In recent years effective access to assisted reproduction with donor sperm was severely limited due to a shortage of sperm resulting in long waiting lists, especially for single women. In December 2019 all fertility centres were nationalized, however as of now, it is unclear how this will impact waiting lists and access for single women.

3.4 Trans and intersex health

There is no legislation granting or limiting access to gender-affirmation treatments for trans people; healthcare providers do offer treatments such as hormone replacement therapy, mastectomy, hysterectomy, breast augmentation surgery, vaginoplasty, phalloplasty, facial feminization surgery, and voice feminization surgery. Prior to the suspension of processing legal gender recognition requests in 2016, gender-affirmation treatments could start only after the completion of legal gender recognition, and the person has received official documents with their preferred gender. Since the suspension, the system has become more flexible and gender-affirmation treatments can begin after acquiring professional opinions of a psychiatrist and a clinical psychologist that the person is transsexual (ICD F64.00), and from a urologists/gynaecologist stating that there is no medical contraindication against gender-affirmation surgeries (or in case the person does not wish to access surgeries, only hormones). Access to the treatment is, however, still inadequate, since it is linked to having a pathologising mental health diagnosis.

In May 2020, the Parliament adopted legislation[21] banning legal gender recognition for trans and intersex persons. According to the amended Registry Procedure Act,[22] the birth registry contains a person's 'sex at birth' (instead of 'sex') [Art. 69/B(1be)], which is defined with reference to primary sex characteristics and chromosomes [Art. 3. x)]. The law explicitly rules out the amendment of the data on 'sex at birth' once it has been registered in the birth registry [Art. 69/B(3)]. While the legislation does not directly restrict access to gender-affirmation treatments, having to live with official documents that do not reflect one's gender identity and looks has a negative impact on the mental health of trans people. It also means that trans

[21] 2020. évi XXX. törvény egyes közigazgatási tárgyú törvények módosításáról, valamint ingyenes vagyon juttatásról (Act no. XXX of 2020 on the amendment of specific administrative laws and free donations of property), Art. 33.

[22] 2010. évi I. törvény az anyakönyvi eljárásról (Act no. I of 2010 on the registry procedure, Registry Procedure Act)

people have to out themselves whenever they have to show official documents, which exposes them to potential discrimination in many fields of life, including healthcare. Some healthcare providers stopped performing gender-affirmation treatments on trans people with reference to the new legislation.

Only 10% of gender-affirmation treatments are financed by the state with an exception if the treatment is needed because of developmental irregularities.[23] There exists a general procedure on equity-based coverage of health treatments, which allows for higher coverage in case the applicant is financially indigent.[24] A few trans people have successfully secured funding for their vaginoplasty this way.

There is no specific legislation on medical interventions performed on intersex children. According to the Health Care Act, in case of minors, legal guardians (most commonly parents) exercise the right of consent or refusal [Art. 16(2a)]. The law, however, limits this possibility to invasive procedures recommended by the attending physician, and these procedures cannot unfavourably affect the patient's state of health or lead to serious or lasting impairment to the health [Art. 16(4)]. Patients should be informed of such treatments as they (re)gain their legal capacity [Art 16(4)]. Patients above the age of 16 can authorize a person different from their parents to exercise the right of consent or refusal. Therefore, it is clear that parents can refuse non-lifesaving interventions on their intersex child, until the child is of age to consent themselves to such procedures. Furthermore, it could also be argued that parents cannot legally agree to normalizing surgeries unless they are needed to save the life of the child, since such surgeries might unfavourably affect the patient's state of health or lead to serious or lasting impairment to the health.

3.5 Sexual orientation/gender identity change efforts

There is no legislation that specifically prohibits conversion or reparative therapy, however, both the Health Care Act [Art. 129(1), Art. 103(1)], as well as the codes of ethics of the Hungarian

[23] 1997. évi LXXXIII. törvény a kötelező egészségbiztosítás ellátásairól (Act no. LXXXIII of 1997 on mandatory health insurance, Mandatory Health Insurance Act), Art. 23. k); 284/1997. (XII. 23.) Korm. rendelet térítési díj ellenében igénybe vehető egyes egészségügyi szolgáltatások térítési díjáról (Government Decree no. 284/1997. (XII. 23.) on usage fees of certain healthcare services subject to usage fee), Annex 1, (6)

[24] Mandatory Health Insurance Act, Art. 26(1a); Az Országos Egészségbiztosítási Pénztár főigazgatójának 28/2008. (Eb.K. 10.) számú OEP utasítása (Instruction no. 28/2008 (Eb.K.10.) of the National Health Insurance Fund)

Medical Chamber and of the Hungarian Psychological Association contain that only scientifically proven, evidence based approaches are acceptable. Both codes also contain the principle of *primum nil nocere* ('first, do no harm'). In accordance, reparative or conversion therapy or any other sexual orientation or gender identity change effort would be deemed unethical.

3.6 Access to information

In June 2021, the Parliament adopted legislation banning access of minors to any content that "propagates or portrays divergence from self-identity corresponding to sex at birth, sex change or homosexuality".[25] This could restrict professionals, including health professionals, from providing age-appropriate information on sexuality and gender identity to patients under the age of 18 in relation to safer sex or mental health.

4. Research, programs, and strategies

Several research projects have been conducted on the health of LGBTI people, overwhelmingly by civil society organisations. There seems to be no effort on the side of the state even to explore and measure the needs and experiences of LGBTI persons in the field of healthcare. There are no national strategies, action plans or health programs that aim to improve the health of LGBTI people or make health services more inclusive for LGBTI persons. The National Health Strategy, however, does include the general aim of decreasing health inequalities as one of its main objectives.

4.1 Available research

Large-scale publicly funded research programs do not include questions on sexual orientation, gender identity or sex characteristics: neither the Hungarian version of the European Health Interview Survey (*Európai lakossági egészségfelmérés, ELEF*) last conducted in 2019,[26] nor the

[25] 2021. évi LXXIX. törvény a pedofil bűnelkövetőkkel szembeni szigorúbb fellépésről, valamint a gyermekek védelme érdekében egyes törvények módosításáról (Act LXXIX of 2021 on taking more severe action against paedophile offenders and amending certain Acts for the protection of children), Arts. 1, 10(3), 11(1).

[26] http://www.ksh.hu/elef

Hungarostudy last conducted in 2013 contained such questions.[27] There is no comprehensive national framework for measuring satisfaction with health services;[28] the last multi-institutional patients' satisfaction survey was carried out in 2001.[29] Since then, some health care providers conducted *ad hoc* or regular patients' satisfaction surveys, but they did not include questions on sexual orientation, gender identity or sex characteristics either.

The LGBTI survey of the European Union Agency for Fundamental Rights (FRA) in 2012 and 2019 found that discrimination on grounds of sexual orientation and gender identity in healthcare is increasingly widespread in Hungary. In 2012, 10% of the 2,267 Hungarian respondents felt discriminated against due to being LGBT by healthcare personnel (e.g. a receptionist, nurse or doctor) in the 12 months prior to the research, 15% of lesbian women and 17% of trans people.[30] In 2019, more than twice as many, 22% of the 4,059 Hungarian respondents reported having felt discriminated against due to being LGBTI by healthcare or social services personnel (e.g. a receptionist, nurse or doctor, a social worker) in the 12 months prior to the research, the highest proportion in the whole of the European Union.[31] This proportion was significantly higher for trans and intersex respondents (38% and 72% respectively). In both 2012 and 2019 69% of Hungarian respondents said they were not out to their healthcare providers.

Findings of FRA are in line with similar research carried out by civil society organizations active in the field. A 2007 study by Háttér Society and the Institute of Sociology of the Hungarian Academy of Sciences found that 27% of the 1122 LGBT respondents experienced prejudice, discrimination, humiliation or violence in healthcare settings.[32] In 2010, Háttér Society and the

[27] Szabó, Gábor, Éva Susánszky, and Zsolt Szántó. 2013. *Magyarország közérzete – 25 év a lelkiállapot tükrében*. Budapest: Hungarostudy Munkacsoport. http://www.hungarostudy.hu/files/magyarorszag_kozerzete_teljes2.pdf

[28] Letter no. II/6578-1/2020/ADATVED of the Ministry of Human Capacities in response to freedom of information request from Háttér Society; Letter dated 24 June 2020 of the National Healthcare Service Center in response to freedom of information request from Háttér Society

[29] Janky, Béla. 2002. "Betegek elégedettsége az egészségügyi rendszerben. A második országos betegelégedettségi vizsgálat eredményei." Pp. 289–302 in: *Társadalmi riport 2002,* edited by Tamás Kolosi, István György Tóth, György Vukovich. Budapest: TÁRKI. https://www.tarki.hu/adatbank-h/kutjel/pdf/a834.pdf

[30] European Union Agency for Fundamental Rights (FRA). 2012. *LGBT Survey 2012*. https://fra.europa.eu/en/publications-and-resources/data-and-maps/survey-fundamental-rights-lesbian-gay-bisexual-and

[31] European Union Agency for Fundamental Rights (FRA). 2020. *Second LGBTI Survey 2020* https://fra.europa.eu/en/data-and-maps/2020/lgbti-survey-data-explorer

[32] Takács, Judit, László Mocsonaki, and Tamás P. Tóth. 2008. *The social exclusion of lesbian, gay, bisexual and transgender (LGBT) people in Hungary*. Budapest: Háttér Társaság. https://en.hatter.hu/publications/social-exclusion-of-lesbian-gay-bisexual-and-transgender-lgbt-people-in-hungary

Institute of Sociology of the Hungarian Academy of Sciences conducted a similar survey[33] that found that while only 7% of the 1,943 respondents experienced discrimination in healthcare settings, but only 15% of them are fully out to their general practitioners, and 23% to specialists, such as gynecologists and urologists. While 71% thought it was important for doctors to know their patient's sexual orientation or gender identity, 57% reported being afraid to come out to their doctors due to anticipated fear of discrimination and stigmatization. The most common forms of discrimination were medical professionals asking inappropriate questions (55%) or excess attention to hygiene (34%). One-third (34%) of those experiencing discrimination also indicated that healthcare providers blamed them for their illness or their health condition after coming out. The questionnaire also included other health-care related questions such as questions on general health status; frequency of visits to family doctor; suicidal thoughts; substance use; sexual health; and accessing gender confirmation treatment for trans people. 41% of participants had suicidal thoughts at one point in their life, and 30% of those with suicidal thoughts attempted suicide. Reported suicide attempts were twice as high among respondents who said they had experienced homophobic or transphobic discrimination and three times as high among those who said they had experienced homophobic or transphobic violence.

