**WONCA Special Interest Group on LGBTQ Health**

Background:

In October 2018, the Declaration of Astana on Primary Health Care (PHC) reaffirmed the “fundamental right of every human being to the enjoyment of the highest attainable standard of health without distinction of any kind” by strengthening a strong PHC supporting “enabling and health-conducive environments in which individuals and communities are empowered and engaged in maintaining and enhancing their health and well-being.”[[1]](#endnote-1)

Moreover, people identifying as Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) have the human right to accessible, affordable and high-quality care to meet their health needs.[[2]](#endnote-2) Transgender individuals – those whose internal gender identities do not match the sex they were assigned at birth – are particularly at risk of being denied this basic human right. People who identify as queer, either in terms of their sexuality or gender, do so because their self-identity does not fit within society’s expectations.

As family physicians (FP) or general practitioners (GP), being key stakeholders of the PHC, we are responsible to provide the highest quality of clinical care possible to patients regardless of each patient’s gender identity or expression, sexual orientation, race, age, ethnicity, and socio-economic status.

 However, as noted by the Pan American Health Organization/World Health Organization “while data on morbidity and mortality as well as on access to health services are limited, existing research and preliminary epidemiological strategic information point to the fact that LGBT persons face barriers to accessing appropriate patient-centered health care and fail to make early and opportune use of health care services or use them at all.”[[3]](#endnote-3) WHO also noted in a 2011 report that longstanding evidence exists of “widespread stigma against homosexuality and ignorance about gender identity, both within mainstream society and within health systems.”[[4]](#endnote-4)

 Despite these findings, the WHO Universal Declaration of Human Rights does not include sexual orientation or gender identity/expression.[[5]](#endnote-5) As a result, local laws take precedence, and abuse is common in many countries. Human Rights Watch publishes an annual review of human rights around the globe, highlighting countries where the worse abuses exist.[[6]](#endnote-6)

Globally, LGBTQ people are more vulnerable and more likely to face mental health issue especially at a young age with a higher risk of committing suicide,[[7]](#endnote-7) suffer more from emotional distress,[[8]](#endnote-8) and face barriers to seeking help that are unique to their sexual orientation and gender identity when facing intimate partner violence and sexual abuse.[[9]](#endnote-9)

In 2011, a study in the USA revealed that an estimated 19 million Americans (8.2%) report they have engaged in same-sex sexual behaviour and nearly 25.6 million Americans (11%) acknowledge at least some same-sex sexual attraction.[[10]](#endnote-10) And other demographic studies show the approximatively the same prevalence in others countries.

World Organization of Family Doctors (WONCA) acknowledges those issues and the health needs of people identifying as LGBTQ and urges all clinicians and medical organizations as well as all governments and global organizations to take a stand to provide LGBTQ people just, equitable, dignified, high-quality health care in each community where they reside.[[11]](#endnote-11)

Interest in a Special Interest Group in LGBTQ Health:

In recognition of both need and interest, WONCA membership and leadership already have begun to integrate LGBTQ health topics into programming.

* The 21st WONCA World Conference in 2016 included a symposium on LGBT healthcare that was well attended and well received.
* In January 2018, the SIG on Family Violence co-hosted a successful workshop at the 5th Vasco da Gama Movement Forum to raise awareness of the characteristics and specific needs of the LGBTQ community related to partner violence with the SIG Equally Different of the Vasco da Gama Movement.
* The Working Party on Mental Health highlighted LGBTQ youth as a priority in their call for family doctors to participate in 2018 World Mental Health Day.

References:

1. Global Confer­ence on Primary Health Care, Declaration of Astanta, October 2018. [↑](#endnote-ref-1)
2. ILO, OHCHR, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN Women, WFP, WHO and UNAIDS. Ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex people (UN statement). September 2015. [↑](#endnote-ref-2)
3. PAN AMERICAN HEALTH ORGANIZATION WORLD HEALTH ORGANIZATION, Addressing the causes of disparities in health service access and utilization for Lesbian, Gay, Bisexual and Trans (LGBT) persons, October 2013. [↑](#endnote-ref-3)
4. “Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people” WHO, Department of HIV/AIDS, June 2011. [↑](#endnote-ref-4)
5. World Health Organization. The Universal Declaration of Human Rights. Adopted 10 December 1948. [↑](#endnote-ref-5)
6. World Report 2019. Human Rights Watch. Available online: <https://www.hrw.org/world-report/2019>. [↑](#endnote-ref-6)
7. Ream GL. What’s Unique About Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth and Young Adult Suicides? Findings from the National Violent Death Reporting System. Journal of Adolescent Health. Jan 2019. [↑](#endnote-ref-7)
8. Almeida J, Johnson RM, Corliss HL, Molnar BE, Azrael D. Emotional Distress Among LGBT Youth: The Influence of Perceived Discrimination Based on Sexual Orientation. J Youth Adolescence, 2019. [↑](#endnote-ref-8)
9. Brown TNT, Herman JL. Intimate partner violence and sexual abuse among LGBT people. 2015. [↑](#endnote-ref-9)
10. Gates GJ. How many people are lesbian, gay, bisexual, and transgender? 2011. [↑](#endnote-ref-10)
11. WONCA Organizational Equity Committee. Statement on LGBTQ. 2018. [↑](#endnote-ref-11)