In 2015, Háttér Society published a detailed report entitled *The experiences of lesbian, gay and bisexual people in the Hungarian healthcare system*[34] based on survey results from 2010 and qualitative interviews and focus groups carried out in 2014/2015. In the interviews and focus group discussions, the most common form of discrimination experiences was refusal of treatment, which affected people living with HIV to a greater extent. Other experiences mentioned were homophobic remarks, humiliation or negative attitude towards LGB people. People also opined that the system is not accepting of same-sex partnerships either.

Transvanilla Transgender Association conducted research on discrimination against trans people in healthcare settings in 2014. The research[35] found that 26% of the 253 respondents experienced negative discrimination based on their gender identity or gender expression in

[33] Karsay, Dodó. 2015. *The social exclusion of lesbian, gay, bisexual and transgender people in Hungary. Results from the LGBT Survey 2010*. Budapest: Háttér Társaság. https://en.hatter.hu/publications/lgbt-survey-2010-summary

[34] Faix-Prukner and Rózsa 2015

[35] Hidasi, Barnabás. 2014. *Documentation of discrimination in the field of health of trans* people in Hungary*. Budapest: Transvanilla Transgender Association. https://transvanilla.hu/images/letoltesek/TransCare_en_online.pdf

healthcare settings, but only a very small percentage of them (6%) tried to file a complaint. These experiences include negative reactions, refusal of treatment, disregarding their special needs, unnecessary questions and curiosity, unnecessary isolation, excess attention to hygiene, being blamed for their illness, being harassed or humiliated, or forcing patients to take screening or psychological tests. The research also found that only 17% of the respondents regularly attend screenings, and a big proportion of them (67%) has never had an HIV-test. 19% did not visit their general practitioner because they feared negative discrimination based on their gender identity. A small proportion of respondents uses substances on a daily basis (alcohol 7% and illicit drugs 2%). Regarding mental health, the research found that 54% of respondents have had suicidal thoughts, and 44% have attempted suicide at least once. According to a similar survey carried out by Transvanilla in 2012,[36] 41% of the 170 respondents experienced discrimination in healthcare settings, 58% seriously considered to commit suicide; 24% attempted suicide once and 34% more than once.

Further data about sexual and mental health of gay and bisexual men can be drawn from European Men-Who-Have-Sex-With-Men Internet Survey (EMIS) conducted by the European Centre for Disease Prevention and Control (ECDC) in 2010[37] and 2017.[38] According to the EMIS research from the 2017 survey more than half (51%) of respondents suffered from some mild to severe level of anxiety or depression in the two weeks before the research, 9% of them of severe level. 24% had suicidal ideation. 14% had alcohol dependency, 28% had ever used, the majority of them cannabis (27%), ecstasy (11%) and amphetamine (13%). 5% had been diagnosed with HIV, 10% had ever been diagnosed with syphilis, 11% with gonorrhoea, 5% with chlamydia, 0.9% with hepatitis-C, 6-6% with hepatitis A and B respectively. 37% had never been tested for HIV, 43% of respondents had tested for HIV in the past 12 months (up from 35% in 2010), but still one of the lowest in Europe. 91% had never been offered an HIV test by a healthcare provider. In 2010, 47% of respondents were not offered any counselling at their last HIV test or were dissatisfied with the quality of counselling. Knowledge about biomedical

[36] Hidasi, Barnabás. 2012. *Transzszexuálisok helyzete Magyarországon 2012*. Budapest: Transvanilla Transznemű Egyesület

[37] The EMIS Network. 2013. *EMIS 2010: The European Men-Who-Have-Sex-With-Men Internet Survey. Findings from 38 countries*. Stockholm: European Centre for Disease Prevention and Control. https://www.ecdc.europa.eu/en/publications-data/emis-2010-european-men-who-have-sex-men-internet-survey

[38] The EMIS Network. 2019. *EMIS-2017 – The European Men-Who-Have-Sex-With-Men Internet Survey. Key findings from 50 countries*. Stockholm: European Centre for Disease Prevention and Control. https://www.ecdc.europa.eu/en/publications-data/emis-2017-european-men-who-have-sex-men-internet-survey

prevention was very low in 2017 as well: 67% of respondents were unaware of PEP and 64% of PrEP. There seems to be a lack of knowledge regarding testing and other services as well: 50% of those who never tested do not know where to get an HIV test, around 65% don't know where to get Hepatitis A or B vaccination.

Hungary was also included in another FRA research titled *Professionally Speaking*, which examined the views, attitudes and experiences of doctors and nurses (among other frontline professionals) regarding LGBT people.[39] In Hungary respondents indicated that many healthcare professionals still see homosexuality as a pathological issue, and that they receive insufficient training on both LGB and trans health issues.

4.2 Health programs and strategies

Hungary has no strategy or action plan to promote the social inclusion of LGBTI people or to tackle discrimination based on sexual orientation, gender identity or sex characteristics, even though civil society organizations and international human rights forums have called for the adoption of such a strategy several times.[40]

The current national health strategy was adopted in 2015 for six years entitled *Healthy Hungary 2014-2020*.[41] In 2021 a new strategy have been drafted with the title *Healthy Hungary 2021–2027*,[42] but it has not been officially adopted yet. Neither strategy specifically mentions LGBTI people, but include some priorities that might contribute to the improvement of health services to LGBTI people. The 2014-2020 strategy highlights that social inequalities affect health risk factors, thus finding it crucial to eliminate health inequalities for efficient policies. The strategy, however, only highlights Roma people and people in worse socio-economic

[39] European Union Agency for Fundamental Rights. 2016. *Professionally speaking: challenges to achieving equality for LGBT people*. Luxembourg: Publications Office of the European Union. https://fra.europa.eu/en/publication/2016/professionally-speaking-challenges-achieving-equality-lgbt-people

[40] European Commission against Racism and Intolerance (ECRI). 2015. *ECRI Report on Hungary. Fifth monitoring cycle*. Paragraph 133.; United Nations Human Rights Council. 2016. *Report of the Working Group on the Universal Periodic Review. Hungary*. Recommendations 128.118, 128.119, 128.122.

[41] 1039/2015. (II. 10.) Korm. határozat az „Egészséges Magyarország 2014–2020" Egészségügyi Ágazati Stratégia elfogadásáról (Government Resolution 1039/2015 (II. 10.). on the adoption of the "Healthy Hungary 2014-2020" health sector strategy)

[42] https://mok.hu/public/media/source/Transzparencia/Allasfoglalasok/Eg%C3%A9szs%C3%A9ges%20Magyarorsz%C3%A1g%202021%E2%88%922027%20Eg%C3%A9szs%C3%A9g%C3%BCgyi%20%C3%81gazati%20Strat%C3%A9gia.pdf

status in this context. The strategy focuses on the improvement of the quality and efficiency of healthcare provision, on the qualitative and quantitative improvement of human resources, and on enabling a prevention-based approach on the level of primary care. The legislative framework and practical protocols are mentioned as tools to provide equal healthcare access and decreasing health inequalities. The strategy emphasizes that health promotion and disease prevention strategies should be adapted to specific groups.

One of the main priorities in the field of public health according to the strategy is the improvement of mental health and the prevention of mental disorders. The strategy focuses on issues such as preventing depression, decreasing suicide rates by 10%, and decreasing school and domestic violence. There is no mention of any-at risk groups regarding these aims. In 2018, the Government adopted a National Mental Health Program,[43] but it is not publicly available.[44] A draft for the National Mental Health Strategy 2014-2020 was circulated for comments in 2014, but it contained no mention of LGBTI mental health.

The National Anti-drug Strategy[45] focuses on the promotion of abstinence, prevention and decreasing the rates of drug related criminal acts. There is no mention of LGBTI persons as a risk group or as a focus for preventive activities. In their annual report for 2019, the Hungarian National Focal Point and the Coordination Committee on Drug Affaires mentioned LGB persons as a risk group for diseases transmitted by drug-use.[46]

In the priority of "other public health interventions," the National Health Strategy mentions HIV/AIDS prevention, but only states that the specific indicators and aims will be defined in the new Public Health Program. The development of a public health strategy for 2017-2026 was

[43] 1722/2018. (XII. 18.) Korm. határozat a nemzeti egészségügyi programokról, valamint az azokhoz kapcsolódó, a 2019–2022. évekre vonatkozó szakpolitikai programokról (Government Resolution 1722/2018. (XII. 18.) on National Public Health Programs, and related policy programs for the period 2019–2022)

[44] Háttér Society submitted a freedom of information request to access the program, but the Ministry of Human Capacities rejected the request (II/8153-1/2020/ADATVED).

[45] 80/2013(X.16) OGY határozat a Nemzeti Drogellenes Stratégiáról 2013-2020 (Parliamentary Resolution 80/2013 (X.16) on the National Anti-drug Strategy 2013-2020)

[46] Réka Bálint *et al.* 2019. *2019-es éves jelentés a magyarországi kábítószer-helyzetről az EMCDDA számára*. Budapest: Nemzeti Drog Fókuszpont. https://drogfokuszpont.hu/wp-content/uploads/EMCDDA_jelentes_2019_HU.pdf

decided in 2016,[47] and a related biannual sectoral program for 2017-2018 was adopted,[48] the strategy itself, however, has never been officially adopted. The 2017-2018 program contains no mention of LGBTI people.

The National Health Strategy under the priority of improving primary care includes the improvement of risk-behaviours among the population, and the improvement of the competencies of general practitioners. The strategy also mentions the better definition and improvement of competencies of health-care professionals, including skill-development, capacity building, and the development of methodological guides and protocols.

Hungary currently has no HIV/AIDS strategy adopted. The previous strategy expired in 2010, a draft for a new strategy was circulated for comments in 2011, and then another draft version in 2014. This latter draft mentions MSM as a high-risk group for HIV/AIDS, and emphasizes that HIV impacts primarily socially stigmatized groups, mentioning in this context MSM in particular. The draft contains no mentions of trans people, or any specific measures for MSM or LGBTI people. There is an emphasis on raising awareness that the virus can spread regardless of sexual orientation. The program also focuses on improving access to HIV prevention programs for high-risk groups, and to develop and improve the methodologies of these programs. These aims include the creation of guidelines and the involvement of civil organizations in their development. PEP as an available treatment is also mentioned. Moreover, the draft also proposes the improvement of counselling services for individuals living with HIV, compulsory training for professionals working at the primary care sector and in health sectors specifically relevant for HIV, school programs for HIV/AIDS prevention, improving the cooperation of different health-care providers caring for individuals living with HIV, improving the curricula for doctors and other health-care professionals regarding HIV/AIDS. Another important aim is to decrease stigmatisation and discrimination against persons living with HIV. The HIV/AIDS Working Group,[49] founded in 2013, is responsible for the coordination of efforts to tackle

[47] 1534/2016. (X. 13.) Korm. határozat a „Nemzeti Népegészségügyi Stratégia 2017-2026" kidolgozásához és végrehajtásához szükséges intézkedésekről (Government Resolution no. 1534/2016. (X. 13.) on the development and execution of the " National Public Health Strategy 2017-2026)

[48] 1234/2017. (IV. 28.) Korm. határozat a Nemzeti Népegészségügyi Stratégiához kapcsolódó egészségügyi ágazati szakpolitikai program 2017. és 2018. évre vonatkozó intézkedései I. üteméről (Government Resolution 1234/2017. (IV. 28.) on the first phase of the 2017-2018 health sectoral program related to the National Public Health Strategy)

[49] 23/2012. (XII. 29.) EMMI utasítás a Nemzeti HIV/AIDS Munkacsoportról (EMMI Notice no. 23/2012. (XII.29.) on the National HIV/AIDS Working Group)

HIV/AIDS, but the Working Group includes no LGBTI organization. The request of the Hungarian LGBT Alliance to join the Working Group was supported by members of the Working Group, but declined by the leadership of the Ministry of Human Resources.[50] The Working Group is supposed to meet at least annually, but the last meeting was held in 2015.[51]

5. Support and services to LGBTI patients

LGBTI-specific guidelines only exist in the field of psychological support. There is a system for issuing medical protocols and guidelines, but many of them have expired and do not contain up-to-date information. Most of these protocols remain silent on LGBTI issues. There are no publicly funded health services catering particularly to the LGBTI community. A few civil society organizations offer sexual health counselling and HIV-testing, as well as mental health support in the form of counselling hotlines and free personal counselling. There have been efforts to compile a list of LGBTI-friendly health-care providers, but there is no up-to-date and comprehensive database publicly available. There are a few private, for-profit healthcare providers who consider it important to communicate their LGBTI-friendliness.

5.1 Protocols and guidelines

The provision of good quality, inclusive care for LGBTI people is hindered by a lack of up-to-date medical guidelines and treatment protocols. None of our interviewees could recall any medical protocols relevant for LGBTI health in their field of specialization, and some of them mentioned the general lack of medical protocols regardless of whether they mention or are relevant for LGBTI people or not. Looking at the database of medical treatment protocols available on the website of the National Healthcare Services Centre (ÁEEK)[52] one can find a large number of protocols, but many of them have officially expired. There are also several protocols that have been developed and have been in use for some time by some care providers, but have never been adopted officially. Some professional associations developed

[50] Letter of the Chief Medical Officer of the State no. OTF-550-2/2015

[51] Letter of the Ministry of Human Capacities no. II/5931-1/2020/ADATVED in response to a freedom of information request of Háttér Society

[52] https://kollegium.aeek.hu/Iranyelvek

protocols of their own, but access to those protocols are restricted to members, making it difficult for other healthcare providers to adopt and for patients to enforce them.

> ***"In healthcare there are protocols, which are not legislation. This is quite problematic in Hungary, as they are only valid for a given period, they expire. And when they expire they should be updated, but this rarely happens. They should be updated however, because doctors can find themselves in situations where they either follow an existing, but expired protocol or make something up on their own."*** *legal expert, human rights organization with patients' rights program*

There are two protocols available on assisted reproduction; one from 2010[53] and one from 2019.[54] These focus on the proposed screening tests and other interventions before the fertilization process, and on the dosage and timing of pharmaceutics. They include no mention of same-sex couples in line with legislation that excludes women in lesbian partnerships from participating in assisted reproduction.

A protocol was in force between 2006-2013 on the diagnosis of multiple organic malfunctions that included references to intersex conditions.[55] This protocol did not propose any treatments, focusing only on diagnostic methods. There has never been a medical protocol on the treatment of intersex conditions. There is compulsory data collection on congenital disorders by the public health nurses, and the relevant questionnaire used to include intersex as an option for the sex of the new-born, but this option was removed in 2014.[56]

No medical protocol has ever been adopted officially on gender-affirmation treatments for trans people. In 2009, the Minister for Social Affairs and Labour ordered a medical protocol on the diagnosis and treatment of trans people to be prepared. A draft was circulated for

[53] Egészségügyi Minisztérium. 2010. *Az Egészségügyi Minisztérium szakmai protokollja - Meddőség ellátásról - asszisztált reprodukcióról - In Vitro Fertilizációról*

[54] Emberi Erőforrások Minisztériuma. 2019. *Egészségügyi szakmai irányelv - Az infertilitas és subfertilitas kivizsgálásáról és az asszisztált reprodukciós kezelésekről*

[55] Klinikai Genetikai Szakmai Kollégium. 2006. *Az Egészségügyi Minisztérium szakmai protokollja - Többszörös szervi malformációk vizsgálatához*

[56] 21/2014. (III. 20.) EMMI rendelet. a veleszületett rendellenességek bejelentéséről és nyilvántartásuk rendjéről (Decree no. 21/2014. (III. 20.) of the Minister of Human Capacities on reporting and registering congenital anomalies)

comments in 2011,[57] but has never been officially adopted. The draft is very thorough and takes the various debates concerning the pathologisation of trans identities and different treatment options into consideration. The text uses a medicalizing language, considers transsexuality as a medical condition and requires the diagnosis of transsexualism by two psychiatrists or a psychiatrist and a clinical psychologist as a precondition of legal gender recognition and any treatment options. The draft details psychological/psychiatric diagnostic criteria to use, as well as detailed guidance on hormone replacement therapy and surgical interventions. It also highlights the mental health risks trans people are exposed to, proposes psychological support throughout and after the surgical interventions, and a collaborative teamwork of professionals participating in the treatments to enhance compliance. The draft considers real life tests, but argues that they might have negative effects on the clients, it ultimately leaves it to the psychologist/psychiatrists to decide on its necessity.

The Hungarian Psychological Association's LGBTQ Section published an official translation of the American Psychological Association's *Guidelines for Psychological Practice With Transgender and Gender Nonconforming People*. This guideline proposes the use of an affirmative framework and acceptance of the client's gender identity and expression, confirming that trans or gender nonconforming identities are not pathological. This guideline is not an enforceable protocol, but guidance that psychologists can follow in their practice in combination with the general code of ethics.

The Hungarian Psychological Association's LGBTQ Section has moreover published an official translation of the American Psychological Association's *Guidelines for Psychological Practice with Lesbian, Gay and Bisexual Clients*. Just as the guideline on trans clients, this publication also emphasizes an affirmative approach, built on the idea that sexual orientation is a spectrum, and that all different orientations are natural and healthy. Even though the World Health Organization removed homosexuality from the International Classification of Diseases in 1990, there is a growing conversion / reparative therapy movement in Hungary. Several books of Nicolosi, the main international proponent of sexual orientation change efforts, have been translated to Hungarian. The International Federation for Therapeutic and Counselling Choice (IFTCC), the main international proponent of sexual orientation change efforts, held its 2018 and 2019 annual conference in Hungary. The public television aired two one-hour programs

[57] Not available publicly, Háttér Society was consulted on the draft.

promoting reparative therapy, even though the professional bodies are against such practices.[58]

The medical protocol on recognizing, preventing and treating adult suicidality adopted in 2017[59] mentions homosexual, bisexual and transsexual people as vulnerable groups at tertiary risk of suicide. The protocol however contains no specific measures on how to prevent or deal with the suicidality of LGBTI people.

There is currently no protocol in force on sexually transmitted infections, the last version was in force between 2002-2012.[60] Regarding Hepatitis B, it contains that it can be transmitted both via homo- and heterosexual contact, but does not mention LGBTI people in any other context. There is a ministerial decree on HIV-testing and the prevention of HIV-infections.[61] It prescribes that only certified healthcare providers shall conduct HIV-tests [Art. 12(5)], that certain healthcare providers must offer free anonymous HIV-testing [Art. 10, 8(2)], and PEP shall be offered for health staff after an accident [Art. 7(2)]. There is currently no officially adopted protocol on the diagnosis and treatment of HIV/AIDS, as the last official protocol was in effect between 2011-2013.[62] It mentions that the infection first appeared among "male homosexuals", and that in North America, Western and Central Europe, "homosexuals" form the majority of cases, and that HIV causes an increased risk of anal condyloma and carcinoma for homosexuals, it includes no other mention of the LGBTI group. The staff of the largest HIV/AIDS centre in Budapest developed a new protocol in 2017.[63] It contains that cART must be offered to anyone with a confirmed HIV-diagnosis, and contains that PEP must be provided to a

[58] Statement of the LGBTQ Section of the Hungarian Psychological Association, 19 January 2019. https://www.facebook.com/permalink.php?story_fbid=3874224651543596&id=230520050844602

[59] Egészségügyi Szakmai Kollégium Pszichiátria és Pszichoterápia Tagozat. 2017. *Az Emberi Erőforrások Minisztériuma szakmai irányelve a felnőttkori öngyilkos magatartás felismeréséről, ellátásáról és megelőzéséről*. 2017. EüK. 15. szám EMMI szakmai irányelv

[60] Bőr-és Nemibetegségek Szakmai Kollégiuma. 2002. *Módszertani levél a szexuális úton terjedő infekciók kivizsgálásához és kezeléséhez*

[61] 18/2002. (XII. 28.) ESzCsM rendelet a szerzett immunhiányos tünetcsoport kialakulását okozó fertőzés terjedésének megelőzése érdekében szükséges intézkedésekről és a szűrővizsgálatok elvégzésének rendjéről (Decree no. 18/2002. (XII. 28.) of the Minister for Health, Social and Family Affairs on measures to prevent the spread of acquired immunodeficiency syndrome and on performing tests)

[62] Infektológiai Szakmai Kollégium. 2010. *Az antiretrovirális kezelésről és az opportunista betegségek primer és szekunder profilaxisáról*

[63] János Szlávik *et al.* 2017 *Antiretrovirális kezelés, védőoltások alkalmazása és az opportunista betegségek primer és szekunder profilaxisa HIV-fertőzött felnőtteknél.* Budapest: Egyesített Szent István és Szent László Kórház - Rendelőintézet.

person having had unprotected sex with a confirmed HIV+ person who does not receive cART. The protocol does not recognize U=U, and states that even a person receiving cART might pass on the virus. Regarding PrEP, the text notes that PrEP has been authorized in the EU, but emphasizes that it offers no full protection against HIV, and can only be effective in combination with safer sex practices. PrEP can be initiated only by an HIV-specialist, but the only HIV/AIDS centre in Budapest declines to cooperate and refers people seeking access to PrEP to a private healthcare provider that offers PrEP on a fee-paying basis (see below).[64]

5.2 Services targeting LGBTI people

Health services targeted specifically at LGBTI people are offered exclusively by civil society organizations, whose services are financed by private donations or private, for-profit healthcare providers. These services are most common in the mental health field. The oldest LGBTI Information and Counselling Hotline[65] has been operated by Háttér Society since 1996. It offers phone, internet phone and chat options, and is operated by volunteers participating in a year-long, 170-hour training program. The hotline received over 2700 calls in 2019,[66] around 30% of the calls were directly about LGBTI topics and about 50% of the calls were made by LGBTQI persons. About 30% of the callers are women, 2% are bisexual, and 6% are trans.

Another big counselling hotline is Kék-Vonal,[67] available free of charge via phone, chat and email targeting children and youth (up to 25 years). The service is also LGBTI-friendly. Of the 30,000 calls received in 2018, 400 calls related to the sexual orientation of the caller.[68] Another platform for children and youth is Yelon, a chat hotline operated by Hintalovon Foundation.[69] Yelon receives 300-400 inquiries monthly, most of the chats are about love, relationships, self-acceptance, and they often include questions concerning LGBTI topics.

[64] https://belvarosiorvosicentrum.hu/prep

[65] http://en.hatter.hu/what-we-do/information-and-counselling-hotline

[66] Háttér Társaság. 2019. *Információs és Lelkisegély-szolgálat 2019. évi statisztikái.* https://hatter.hu/tevekenysegunk/informacios-es-lelkisegely-szolgalat/statisztikak/2019-evi-statisztika

[67] https://www.kek-vonal.hu/index.php/en/

[68] Kék Vonal Gyermekkrízis Alapítvány. 2019. *Éves jelentés 2018.* https://kek-vonal.hu/wp-content/uploads/2019/11/kekvonal-eves-beszamolo-2018.pdf

[69] https://yelon.hu

Háttér Society also offers a personal counselling service since 2014.[70] The service targets LGBTQI people struggling with accepting their sexual orientation or gender identity, or those facing difficulties in forming relationships, managing conflicts, coming out or stress, or any other issues matching the LGBTQI profile of the Service. Sessions are held once a week for 10-12 weeks. The service is available in person or via Skype free of charge. In 2013 a group of psychologists and mediators founded LGBTQ Counselling Center, which offered psychotherapy, coaching and mediation services for LGBTQ clients and LGBTQ-themed supervision for psychologists, both on a fee-paying basis.[71] The Center had no visible activity in recent years.

There are a few services targeted specifically at trans people. Transvanilla offers information to trans people via email and telephone, and has psychological counselling and self-help groups free of charge.[72] They also maintain a database of trans-friendly service providers, including surgeons, endocrinologists, psychologists etc. Prizma is an unregistered trans group who recently started offering an online self-help group as a response to the ban on legal gender recognition in the spring of 2020. They also maintain a list[73] of LGBTI-friendly practitioners both for mental and physical health.

There are no services targeting intersex people specifically, although both Háttér Society and Transvanilla use an intersex-inclusive language in promoting their services.

The number of organizations offering HIV/AIDS services (awareness raising, prevention, counselling and testing) have been fluctuating considerably over the last two decades. The largest service provider is the Anonymous AIDS Counselling Center in operation since 1988. In 2018, they performed c. 6500-7000 HIV-tests, of which approximately 60% were for MSM; and about 1,000 of the tests were carried out at LGBTQI venues.[74] Háttér Society operates an HIV-hotline[75] available via phone and email separate from its general Information and Counselling

[70] https://en.hatter.hu/what-we-do/personal-counselling

[71] https://lmbtkozpont.wixsite.com/lmbtkozpont

[72] https://transvanilla.hu/egyesulet/egyesulet/szolgaltatasaink

[73] http://prizma.lgbt/lmbt-barat-szolgaltatok/

[74] Information received from AATSZ on October 8, 2019

[75] http://hatter.hu/hiv/hiv-vonal

Hotline. They also operate a self-help group and a peer counselling service for people living with HIV, and carry out testing at LGBTQI venues and events. Alternativa Foundation promotes safer sex and raises awareness regarding HIV/AIDS and other STIs. Their primary target group were drug-users, but they have recently expanded their services to sex workers and MSM. They offer free online consultations on safer sex,[76] carry out HIV-testing at LGBTII venues and conduct awareness raising campaigns. There are a few private sexual health providers in Budapest that advertise themselves as LGB-friendly,[77] but their services are prohibitively expensive. One of them offers PrEP on a fee-paying basis (patients have to pay both for the regular tests and the medication). There is no information about similar services outside of Budapest.

All the above mentioned services including psychological consultations, HIV- and STI-testing are, in principle, available via public healthcare providers. Their services, however, are not tailored to the needs of LGBTI people, and waiting lists are often very long.

6. Professionals and capacity building

According to the Open Doors survey, health professionals are more open and accepting than anticipated from previous research data, however, the participants of the survey were primarily healthcare students and professionals aged 18-35. It is clear that universities and other training facilities do not offer satisfactory training on LGBTI issues, as most institutions do not include these topics in their curricula. Professionals, however, show interest and willingness to develop their skills regarding LGBTI terminology, health issues and inclusiveness.

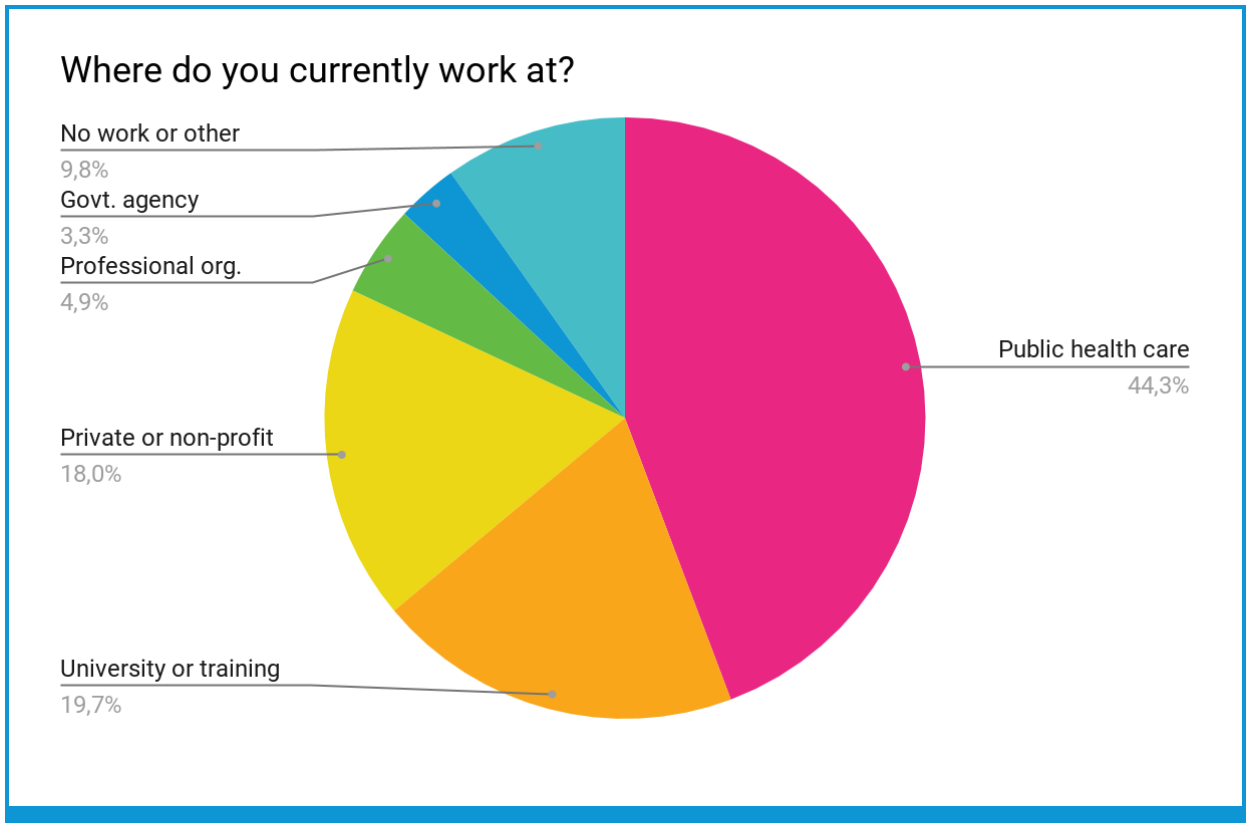
As part of the current project, we conducted in depth personal interviews with 10 healthcare professionals and had an online survey open for health professionals (doctors, nurses, psychologists, and social workers) who are currently working at a healthcare provider or students who are currently enrolled at a university or other training institution in the field of healthcare. Altogether 138 persons started the questionnaire, 73 of them completed all six blocks of questions. 40% of the participants are currently working in the field of healthcare and

[76] https://altalap.hu/online-konzultacio/

[77] Belvárosi Orvosi Centrum. https://belvarosiorvosicentrum.hu; Körúti Orvosi Centrum. https://koc.hu

70% of them are currently enrolled in some type of training. The main fields of work for the participants currently working are general medicine (42%) and nursing and patient care (24%). These are also the most common current field of studies of the respondents: most students study general medicine (50%) and nursing and patient care (33%). Most of the responders who currently work, work directly with clients (95%). 44% of respondents currently work in healthcare work at public healthcare providers, 17% at private healthcare providers, and 20% at a university or other training institution. 60% of respondents had had at least one openly LGBTI patient or client.

Chart 1: Background of respondents currently working

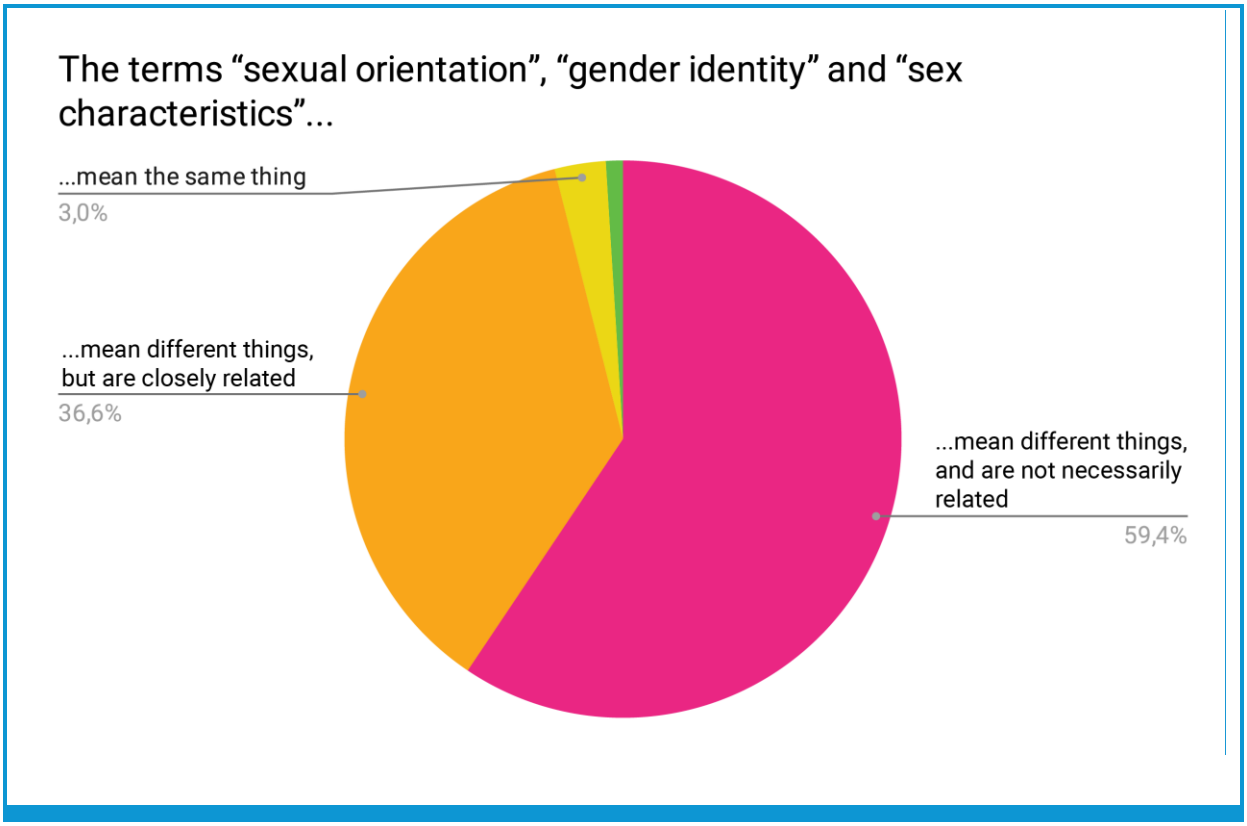


Besides the introductory questions and a block on the demographic background of the respondent, the questionnaire contained separate blocks on the knowledge, attitudes, experiences and practices of health professionals, as well as a separate block devoted to training needs.

6.1 Knowledge

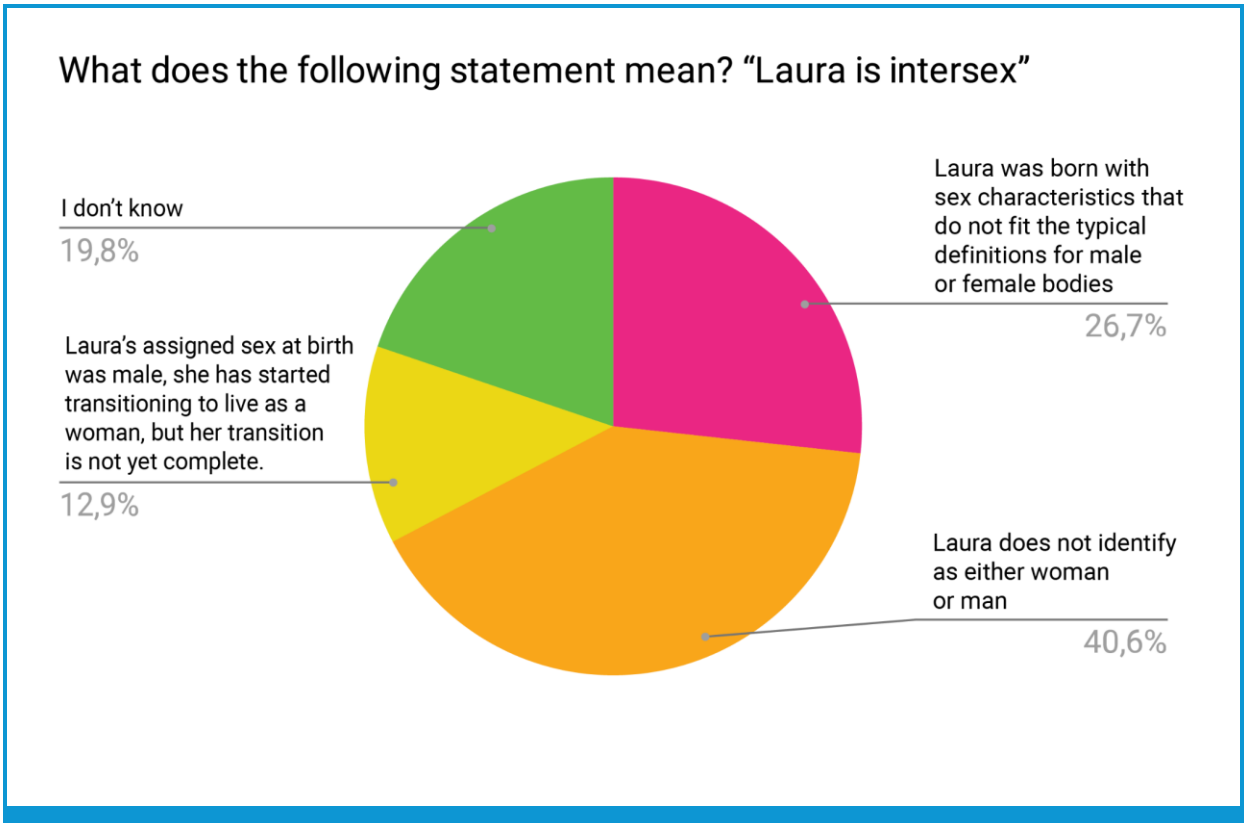
The knowledge part of the survey included questions concerning LGBTI terminology and statements about the health of LGBTI people. The large majority of professionals showed understanding of the term of *trans* and *bisexual* (89% and 97% respectively), but they were rather confused about the term *intersex*, and a substantial part of them could not fully differentiate between the terms *sexual orientation*, *gender identity* and *sex characteristics*. 3% said these terms mean the same thing, 37% thought that they are different, but closely related, less than two thirds (60%) knew that they mean different things and are not necessarily related.

Chart 2: Knowledge about basic LGBTI terminology



Only 27% of respondents correctly picked that *intersex* means being born with sex characteristics that do not fit the typical definitions for male or female bodies, while the majority of the responders (41%) thought that intersex is related to identity, and 20% of the respondents said that they do not know what the term means.

Chart 3: Knowledge about the term 'intersex'



The level of knowledge on health risks of the LGBTI group varied significantly over various topics. While the large majority of respondents were aware of the risks of heightened suicide and anxiety disorders, only 11% knew that lesbians are at greater risk of obesity according to research. More than one third of respondents did not know that people living with HIV who receive antiretroviral treatment, are no longer able to transmit the infection if their viral load is undetectable. There also seems to be a lack of knowledge on more legal issues: one fifth of respondents said they did not know if same-sex partners are considered next of kin in healthcare settings, or whether trans people can legally change their documents; only about two thirds of those who thought they knew the answer got it right.

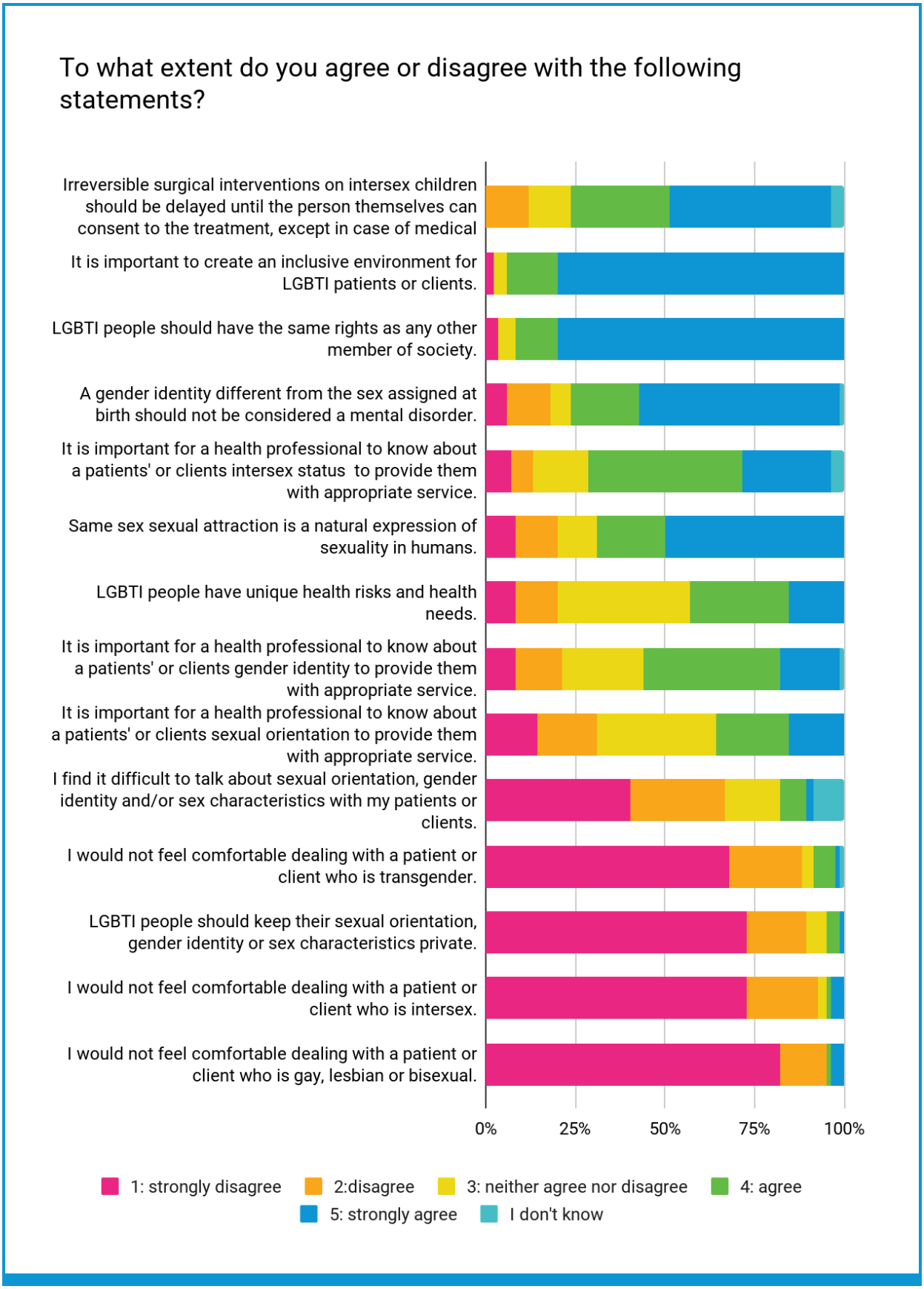
> ***"Even at an STI clinic, if a man comes in, they would take a sample only from the urethra. They don't ask if he has heterosexual relationships, and if the answer is no, they don't ask if he is a top or a bottom. Even though it's obvious that the sample should be taken from the right place."*** *medical doctor in the sexual health field*

6.2 Attitudes

In the next part of the survey we tried to measure the attitudes of health professionals towards LGBTI people. With the use of a Likert scale from 1-5 (strongly disagree-strongly agree), participants had to rate 14 statements based on their opinions. The statements included general opinions on LGBTI people such as "*LGBTI people should have the same rights as any other member of society*" to statements specific to the healthcare setting, such as that "*I would not feel comfortable dealing with a patient or client who is gay, lesbian or bisexual*". The results show that the general attitude of the participating professionals are open and accepting. The majority of the respondents strongly agreed or agreed that LGBTI people should have the same rights (91%) and find it important to create an inclusive environment in their practice (94%). The majority of health professionals would also feel comfortable working with LGBTI clients (LGB: 95%, T: 89%, I: 93%). Even though most respondents showed accepting attitudes towards LGBTI people, at the same time less than half (42%) of them think that LGBTI people have unique health risks and health needs. This is in sharp contrast to what experts said in the interviews:

> ***"LGB people have their unique health needs. They are affected by more risk-behaviours. According to researchers, they are more likely to be using alcohol or drugs, to self-harm, to commit suicide and are less able to engage in physical activities. There are higher rates of stress-mediated disorders, but not only anxiety and depression but cardiovascular disorders, asthma, sleep disorders as well."*** *medical doctor, researcher*

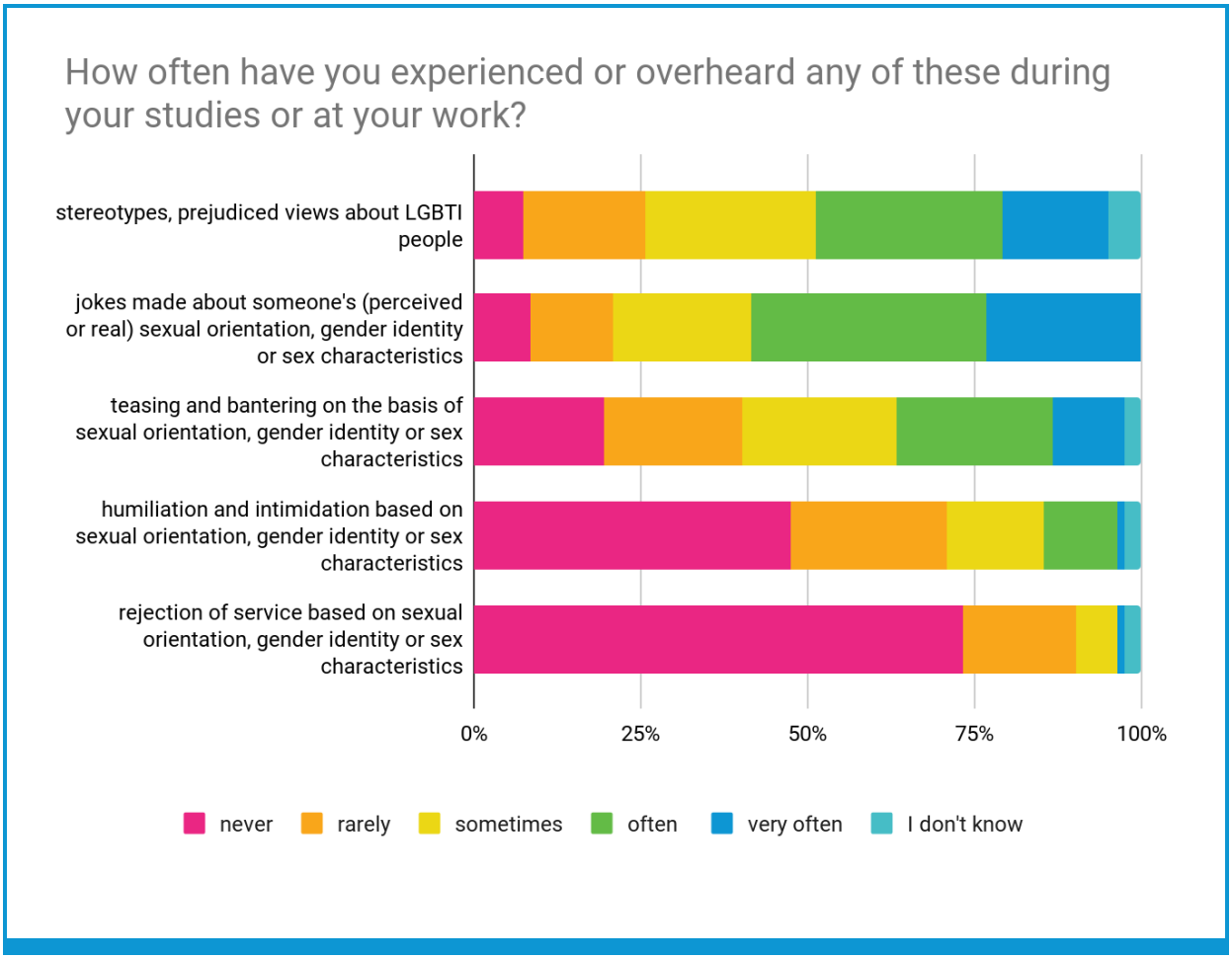
Chart 4: Attitudes towards LGBTI people



6.3 Prevalence of discrimination

A section of the survey asked respondents about their assessment of how widespread discrimination and harassment against LGBTI people is in the health sector. Responses in this block paint a much darker picture of the healthcare system for LGBTI people than one would expect based on the respondents' knowledge and attitudes in the previous sections. 94% of respondents have heard stereotypes and prejudiced views about LGBTI people during their work or studies, 46% of them often or very often. 90% have heard jokes made about someone's (perceived or real) sexual orientation, gender identity or sex characteristics, 56% of them often or very often. Humiliation and intimidation, as well as rejection of service based on sexual orientation, gender identity or sex characteristics was perceived to be less common, but even these forms of discrimination were experienced by 52% and 23%, respectively.

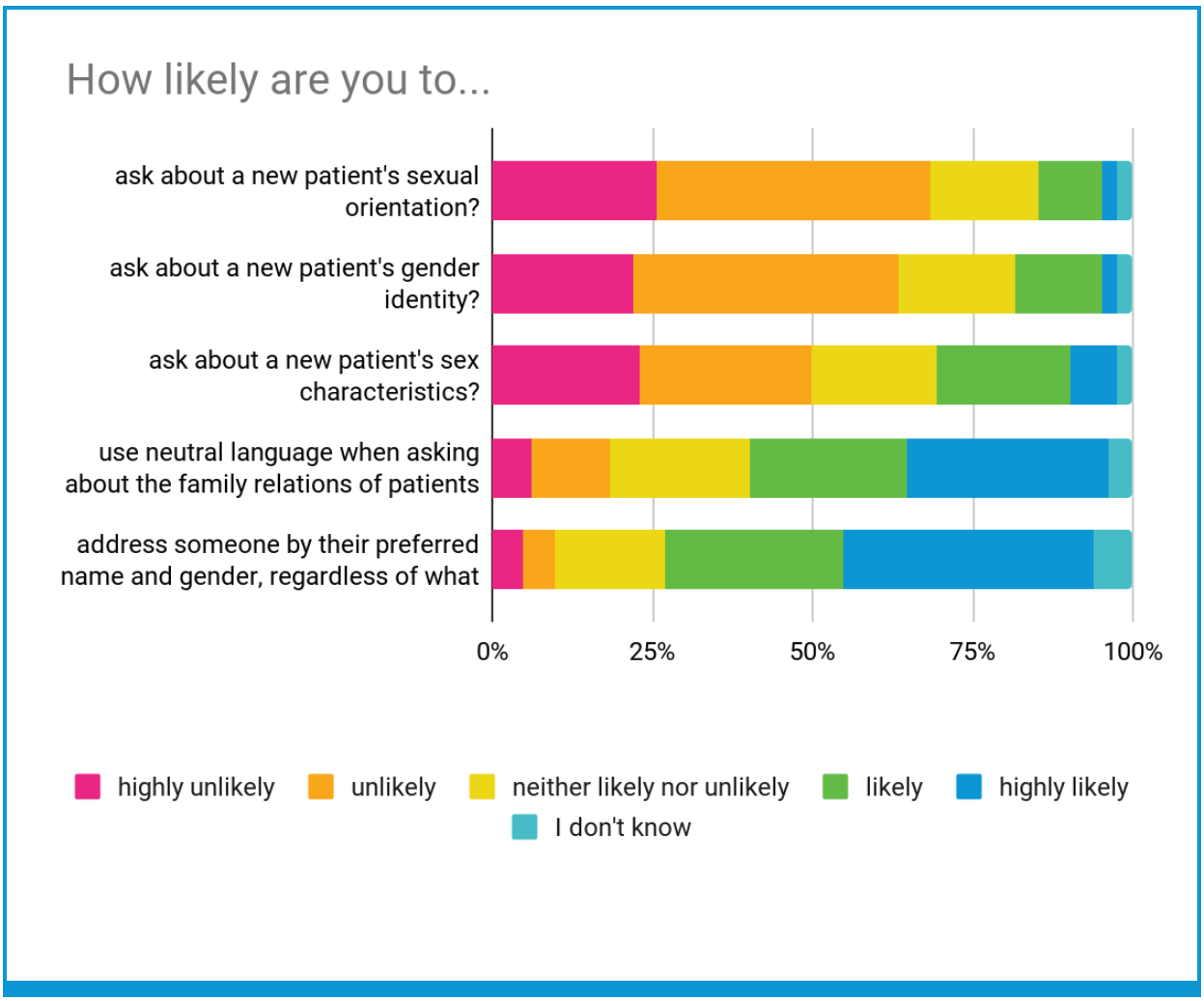
Chart 5: Experience of discrimination against LGBTI people



6.4 Practices

The majority of our respondents found it important to know about their patients' or clients' intersex status (70%) or gender identity (55%), but they considered sexual orientation less important for appropriate care (36%). Even if they deemed it important to know about their patients LGBTI status, the majority of them reported that it is highly unlikely or unlikely that they would actually ask about a new patient's sexual orientation (70%) gender identity (65%) or sex characteristics (51%). The reasons for this reluctance is unclear, since the majority of the respondents in the survey (73%) said that they would not find it difficult to talk about these topics with their clients or patients.

Chart 6: Inclusive practices



> ***"There are questions in the anamnesis about past operations and medications. That's where the trans topic might emerge during an examination."*** *medical doctor*

> ***"It isn't common practice to ask about sexual orientation. Because of risk factors and mortality rates it would be important to know about it."*** *medical doctor*

According to the answers given in this section, the majority of health professionals are paying attention to use neutral language (58%) and to address patients by their preferred name and pronouns (71%).

> ***"Because I've worked with LGBTI topics, I always try to use inclusive language, and pay the same amount of attention to everyone. It is important to use the definitions used by the patients for themselves."*** *medical doctor*

Altogether, the survey paints an ambivalent picture about the Hungarian healthcare system for LGBTI people. On one hand, the knowledge and attitudes of those health professionals and students who participated in our survey is relatively favourable, yet even these professionals recognized that harassment and discrimination is widespread, in line with the studies described in the previous section of the report based on surveying LGBTI people themselves. This discrepancy might be related to the specific sample of professionals participating in our study, most of them are still studying or at the early stage of their career (85% of the participants were between the age of 18-35), who might show a much more accepting attitude. The favourable responses might also be related to self-selection bias: those with more positive attitudes are more likely to participate in such a study, while those who have more negative views could have refused to participate in the survey.

6.5 Training needs

> ***"Knowledge on LGBTI persons is related to social attitudes. A highly homophobic society will train highly homophobic doctors. This could be helped with proper education and self-training."*** *medical doctor*

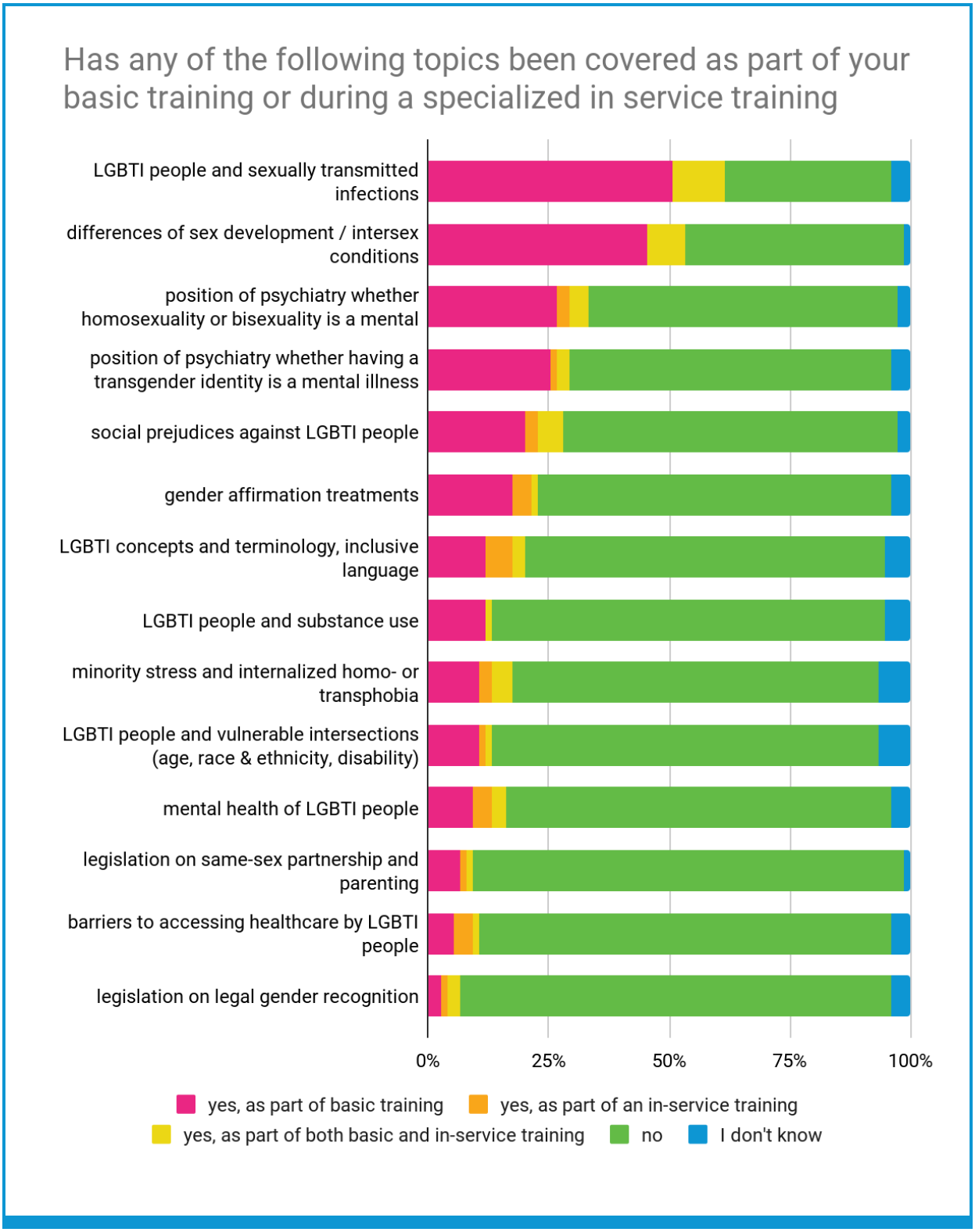
The core curricula for doctors and other health professionals contain no references to LGBTI issues.[78] Some universities offer optional courses on human rights, which includes LGBTI topics, and medical communication is a compulsory class at all medical universities, but LGBTI issues are most often discussed only in a passing way if at all. A research done by Háttér on university curricula[79] showed that when it comes to LGBTI topics, medical students mostly learn in detail about HIV/AIDS (36%), other STIs (34%), and sexual developmental disorders (35%). The least covered topics were LGBTI adolescent health (9%), coming out (4%), and barriers LGBTI people face when accessing health care (6%). Furthermore, 73% of the respondents said that their university studies did not help with resolving prejudices, 68% said that the university did not prepare them for treating LGBTI related health issues and 85% said that the university did not prepare them for the practical issues of treating LGBTI patients. 67% thought that there should have been more emphasis on LGBTI issues during their studies.

This is also reflected in the answers provided by the participants of our survey regarding their previous learning experience. The survey asked if any of the following topics were covered as a part of their basic training or during an in service training course. The majority of respondents said they had not learned at all about LGBTI concepts and terminology, inclusive language (79%), social prejudices against LGBTI people (71%), barriers to accessing healthcare by LGBTI people (89%), minority stress and internalized homo- or transphobia (82%),mental health of LGBTI people (83%), position of psychiatry whether homosexuality or bisexuality is a mental illness (66%), position of psychiatry whether having a transgender identity is a mental illness (70%), LGBTI people and substance use (86%), LGBTI people and vulnerable intersections (86%),gender affirmation treatments (77%), legislation on same-sex partnership and parenting (90%), legislation on legal gender recognition (93%). The only two topics that the majority has learned about were LGBTI people and sexually transmitted infections and differences of sex development / intersex conditions.

[78] 8/2016. (VIII. 5.) EMMI rendelet a felsőoktatási szakképzések, az alap- és mesterképzések képzési és kimeneti követelményeiről (Decree no. 18/2016. (VIII. 5.) of the Minister of Human Capacities on the learning outcomes of higher education vocational trainings, bachelor's and master's programs)

[79] Dombos Tamás. 2012. "A szexuális irányultság és nemi identitás témái a magyar felsőoktatásban." Presented at the *12th National Education Research Conference (ONK)*, Budapest University of Technology and Economics, Budapest, November 9, 2012

Chart 7: Topic covered by education



> ***"I've met approximately 0-1 hours of material on LGBTI topics during my education and 90% percent of it was related to STIs. Minimal amount of ethical communication and sociology at behavioural science classes. Legal aspects were mentioned at forensic medicine classes: whom to contact, who is entitled to receive information or who can make decisions."*** *medical doctor, researcher*

We asked participants to rate the overall quality of the coverage of LGBTI health issues in the education they have received so far on a scale from 0 to 10, where 0 means totally unsatisfactory and 10 means totally satisfactory. Only 3% said they found education on LGBTI health issues totally satisfactory, and only 12% gave points above 5. 15% of the professionals said their education was totally unsatisfactory, and 59% gave points below 5.

Participants of our survey were well aware that their knowledge is lacking: less than half of the respondents (47%) felt that they have the knowledge and skills to provide appropriate and good quality services to LGBTI patients or clients. 69% of our respondents strongly agreed or agreed that LGBTI perspective should be an integral part of the educational curriculum. They found the mental health of LGBTI persons the most important topic to cover, but barriers to accessing healthcare, LGBTI people and sexually transmitted infections, position of psychiatry on trans identities, position of psychiatry on homosexuality, LGBTI concepts and terminology, inclusive language, and differences of sex development/intersex conditions were also commonly mentioned.

Most of the participants (69%) said that they would be interested in participating in training on LGBTI issues, and another 20% said they would if training credits were also offered. Only 11% of our respondents said that they would not be interested in such training. 18% said that they would take part in such a training even if they or their organization had to pay a fee for it, 49% said it depended on the price of the training, 22% clearly rejected participation if a fee was to be paid.

According to survey participants, the ideal training would be in-person training (43%), but a quarter of them (25%) thought a combination of e-learning and in person training would be the best. E-learning was only preferred by 16%. 61% would find presentation of research data useful, 82% would like debate of contested questions to be included, and 70% would find case

studies useful, however 60% would not like to role play or share experiences. 70% would find meeting with LGBTI persons as part of the training useful.

According to legislation on in-service training of doctors and other health professionals,[80] all professionals working in the field of healthcare are required to participate regularly in in-service training throughout their career. While there are currently no accredited training programs focusing on LGBTI issues, not only medical universities and professional training bodies, but also civil society organizations are allowed to launch their training programs once they have been accredited. This means that civil society organizations, who have the knowledge and experience to offer such programs, can reach not only professionals, who are already strongly committed to LGBTI inclusion, but also those who would participate in such training programs only if they receive training credits for it.

7. Conclusions and recommendations

While the legal basis exists in Hungary for offering health services for LGBTI people free from discrimination, restrictive legislation on assisted reproduction, recognition of same-sex parents and legal gender recognition pose important *de jure* access barriers. While decision makers, service providers and professionals acknowledge the need for equal treatment in healthcare, they are often unaware of the specific health needs of LGBTI people, hence LGBTI concerns hardly ever appear in health programs or medical protocols. The whole healthcare sector is underfinanced and understaffed, which makes it difficult to advocate for reforms that cater for the needs of minority populations. Yet, most steps needed to improve healthcare for LGBTI people are more about changing attitudes than costly investment in infrastructure. The survey conducted in the framework of the current project shows a ray of light: newer generations of doctors and other health professionals show significantly more positive attitudes; training is, however, needed to turn those attitudes into inclusive and competent practice. The national health strategy puts an emphasis on decreasing the health inequalities and investing in human resources, which is a good starting point to transform the Hungarian

[80] 63/2011. (XI. 29.) NEFMI rendelet az egészségügyi szakdolgozók továbbképzésének szabályairól (Decree no. 63/2011. (XI. 29.) of the Minister of National Resources on the rules of in-service training for health professionals) Art. 7(1); 64/2011. (XI. 29.) NEFMI rendelet az orvosok, fogorvosok, gyógyszerészek és az egészségügyi felsőfokú szakirányú szakképesítéssel rendelkezők folyamatos továbbképzéséről (Decree no. 64/2011. (XI. 29.) of the Minister of National Resources on the rules of in-service training for doctors, dentists, pharmacists and other medical professionals with a higher education degree), Art. 5(1)

health care system and make it more inclusive of and responsive to the needs of LGBTI people as well.

7.1 Recommendations for the Government

1.1	Adopt legislation to provide access to assisted reproduction for women in same-sex relationships and to recognize both same-sex parents of a child.
1.2	Adopt legislation banning sexual orientation and gender identity change efforts and medically unnecessary interventions on intersex minors.
1.3	Adopt legislation to allow legal gender recognition and access to gender affirmation treatments fully funded by public health insurance.
1.4	Adopt medical protocols on gender affirmation treatments for trans people, and the diagnosis and treatment of intersex conditions.
1.5	Revise health programs and strategies to include information about the specific access barriers and health risks LGBTI people face, and appropriate measures to address them.
1.6	Provide funding for health services and prevention activities targeting LGBTI people offered by civil society organizations.
1.7	Involve LGBTI civil society organizations in the development of health programs and strategies, medical protocols, and legislation impacting the health of LGBTI people.

1.8	Include questions concerning sexual orientation, gender identity and intersex status in health surveys; and publish results in a format allowing for comparison between the LGBTI and the general population.

7.2 Recommendations for academic institutions

2.1	Include LGBTI issues in the compulsory basic training curricula of doctors, nurses and other health professionals; offer optional courses focusing on LGBTI health.
2.2	Include questions on sexual orientation, gender identity and intersex status in health surveys; and publish results in a format allowing for comparison between the LGBTI and the general population.
2.3	Encourage research into access barriers and health risks LGBTI people face, their root causes, and methods to overcome them.
2.4	Cooperate with LGBTI civil society organizations in developing the curricula and identifying research priorities.

7.3 Recommendations for healthcare providers

3.1	Encourage the participation of doctors, nurses and other health professionals in in-service training programs aimed at improving their knowledge and communications skills regarding LGBTI patients.

3.2	Conduct patient satisfaction surveys including questions on sexual orientation, gender identity and intersex status.
3.3	Pay more attention to burn-out prevention to increase the capacity of health professionals to develop their professional and communication skills.
3.4	Cooperate with LGBTI civil society organizations in the development of services and prevention activities tailored to the needs of LGBTI people.

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[81] Legislation, policy documents and medical protocols are not included in this list. See footnotes for detailed citations.

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